



Volume 2

Number 8

August 2010

FEUMAANI News

An Official Publication of the Far Eastern University Medical Alumni Association of Northern Illinois
The opinions and articles published herein are those of the authors and do not necessarily reflect that of the FEUMAANI

FEUMAANI MARKS 20.5th ANNIVERSARY

FEUMAANI 20.5th means an in-between celebration in a biennial anniversary and will be a first since its founding and incorporation in the State of Illinois in 40 years.

The event will be highlighted by a continuing medical education seminar, a formal masquerade ball in the evening and recognition of two local members as the **Outstanding Alumni of the Year**.

The date and venue are Saturday, August 14, 2010, at the Doubletree Oakbrook, respectively. All the plans and preparation are in earnest, friendly and deliberate.

The morning scientific seminar is **free** for 4-hour Category I of the American Medical Association ACCME Physician Recognition Award through the Philippine Medical Association in Chicago and will feature topnotch lecturers, as follows:

One is a professor of anesthesiology at Northwestern University Medical School, **HONORIO BENZON MD⁷²**, on **Pharmacological Management of Pain** to be introduced by Roger Cave MD⁶⁵;

Second is an emeritus plastic surgeon
continue on page 32

MESSAGE from the President



NIDA BLANKAS
HERNAEZ MD

When I look back through my presidency, and all the experiences I had, some stand out from the rest. It looks like it was only yesterday when **NOEMI FOGATA MD⁶⁷** handed in to me the gavel of responsibility. Yes, that was last July in a beautiful picnic day in my residence. It is for this reason that we need to have another picnic to remind me that I have another year to go.

In such a short span of time, there are a lot more to do, but I believe timing is everything to achieve all what you want. Currently, I am perfectly happy being the president.

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Nine Members Elected PMAC Governors

Elected board governors of the Philippine Medical Association in Chicago (PMAC) are dominated by **EDGAR BORDA MD⁷⁴**, **NUNILO RUBIO MD⁶⁷**, **CELSO DEL MUNDO MD⁶²**, **MANUEL SANCHEZ MD⁶⁸**, **BRENDA BANEZ MD⁶⁶**, **FRANKLIN MONTELLANO⁸⁴**, **ED RELUCIO MD⁶⁴**, **VIRGILIO MAGSINO MD⁶²**, and **GERRY GUZMAN MD⁶²**,

To all of the above FEUMAANI members, keep up the good job and **our CONGRATULATIONS!**

NIDA BLANKAS HERNAEZ MD⁸⁴, as the FEUMAANI president, and **ROGER CAVE MD⁶⁵** as the PMAC
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PMAC is 50 Years Young!

The Philippine Medical Association in Chicago (PMAC) is ready, cannot-wait and blessed to celebrate its 50th anniversary on Saturday, September 4, 2010, at the landmark Conrad Hilton Hotel in South Michigan Avenue, downtown



EMMA Y
SALAZAR MD

Chicago, according to the incoming president **EMMA Y SALAZAR MD**.

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OUR BLOG CLINICOPATHOLOGICAL CASE

CHARLES G ALEX MD
Professor of Medicine
Division of Pulmonology and
Critical Care Medicine
Loyola University Stritch School of Medicine

CASE PRESENTATION. A 68-year old male with a history of chronic obstructive pulmonary disease and diabetes mellitus presented with progressive dyspnea of three months duration.



CHARLES G
ALEX MD

The dyspnea was associated with a productive cough of mucoid sputum. During this time he had lost 10 pounds. There was no hemoptysis, chest pain, fever, exposure to tuberculosis exposure, orthopnea or pedal edema.

There was a past history of a traumatic cervical compression fracture and pneumonia with left-sided pleural effusion 10 years earlier. He used no medications. There was a smoking history of greater than 100 pack years. He held jobs as a pipe-fitter and band saw operator.

On physical examination, he had tachycardia and tachypnea. He was alert and oriented but uncomfortable and apprehensive. The head and neck were normal with no lymphadenopathy.

Dullness to percussion was elicited over
continue on next page

the lower left hemithorax with decreased breath sounds in the same area. No wheezes or rhonchi were audible. The heart exam was normal. The abdomen was soft with active bowel sounds and no hepatomegaly. Clubbing was not apparent. Neurologic examination was normal.

The hemoglobin was 16.5gm, hematocrit 46%, white cell count $8900/\text{mm}^3$ with 82% neutrophils, 10% lymphocytes, 7% monocytes, and 1% basophils. The urea nitrogen was 8 mg/dl, creatinine 1.2 mg/dl, glucose 300 mg/dl, sodium 132 mmol/L, potassium 3.8 mmol/L, chloride 99 mmol/L, carbon dioxide 22 mmol/L, lactic dehydrogenase (LDH) 329 IU/L, alanine transaminase 62 IU/L, alkaline phosphatase 98 IU/L, and total bilirubin 1.6mg/dL. An arterial blood, drawn while the patient was breathing room air, revealed PaO₂ 60mmHg, PaCO₂ 33mmHg, and pH 7.47.

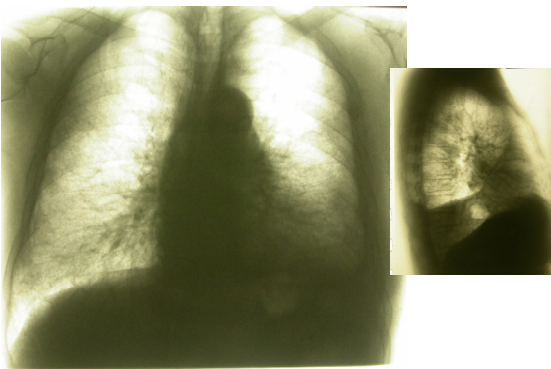


Figure 1 - A left pleural effusion is noted.

A chest roentgenogram demonstrated a left pleural effusion and changes consistent with emphysema (Figure 1). A chest CT disclosed pleural fluid in the left

hemithorax; there were no masses or enlarged lymph nodes (Figure 2).

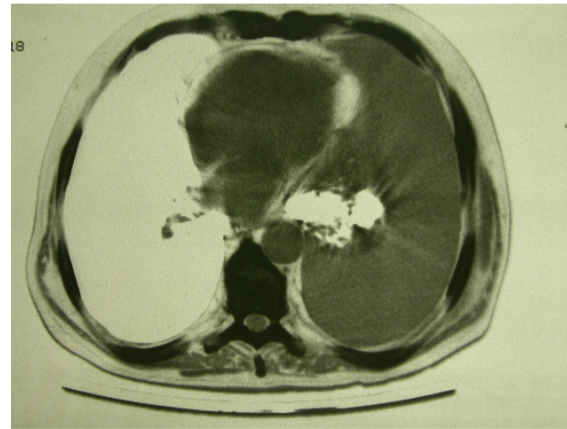


Figure 2 –CT scan showed left pleural fluid; there were no masses or enlarged lymph nodes

A thoracentesis yielded about 1200 ml bloody fluid and provided some improvement in the patient's symptoms. The red cell count was $250,000/\text{mm}^3$, and white cell count $300/\text{mm}^3$ with 21% neutrophils, 9% lymphocytes and 70% monocytes. The fluid protein was 5mg/dL, LDH 1250 IU/L, glucose 85mg/dL and pH 7.04. Microscopic evaluation of the pleural fluid revealed no acid fast bacilli or other organisms. Aerobic and anaerobic cultures showed no growth.

Pleural fluid cytologic analysis demonstrated a few atypical cells in a bloody background. An additional diagnostic procedure was performed.

CLINICAL DISCUSSION

Establishing the etiology of a pleural effusion has always been a difficult challenge for the clinician. Several aspects of the history, physical examination, and

chest radiographs may narrow the differential diagnosis prior to any diagnostic procedure. However, fluid analysis and ultimately tissue biopsy often are required to establish the diagnosis.

Before discussing each of the likely etiologies in our case, a brief mention should be made regarding the radiographic features that can assist in determining certain causes of pleural effusions. The presence of a large unilateral pleural effusion suggests tuberculosis or malignancy as an underlying cause. The association of pleural plaques suggests asbestos exposure and calcifications of lymph nodes may suggest granulomatous disease, respectively. Having only a moderate amount of fluid and no associated radiographic features, the pleural effusion in our patient falls in no specific diagnostic category. A CT scan of the chest to evaluate pleural disease is seldom useful except for lung cancer staging and identifying pleural plaques. As in our case, the CT scan did not provide additional clues for a diagnosis.

The history in our patient depicts a chronic respiratory illness associated with weight loss. There is a past history of pneumonia and pleuritis but our patient has not harbored symptoms or signs of an active infection. The smoking history places the patient at an increased risk for lung carcinoma. His occupation as a pipe-fitter likely exposed him to asbestos that would increase his risk for asbestos-related lung disease, including mesothelioma. The physical examination in our case adds little to a specific diagnosis.

Analysis of the pleural fluid by thoracentesis revealed a hemorrhagic sample with a red cell count greater than $100,000/\text{mm}^3$. Trauma, malignancy, pulmonary embolism, postcardiac injury, and asbestos exposure have been associated with hemorrhagic effusions. Clinically, only malignancy and asbestos-related disease can be suspected from the red cell count in our patient. The white cell count of $1300/\text{mm}^3$ speaks against empyema and a parapneumonic process.

An empyema is defined as pus in the pleural space that yields a white cell count greater than $50,000/\text{mm}^3$. Parapneumonic effusions are effusions associated with bacterial pneumonia, lung abscess, or bronchiectasis and have white cell counts that range between 10,000 and $50,000/\text{mm}^3$. A pleural fluid cell count greater than $10,000/\text{mm}^3$ typically indicates an inflammatory process and also can be found with pulmonary embolism, asbestos exposure, postcardiac injury, and pancreatitis. Effusions from tuberculosis have white cell counts that are less than $5000/\text{mm}^3$.

The differential cell count can be helpful in certain infectious disorders. A predominance of neutrophils suggests a bacterial process but also can be seen with pulmonary embolism and pancreatitis whereas a predominance of lymphocytes (85% of total cells) is seen with tuberculosis. Pleural fluid lymphocytosis is also associated with other non-infectious disorders such as lymphoma, rheumatoid arthritis, and sarcoidosis. The presence of eosinophils (10% of total cells) has been

attributed to fungal and parasitic infections, pulmonary embolism, drugs, hemothorax, and air in the pleural space.

Another major diagnostic step is to establish whether the pleural fluid is an exudate or transudate. Exudates are due to inflammatory reactions of the pleural space resulting in increased protein leak from capillaries or decreased protein drainage. Exudative effusions are characterized either a fluid to serum total protein ratio of greater than 0.5 or a fluid to serum LDH ratio of greater than 0.6.

Transudative effusions are not inflammatory and do not meet the above criteria. Transudative effusions result from increased capillary hydrostatic pressure or low capillary oncotic pressure. These effusions are found in congestive heart failure, cirrhosis, nephrotic syndrome, peritoneal dialysis, and urinothorax. Transudates usually have low total cell counts. The pleural effusion in our patient is clearly an exudate.

Other helpful values are the pleural fluid glucose and pH. A low glucose (<60 mg/dl) typifies an effusion caused by malignancy, tuberculosis, empyema, and rheumatoid arthritis. Very low glucose values (<30 mg/dl) are frequently found in rheumatoid pleuritis. The pleural fluid pH generally parallels the glucose. Assuming a normal blood pH and a pleural fluid pH less than 7.30 can be found most consistently with esophageal rupture but is also seen with empyema, rheumatoid arthritis, malignancy, tuberculosis, and lupus pleuritis.

Based on the information in our case, the differential diagnosis can be narrowed down to tuberculous pleuritis, benign asbestos effusion, and malignancy (carcinoma and mesothelioma). Without fever and blood leukocytosis, and bacterial growth on culture, a parapneumonic effusion from bacterial source in our case is very unlikely. With a lack of a pertinent history and clinical findings, effusions due to drugs and collagen vascular disease are also unlikely causes in our patient.

In a patient presenting with an exudative pleural effusion, tuberculous pleuritis should be strongly considered. Tuberculous pleuritis results from the rupture of a subpleural caseous focus of *Mycobacterium tuberculosis* in the lung. Tuberculous pleuritis usually occurs several months after a primary exposure but may develop at any time during the course of the disease.

A non-productive cough and pleuritic chest pain are the most common symptoms of tuberculous pleuritis. The chest radiograph typically shows a small to moderate-sized effusion and occasionally demonstrates coexisting ipsilateral parenchymal disease. Massive effusions have been described. The intermediate purified protein derivative skin test may be negative in nearly a third of cases but generally converts to positive within 6 to 8 weeks.

The pleural fluid in tuberculous pleuritis, the pleural fluid is exudative with an elevated protein and LDH. The pH of the pleural fluid is low and in the range of 7.00 to 7.29. The glucose may be less than

60 mg/dl. The total leukocyte count ranges from 2000 to 8000/mm³ with a predominance of lymphocytes.

The yield of a positive AFB smear from tuberculous pleural fluid is less than 10% however a positive culture can be obtained 50% of the time. A pleural biopsy specimen will demonstrate granulomas in 60% of patients and *M. tuberculosis* can be cultured from the tissue in 55-80% of cases. Tuberculous pleural fluid rarely contains greater than 5% mesothelial cells and the absence of these cells is not diagnostic of tuberculosis. An elevated adenosine deaminase level (greater than 70U/L) support tuberculosis however elevated levels can also be found in empyema and rheumatoid pleuritis.

In our case, the fluid cell analysis that does not support tuberculous involvement. A pleural biopsy specimen for histology and culture, however, would be helpful to definitively exclude this diagnosis.

Exposure to asbestos has been associated with the presence of benign inflammatory exudative pleural effusions. These effusions usually develop within 20 years of the exposure and predate the appearance of pleural plaques and calcifications. It has been shown that there is a direct relation between the appearance of an effusion and the level asbestos exposure. Patients are generally asymptomatic however some may experience chest wall pain. The chest radiograph reveals a small to moderate effusion which can occur bilaterally. Pleural plaques are observed in 20% of

patients and pleural calcifications in fewer than 5% of patients. The pleural fluid may be serosanguineous with a total white cell count below 6000/mm³. There is predominance of mononuclear or polymorphonuclear cells however eosinophilia has been described.

The diagnosis of a benign asbestos effusion is one of exclusion. Because of the carcinogenicity of asbestos, metastatic bronchogenic carcinoma and mesothelioma must be ruled out in all patients with pleural effusion and asbestos exposure. Benign asbestos effusions usually last a few months to a year, however recurrences are common. Diffuse pleural fibrosis is a potential complication and malignant mesothelioma has been reported to follow these effusions. Our patient with significant asbestos exposure from working as a pipe-fitter has an effusion that fits this diagnosis but the presence of atypical cells in the pleural fluid mandates the exclusion of malignancy.

Pleural effusions in elderly patients are usually due to malignancy. Bronchogenic carcinoma, breast carcinoma and lymphomas account for most of the malignancies causing pleural effusions. Lung cancer leads this group with adenocarcinoma being the most common cell type. The diagnosis of a malignant pleural effusion is made by the presence of tumor cells in the pleural fluid. This results from the seeding or invasion of the mesothelial or subserous layers by tumor cells. Other mechanisms of pleural fluid formation from malignancy include: **1)**

lymphatic or bronchial obstruction, 2) thoracic duct interruption causing chylothorax, 3) pulmonary embolism, 4) hypoproteinemia, and 5) radiation therapy. These mechanisms usually do not result in the presence of malignant cells in the pleural fluid and are termed paramalignant effusions. Owing to early lymphatic obstruction or atelectasis from bronchial obstruction, these effusions are sometimes transudates.

The chest radiograph in patients with carcinoma involving the pleura commonly demonstrates a moderate to large effusion. Occasionally, a CT scan of the chest can be used to detect mediastinal lymph node enlargement when the effusion is due to lymphoma. A grossly hemorrhagic effusion is typical however it should be noted that a grossly hemorrhagic effusion, especially in the absence of trauma, is most likely due to malignancy. Approximately one third of malignant effusions have a pH less than 7.30 and the glucose level will also be low (<60mg/dl) in up to 20% of effusions. Diagnostic yield is best with cytologic examination of the pleural fluid, however a pleural biopsy specimen in some situations may be helpful. Malignant mesothelioma should be considered when tissue or fluid examinations suggest metastatic adenocarcinoma.

The initial cytologic analysis of the pleural fluid in our patient was suspicious for malignancy. The diagnostic yield will be improved with a pleural biopsy will improve the yield.

Another likely diagnosis to consider is malignant mesothelioma. Epidemiologic studies have demonstrated a clear association of asbestos exposure and malignant mesothelioma. The risk is dose-related and greatest for fibers with higher length-to diameter ratios such the crocidolite type of fibers. Malignant mesothelioma of the pleura generally occurs between 50 and 70 years of age and develops approximately 30 years after the asbestos exposure. The most common presenting symptoms are non-pleuritic chest pain and dyspnea. The chest radiograph typically shows a unilateral pleural effusion. In over 50% of patients, pleural thickening may be evident however this feature may not be apparent until pleural fluid is removed by thoracentesis. Lobulation or pleural masses are also thought to be suggestive of mesothelioma but this is seen in less than 25% of patients. A CT scan of the chest is helpful for defining the extent of pleural involvement and targeting biopsy sites but is not specific in regards to diagnosis.

The pleural fluid associated with malignant mesothelioma may be serosanguineous or hemorrhagic with a total white cell count of less than 5000/mm³. The pH tends to be low and there is a high level of hyaluronic acid causing the fluid to be more viscous. Diagnosis is made with a pleural biopsy specimen best obtained by an open approach through video-assisted thoracoscopy. A percutaneous or closed pleural biopsy frequently yields inadequate tissue. The yield for open pleural biopsy is approximately 60%. An

interesting feature of mesothelioma is its ability to seed biopsy sites and incision lines resulting in intractable chest wall pain.

Malignant mesothelioma of the pleura generally carries a poor prognosis with a median survival ranging from 6 to 12 months after diagnosis. To date, studies have not demonstrated a significant improvement in survival with either surgery, chemotherapy, or radiation therapy.

The most likely clinical diagnosis in our patient is metastatic carcinoma or malignant mesothelioma owing to the presence of cells suspicious for malignancy in the pleural fluid. Because of the significant asbestos exposure, malignant mesothelioma is the favored diagnosis. The obvious procedure that would facilitate this diagnosis is a pleural biopsy that provides both pleural fluid and tissue for diagnosis.

PATHOLOGICAL DISCUSSION

CESAR V REYES MD⁶⁸



CESAR V
REYES MD

Two pleural fluid samples cytologically showed papillary and glandular clusters of malignant epithelial cells, consistent with mesothelioma. The abnormal cells exhibited cytoplasmic hallowing: peripheral dense ring and central perinuclear clearing. Inordinate nucleocytoplasmic ratio, coarse and clumped chromatin, and abnormal mitoses were striking (Figure 3). There

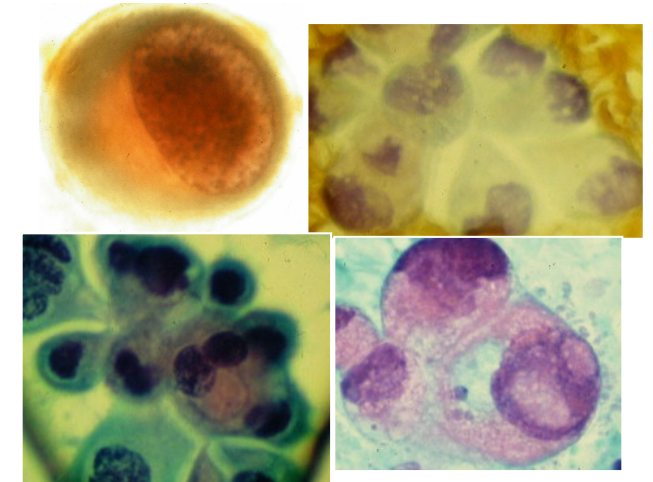


Figure 3- A malignant mesothelial cells in cytology and cell block section (x400).

was also a background of normal, reactive and dysplastic mesothelial cells, along with blood cell elements, and acute and chronic inflammatory cells. Cell block sections from ThinPrep sediments and subsequent biopsy materials demonstrated similar findings, both reactive and neoplastic mesothelial cells, were strongly positive for intracytoplasmic glycogen.

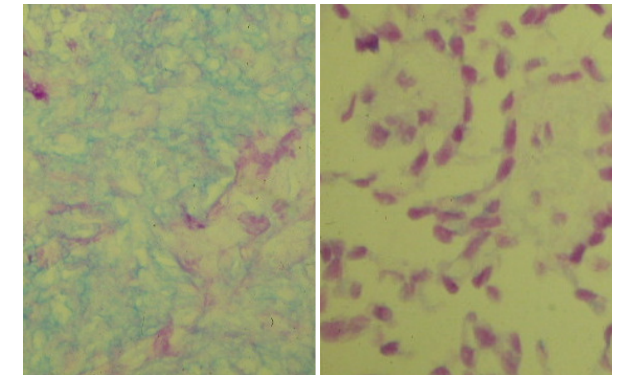


Figure 4 – The Alcian blue – hyaluronidase test affirmed the diagnosis of mesothelioma (x100).

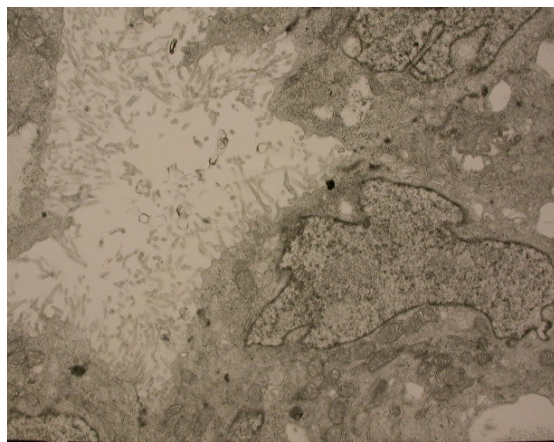


Figure 5 – Diagnostic ultrastructure of malignant mesothelial cells (x9500)

Mucicarminophilic secretion was absent. Alcian blue/ hyalurodinase stain also affirmed the diagnosis (Figure 4).

Immunostaining revealed positivity for cytokeratin, vimentin, calretinin, and mesothelial cell antibody, and negative for carcinoembryonic antigen.

Electron microscopy proved the characteristic of epithelial cells, disclosing long, sinuous, complex, and branching

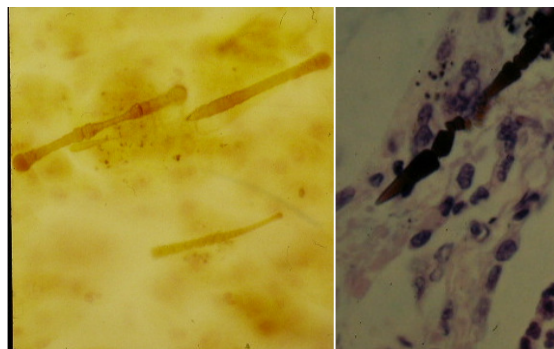


Figure 6 – Typical ferruginous bodies isolated from the pleural fluid sediments (x400).

TABLE 1 – Pathologic Diagnosis of Malignant Mesothelioma

- **Clinical and radiographic data**
- **Asbestos exposure**
- **Fluid cytology:** malignant mesothelial cells
- **Fluid chemistry:** increased hyaluronic acid
- **Biopsy:** well differentiated, papillary, poorly differentiated, solid, undifferentiated, mixed-cell, sarcomatous
- **Histochemistry:** PAS+, mucicarmine-, alcian blue with hyaluronidase
- **Immunostaining:** keratin+, CEA-, vimentin+, antimesothelial cell+, calretinin+, EMA+
- **Ultrastructure:** long bushy branching microvilli, perinuclear intermediate filaments, basal lamina, neolumina, poor organelles
- **Morphometry:** increased microvillar length:diameter ratio

microvilli. Cytoplasmic inclusions are simple and primitive, except for striking abundant glycogen (Figure 5).

Rare ferruginous bodies were also isolated from digestion of pleural fluid sediments (Figure 6).

FINAL DIAGNOSIS. Every step of laboratory evaluation (Table 1), including cytology, tissue studies, immunostain and electron microscopy were diagnostic of **malignant mesothelioma**.

REFERENCES. A list is available on request.

Editorials

news releases

letter to the editor

column proposal and manuscript are invited.

Email submission, including figures or pictures, is preferred.

Deadline for the September 2010 issue:
August 15, 2010

Email to creyes@morrishospital.org

ISRAEL EGYPT TOUR

With ACCME-Accredited CME
October 24 – November 4, 2010

MEDICAL SURGICAL MISSION

January 18 - 20, 2011
Laoag City, Batac & Bangui
Ilocos Norte

CRUISE to the AEGEAN SEA, GREECE & TURKEY

With ACCME-Accredited CME
May 12 - 23, 2011

Contact: **NIDA BLANKAS HERNAEZ MD**
FEUMAANI President

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CESAR V REYES MD

creyes@morrishospital.org

PMAC 50th Anniversary Programme

Saturday, September 4, 2010

Conrad Hilton, Downtown Chicago

7:30 am Registration

7:55 am Opening Remarks

Emma Y Salazar MD

President

Celso Del Mundo MD

CME Chairman

8:00 am Pharmacological and

interventional

treatments of neuropathic pain syndromes

Honorio Benzon MD

Professor of Anesthesiology

Northwestern University

to be introduced by

Manuel Sanchez MD

9:00 am A Lifetime of General Surgery

Vivencio R Battung MD

PMAC President 1975-76, 78-79

to be introduced by

Luis Mangubat MD

10:00 am Break, exhibits, displays

10:30 am A Lifetime of Pulmonology

Manuel Claudio MD

PMAC President 1967-68

to be introduced by

Prisco Olaya MD

11:30 am Malpractice Reform

Richard Sperling MD

Emeritus Plastic Surgeon

Lutheran General Hospital

Rush North Shore MC Skokie

Evanston Hospital and

ISMS/ ISMIE

to be introduced by

Anita T Avila MD

6:30 pm 50th Anniversary Induction Dinner

MY BLOG

SISTER JOSEPH NODULE: AN UNUSUAL SIGN OF AN UNUSUAL TUMOR

CESAR V REYES MD⁶⁸

CASE REPORT.



CESAR V
REYES MD

A 62-year old Caucasian male with history of alcohol abuse and asbestos exposure presented with anasarca associated with puffy eyelids, massive ascites, bilateral symmetrical pedal edema, mild pallor, and umbilical nodular 1 x 1 x 1-cm lesion (Figure 1).

A fine-needle aspiration biopsy of the lesion was performed on admission. On-site cytological evaluation of the Diff Quik-stained smears was interpreted as positive for malignant epithelial cells (Figure 2).

The rest of the aspirated material was also triaged for alcohol-fixed Papanicolaou staining, cell-block histological and immunohistochemical examinations, and peritoneal fluid cytology and cell block histological evaluation, and electron microscopy, along with clinical work-up for metastasis of unknown origin, proved the diagnosis of peritoneal malignant mesothelioma with Sister Joseph nodule metastasis in the umbilicus.

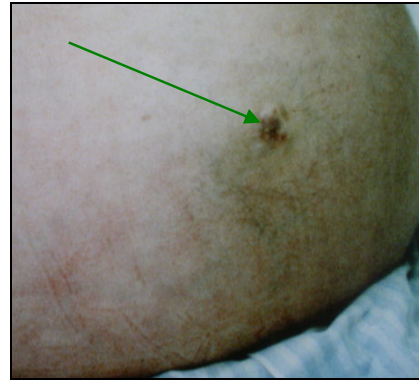


Figure 1 – A markedly protruberant abdomen because of massive ascites shows a small but palpable and striking nodule.

The neoplastic cells were negative for mucicarmine and showed focal cytoplasmic positivity for glycogen. The immunostaining studies were positive for keratins, vimentin, calretinin, and mesothelial cell antibody. Likewise, subsequent ascitic fluids from a series of abdominal paracentesis confirmed the presence of malignant mesothelial cells.

Electron microscopy revealed malignant cells that demonstrated long, sinuous and branching microvilli, high length/diameter ratio, basal lamina, perinuclear intermediate filaments,

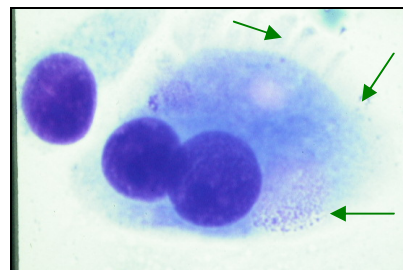


Figure 2 – Fine needle aspiration cytology of the umbilical nodule reveals few malignant epithelial cells that exhibit long cilia-like cytoplasmic extensions (arrows), Diff Quik stain, x400.

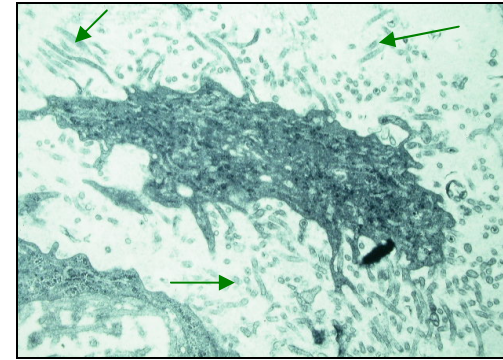


Figure 3 – Electron microscopy confirms the mesothelial nature of the neoplastic cells, characterized by bushy long thin cytoplasmic extensions (arrows), x4500.

neoluminal structures, sparse cytoplasmic organelles, and fair amount of glycogen (Figure 3).

SISTER JOSEPH NODULE. The umbilical lesion is known as a Sister Joseph's nodule, coined by Sir Hamilton Bailey in 1949. Sister Joseph, a surgical assistant and later nursing superintendent St Mary's Hospital, Rochester, Minnesota, drew the sign to the attention of Dr. W. J. Mayo who published an article on the sign in 1928, referring to it as *pants button umbilicus*.

The lesion had been recognized previously and reported in publications from the mid-19th century. The first reports of this clinical sign were from Walshe in 1846. The lesion Sister Joseph nodule is usually due to a secondary deposit from gastric carcinoma but metastases from primary colonic, ovarian, pancreatic, and uterine tumors have been reported. The sign is usually, but not invariably, associated with a poor prognosis.

Benign lesions, e.g. umbilical endometriosis, can also manifest as a Sister Joseph's nodule. The umbilical nodule is a significant finding in the physical examination because it is sometimes the only indication of an intra-abdominal metastatic malignancy.

Historically, Sister Joseph nodule has been considered a sign of ominous vital prognosis and therapeutic abstention.

Analysis of hundreds of cases in the literature, however, debunks this concept because survivals longer than a year after treatment are observed. Additionally, 60% of umbilical nodules are benign. It is also important that an accurate microscopic diagnosis, e.g., whether the umbilical lesion is benign, primary or metastatic. When it is metastatic, possibly, the origin of the tumor is clarified for management purposes with curative intent for curable lesions.

The diagnosis in our case via fine-needle aspiration cytology is simple, accurate and cost-effective.

MESOTHELIOMA, an uncommon malignant neoplasm arising from the epithelial cells of pleural, peritoneal and other serosal spaces, remains to be a diagnosis by exclusion.

The radiographic findings of diffuse and linear thickening by malignant cells of the serosal lining are highly suggestive. However, there are mimickers of this lesion and these mimickers are more common in incidence than mesothelioma. A history of asbestos exposure is typically associated with mesothelioma, but other malignan-

cies, e.g., pulmonary carcinoma, are also known to result from this carcinogen.

Serosal fluid cytology may provide characteristic malignant mesothelial cells that are classically exhibit two-tone cytoplasm, cell windows, and cytoplasmic villi. But non-mesothelial malignant cells may also occasionally display these changes as well as reactive mesothelial cells which are great mimickers of malignancy. High hyaluronidase level(s) in serosal pleural fluid chemistry are highly suggestive but not diagnostic of malignant mesothelioma because, occasionally, infection and other non-malignant pleural pathologies may show similar biochemical findings.

Microscopic evaluation of biopsy material may simply demonstrate a well differentiated, papillary, poorly differentiated, solid undifferentiated, mixed cell, and sarcomatous carcinoma. A panel of immunohistochemical markers, including keratins, vimentin, mesothelial cell antibody, and calretinin, is similarly sensitive but not specific.

Electron microscopic findings are fairly diagnostic of mesothelioma. The caveat on this regard is that the cells evaluated ultrastructurally have to be confirmed, by light microscopy, malignant because normal, benign and reactive mesothelial cells may show identical ultramicroscopic changes. In addition, significantly increased electron morpho-metric ratio of the villar length and diameter is also helpful.

Mesothelioma represents an extremely rare malignancy of the abdominal cavity. The causative relationship between chronic exposure to asbestos and peritoneal

mesothelioma has also been proved. Since the symptomatology of the tumor of Sister Joseph nodule is usually not specific, the diagnosis is usually made late in the advanced stages of the disease, which is a limiting factor for therapy. The neoplasm is, likewise, poorly responder to chemotherapy and other forms of available treatment regimens. Most patients with peritoneal mesothelioma die within 2 years from the time of diagnosis as did the index case.

POSTSCRIPT. The patient's estate sued his previous workplace---one of the big asbestos-manufacturer companies, on the contention that he developed his cancer many years later from asbestos exposure at work.

Based on the testimony that the tumor is conclusively a malignant mesothelioma despite the non-demonstrable asbestos fibers, his estate was awarded in a litigation held in a federal court \$3 million in compensation.

From that award, his estate was able to pay 100% his hospitalization care from the time of diagnosis.

PHILIPPINE MEDICAL ASSOCIATION in CHICAGO

*50th Annual Winter 2011
Scientific Convention
& Interuniversity Song Festival
March 12, 2011
Hyatt Regency O'Hare*

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NATY DELA FUENTE MD

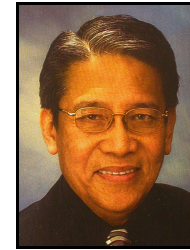
PMAC Auxiliary President-Elect

nfelafuente@aol.com

MEDICAL MISSIONS 2010

RICK F. DE LEON MD⁶⁴

APPA Medical Mission Co-Coordinator



RICK F
DELEON MD

There are changes and revised policies as well as guidelines in the conduct for foreign surgical and medical missions (FSMM) in the Philippines. Every one should be aware and cognizant of the changes to avoid encountering problems while already in the country.

There were physicians who belong to legitimate medical associations who had been refused to do their scheduled medical and surgical mission works because of failure to follow or adhere to the revised policies and guidelines.

Here is the background as per Administrative Order No 2009-0030: FSMM are activities where surgical and medical care is provided by local and foreign organizations upon the initiative/ requests of various local government units and groups. They are primarily undertaken in underserved areas/ communities with the goal of providing assistance to the needy or as a professional humanitarian endeavor.

They may also serve the purpose of continuing medical education (CME), professional advancement and as venue for transfer of technology by the missionaries to their local counterpart.

The joint administrative order aims to provide policies and guidelines. **(A)** to

integrate the efforts of various agencies overseeing the conduct of FSMM; **(B)** to facilitate the issuance of special temporary permit to practice for missionaries/ volunteers; and **(C)** to ensure proper supervision and monitoring of FSMM in the country.

The Guiding Principles: The guidelines on the conduct of FSMM are developed based on the following principles: **(1)** underserved communities should be prioritized; **(2)** the sponsors should established linkages and networks with other concerned stake holders in the community; **(3)** only qualified and competent medical and paramedical health workers should perform the appropriate medical and surgical procedures.

The General Guidelines: **(i)** The Department of Health (DOH) shall be the lead agency in overseeing the implementation of any FSMM in the country; **(ii)** The Philippine Medical Association (PMA) shall maintain a database containing the valid documents of the foreign physician given special temporary permit to practice medicine in the country. Only a valid licensed to practice medicine in their country of origin will be required for subsequent application for future missions; **(iii)** under no circumstances shall a foreign physician and/or health related professional practice their profession in the Philippines without a special temporary permit from the Professional Regulatory Commission; and **(iv)** The actual monitoring of the conduct of the mission shall be undertaken by the local government health unit and local

component medical society and /or specialty society of the PMA.

I have been blessed with good health, increased vigor and great stamina to have joined and accomplished four successful medical mission works in 2010, as follows:

I - Benguet General Hospital mission. The Philippine Medical Society of Northern California (PMSNC) medical, surgical, and dental mission in January 16-22, 2010. The PMSNC served its 24th year of helping and serving the indigent population in the Philippines.

Benguet Province is located in Northern Luzon, and has a land area of 2,655 sq/km (1,103 sq/m). It is about 5,000 ft above sea level. The province lies at the top of the Cordillera Mountains containing Mountain Pulog, the second highest mountain in the Philippines. La Trinidad is the capital town which is a small plateau amidst the mountain peaks.

January is a dry season and the temperature usually ranges from 60⁰F - 70⁰F.

Benguet is subdivided into 13 municipalities. Baguio City up until recently becoming a chartered city, used to be part of the province. The economy is centered in agriculture, mining and tourism. It supplies Manila and suburbs with fresh vegetables, fruits, and root crops all year round.

Just like in the previous mission teams, the Benguet work presented lots of challenges to overcome, namely: **(a)** an inadequate medical mission funds in the face of global economic crisis and

downturn; **(b)** local host community limited resources; **(c)** Philippine disasters like typhoon Ondoy and Pepeng which hit Benguet with massive landslides killing many people; and **(d)** the unpredictable pandemic H1N1 and highway destructions. Fortunately, we overcame those challenges in stride.

For those who participated in this mission, specially the first-timers, it was a dream come true and a wonderful experience, giving back to the community in need; and it was also self-fulfilling. The total number of patients who availed our services was 4,104; and these patient can be categorized as **(a)** major surgeries 99 cases, **(b)** minor surgeries 120, **(c)** internal medicine 675, **(d)** family practice 956, **(e)** gynecologic outpatients 107, **(f)** pediatrics 418, **(g)** optometry 1,167, and **(h)** dental 564.

The major cases seen at the medical and pediatric clinics were hypertension, diabetes, respiratory problems (tuberculosis and pneumonia), dehydration and malnutrition, asthma, allergy and dermatitis.

Top among the surgical cases were thyroid masses, lipomas, and hernias.

II - Santa. Barbara, Pangasinan medical, surgical and dental mission- January 23-24, 2010.

This was one of the most successful missions, sponsored by the Philippine Relief Coalition USA in collaboration with the Ayala Foundation and the Philippine Consulate of San Francisco CA, under the leadership of Consul General Mariano Paynor.

Santa Barbara is a first class town located in Central Pangasinan. The national highway going to Dagupan City, San Carlos City and the capital town of Lingayen passes through this beautiful town. It is a few kilometers away from Manoag, the place where the beautiful shrine of the Lady of Manoag was located.

A lot of people from far away places visit the historic Manoag Church to ask great favors specially people getting married and those taking the board examinations for good luck.

Santa Barbara was one of the towns in Pangasinan that was badly damaged by the big floods brought about by the disastrous typhoons Pepeng and Ondoy.

The adjoining towns benefited from this mission, as well. The mission motto and incalculated in the minds of volunteers during this mission was *Together we light up the lives of indigent and helpless people in community in need.*

Sta Barbara mission statistics are, as follows: outpatient 1546, surgery 52, dental 212, and optometry 205.

Our appreciation goes to Dr and Mrs Carmelo Roco for organizing this mission work in the midst of economic crisis. We also thank the Sta Barbara mayor, Reynaldo V Velasco, for the town's hospitality and the help of the local physicians and nurses who supported us and made this venture a resounding success.

Cases encountered were heart disease, respiratory cases; malnutrition and depression and dermatological cases.

Dental works were included in this mission as well.

III - Natividad Pangasinan mission work on January 25-26, 2010

Natividad, my hometown, is at the foothill of the Caraballo Mountains, one of the tallest mountains in the Philippines. It has a big Pila Dam which attracts tourist. The mountain side with its budding resort also is a great place to have wedding ceremonies and wedding receptions. The dam is a big source of water supply in many parts of Central Luzon. At the other side of Caraballo Mountain is Nueva Vizcaya, the capital town of which is Bayombong, the venue of Philippine Medical Society of Northern California Medical, Surgical Mission in 2009.

During the typhoon Ondoy devastation, the San Roque Dam broke which was located above Natividad town. Half of this town was under water and the flood extended to the southern corridor of Pangasinan, including Santa Barbara, Dagupan and Dasol.

My son, Richard Rick MD, and my wife, **CLARITA R DE LEON MD⁶⁸** joined in this mission. We had a grand time seeing patients in 2-day volunteer work. Thankful and grateful 700 patients came to avail our services.

Major diseases seen were respiratory ailments; heart problems; skin diseases and malnutrition.

IV - Payatas, Quezon City APPA medical mission, February 16-21, 2010.

Payatas is a study of contrasting environs. On the right is a locality that abounds with the upper middle class

families of Quezon City. At the opposite end of Payatas, there is stark poverty in the darkest sense. Sanitation, health issues, unemployment, and crime are the major problems.

The APPA Foundation has reserved its medical mission at Payatas as the APPA Medical Center Latex Village for sometimes.

A meeting was convened and strategies of the mission were laid out at the residence of the medical coordinator, Letty De Castro MD. Mission work lasted for 3 days. There were 2026 patients who had minor surgeries, short-term treatments for malnutrition, respiratory problems, heart ailments, hypertension and skin diseases.

The Payatas volunteers were Drs. Manny Hipol and **ROSE HIPOL MD⁶¹**, Henry and Angie Eugenio, Rano and Judy Bofill, **GIL PILAPIL MD⁶¹** and Elena Pilapil, Bert and Cora Velez, Peter and Remy Lo, Presly Famucarcano, F Baranda, Alex and Anne Fangonil, **RICK F DE LEON MD⁶⁴**, and Letty De Castro, Miss Jessica Chan (medical student), Monsignor Fred Betanga, and Mr Larry Ursua.

Distribution of food items and household gifts was part of the activity participated by the volunteers. The Feed The Hungry Association of Washington DC spearheaded this unique humanitarian gesture.

A visit to the APPA F Medical Center and the site of a property donated to the APPA for future construction of a new medical center building consumed a

considerable portion of our time on that day. This will be a joint venture of the Holy Trinity Roman Catholic Church with APPA.

There was also the farewell luncheon meeting of the APPA and Philippine Medical Association Medical Center Staff on February 28, 2010. A dialogue with the Philippine Medical Association president Melchor Rey Santos MD and APPA occupied our afternoon hours. The discussion centered on the future of medical and surgical missions in the Philippines. The meeting was later followed by dinner and entertainment, where the two presidents, APPA Dr Hipol and PMA Melchor Santos MD were serenaded at the middle of the dance floor to the virtual approval of everyone in attendance. It was a night of merriment and relaxation but it also provided an impetus in cementing the good rapport and relationship of PMA and APPA.

PHILIPPINE MEDICAL ASSOCIATION in CHICAGO

*2011 Annual Medical Mission
January 30 - February 4, 2011
Bantayan Island, Cebu City*

Contact: **EMMA SALAZAR MD**
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An Open APPA Executive Director's Report RICK F. DE LEON MD⁶⁴



RICK F
DELEON MD

It is a great pleasure to acknowledge and congratulate the tandem of MANNY HIPOL MD and **ROSE DE VERA HIPOL MD⁶¹** for their great enthusiasm and hard work in putting the Association of Philippine Physician in America (APPA) to a new dimension of progress, greater heights, achievement and respect.

Foremost among his presidential trademark and achievements is his desire to have the IRS problem resolved. He would be very happy if this IRS problem be put to rest before his presidential tenure ends.

Dr Hipol also spearheaded a very successful medical mission in Payatas, Quezon City. His commanding verbal skills have further cemented the already good relationship and partnership with the Philippine Medical Association (PMA). This was fully illustrated in his encouraging speech delivered before a good crowd of APPA and PMA members at the PMA headquarter in Quezon City, giving credence to his great communication acumen.

Dr Hipol has shown superlative leadership capabilities and has acquitted himself creditably in difficult decision

making. All these have been accomplished with the assistance of his dynamic, beautiful wife, Dr R de Vera Hipol. They compliment each other very well by working together very efficiently. In his intent and overwhelming desire to improve the APPA, Dr Hipol enjoins everybody's support to keep the APPA as the voice of Filipino physicians in the continental USA and Canada.

He challenges the APPA leadership to come to grips with the prevailing problems of the times. One challenge is to reinforce APPA's relevance to physicians' lives. Strategies for practice survival and growth are now his focus because individual or solo practice is dwindling and may disappear shortly and because of the pervading decreased and catastrophic reimbursement. This is specially so with the Obama's Health Care which is now making a socialized medicine a reality, and with other issues that individual medical practitioners are confronted with in an atmosphere of economic downturn.

Another concern that Dr Hipol wants to challenge the APPA leadership is how to increase our numbers. He encourages us to convince the second generations of Filipino physicians, our children to participate and be involved with the APPA mission and cause---as the medium for all Filipino doctors in America.

A great effort to increase our numbers as Dr Hipol's appeal, time and again, is to reach out those who have been turned off and disillusioned with intent to right past mistakes and wrongs, reconcile differences

and win back our comrades and colleagues' confidence and respect.

The APPA Fall Meeting in New Jersey, in September 2009, was a success.

Entertainment provided by the children and grandchildren of Dr F Farcon, past APPA president, was astounding. Everybody enjoyed the event.

Our president Dr Hipol delivered a thought provoking and encouraging speech, thanking the Philippine Medical Association of Southern New Jersey through their affable and dynamic president Dante Ragasa MD.

An evening marathon presidential meeting which lasted to the next morning followed the Saturday night dance dinner. A decision was made that each president who was levied fines for late IRS income tax reporting should be responsible for the amount imposed on their years of presidency.

It was also unanimously agreed that **GIL PILAPIL MD⁶¹** will draft a letter to IRS to be signed by the current APPA president, acknowledging the fines and will ask leniency for reduction of the imposed fines for late filing of income tax.

MEDICAL MISSIONS. I participated in four successful medical missions this year. Details of the medical missions are an article above in this e-newsletter and in the next APPA **Philippine Physician** newsletter, as follows:

(A) January 16-22, 2010, in La Trinidad, Benguet, Mountain Province, serving 4, 250 patients; (B) January 23-25, 2010, in Santa Barbara, Pangasinan, serving 3,000 patients; (C) January 26,

2010, in Natividad, Pangasinan, serving 920 patients; and (D) February 17-19, 2010, in Payatas, Quezon City, serving 2,000 patients.

The PMA/ APPA dialogue was very fruitful and informational to all concerned contemplating to have medical surgical missions in the Philippines. The revised policies and guidelines in the conduct of foreign surgical and medical missions in the Philippines are clearly spelled out.

The Special General Guidelines are:
[1] The Department of Health (DOH) shall be the lead agency in overseeing the implementation of any foreign surgical and medical mission (FSMM) in the Philippines; [2] The conduct of FSMM shall be guided by the following policies and guidelines: [2.i] The DOH Administrative order number 2007-0017 dated May 28, 2007 shall be the basis for acceptance and processing of foreign and local donations during emergencies and disaster situation. [2.ii] DOH Administrative order number 54-AS.2003 dated June 6, 2003 shall be the basis for the processing and clearance of importation through donations during normal situations, by the DOH. [3] The PMA shall maintain a database containing the valid documents foreign physicians given special temporary permits to practice medicine in the country only a valid license to practice medicine on their country of origin will be required for subsequent application for future missions; [4] Under no circumstances shall a foreign physician and/or health related professional practice their profession

without special temporary permit from the PRC; [5] The actual supervision/ monitoring of the conduct of the mission shall be undertaken by the local government health unit and local component medical society and/or specialty society of the PMA. Additionally, the DOH shall oversee the conduct of the mission.

PMA-APPA leadership. The forum on February 20, 2010, also revolved around the mission programs. Dr Ray Melchor F Santos, PMA president, emphasized that medical mission applications should pass through PMA for expeditious transactions and approval of licenses.

The dialogue was a cordial exchange of ideas and both parties reiterated the importance of having the dialogue be continued to foster good relationship. It was followed with dinner and fellowship program at the PMA headquarter in Quezon City, a night of singing and dancing, with the two presidents, PMA Dr Santos and APPA Dr Hipol at the center of the auditorium, and serenaded upon.

Dr Hipol with his communication skills extended APPA gratitude to PMA for their hospitality.

APPA Spring Meeting. We had a grand time in Louisville, Kentucky, the site of APPA Spring Meeting, on April 23-25, 2010. The gathering was fabulous highlighted by the memorably incomparable 50th wedding anniversary of Dr Henry and Angie Eugenio.

Cognizant of the significance of the wedding anniversary, it was doubly relevant since Mrs Angie Eugenio, the

APPA Auxiliary president, had this event a fundraising for endorsed projects of the organization.

Reverend Monsignor Fred Bitanga from the Diocese of San Francisco, was the officiating priest during the spectacular and unique affair. Indeed, it was an affair to remember, very well attended by friends, relatives and associates. It was also an occasion replete with memorable nostalgic feelings, exchanges of sweet loving thoughts, accentuated with fun memorable music of yesteryears to everybody's delight.

The continuing medical education sponsored by the Philippine Medical Association of Kentucky and Southern Indiana (PMAKSI), featured pertinent topics, including *diabetes, dyslipidemia and new developments in the managements* by Samuel T Verzosa MD; *the latest approach in asthma in pregnancy* by Beta Miller MD.

Dr Hipol conveyed a heartfelt gratitude to the PMAKSI membership through their affable and kindhearted president, Manny Velarde MD, for their outstanding hospitality and for sharing and allowing us to participate in the CME Program.

On Sunday, April 26, 2010, we were entertained at the famous Churchill Downs, home of Kentucky Derby. At the derby's start, there was a rendition of the Old Kentucky Home, a song of nostalgia, emotion and heart-warming melody, which everyone participated singing. We were also secluded at the millionaire's row, where for a day, we were treated and acted as millionaires. What a great place to

spend a day of great entertainment, full of joys and laughter. We truly appreciated and conveyed our great thanks to the Eugenios for a unique, grand and very relaxing day.

APPA representative. I represented APPA in the National Council of Asian and Pacific Islander Physicians held in Arlington, Virginia, Washington DC on May 20-23, 2010. The conference is about *moving forward on health reform, building partnership, and achieving health equity.*

In 2006, at the Asian Pacific Islander American Health Forum 2006 Health Summit, in San Jose, California, a national convening of Asian and Pacific Islander physicians took place. Assessments conducted across the nation indicated that Asian Pacific Islander physicians speaking as a single voice would have great influence in the public sector, both in legislation and administration and private sector in terms of advancing Asian Pacific and Pacific Islanders health. Leaders from many Asian and Pacific Islander physician organizations, including APPA, agreed to the creation of the National Council of Asian and Pacific Islander Physicians (NCAPIP).

The NCAPIP mission include to be the voice of Asian Pacific Islander physicians, and to advance the health and well being of their communities. The three driving tenets of the NCAPIP are (1) universal and affordable access to quality health care, (2) adequate research data collection, and (3) workforce diversity and leadership development.

NCAPIP is the first national coalition of physicians to represent the health interests of broad spectrum of Asian Americans and native Hawaiian and Pacific Islander subpopulations. By advocating at every level, disseminating information to communities, building leadership pipelines, and forging partnership, NCAPIP will work to improve the health and well being of Asian Americans and Native Hawaiian Pacific Islander populations of other minorities and of all Americans. NCAPIP is committed to moving forward in 2010 and beyond.

At the 4th annual Ethnic Physician Organization Section (EPOS) and Network of Ethnic Physicians (NEPO), I also represented the APPA during the ethnic physicians legislative day held at the state capital, Sacramento on June 16, 2010. California Medical Association (CMA) hot list provides a summary and current status of CMA-sponsored bills as well as the progress of other significant legislations followed by CMA center for governmental relations, as follows: [I] AB 583 Health Care Practitioners - Disclosure of Education. It is becoming increasingly difficult for the public to identify the license, education and training of health professionals in the state and many are unable to distinguish physicians and non-physicians. To protect the public health and safety, this truth in advertising legislation will require a health care professional to disclose information in various health care settings to help patients understand who will be helping them with

their health care, such as information about their license, education and recognized board certification.

[II] SB1031: Medical malpractice coverage for volunteer physicians

In order to encourage more physicians to provide voluntary care to Californians in need, the CMA in conjunction with the medical board will use this bill to provide malpractice coverage to volunteer physicians.

[III] SB1210: Taxation of sweetened beverage tax - This bill would levy one cent tax at the manufacturer level for every teaspoon of sugar placed into a sweetened beverage or concentrate. The revenues collected from this tax would be deposited in childhood obesity fund to pay for childhood obesity prevention program throughout the state. Over consumption of sugar sweetened beverages is the primary culprit in the childhood obesity epidemic and is linked to diabetes.

These 3 bills and many other bills of interest were discussed at the length at the offices of the sponsoring legislators and CMA leaders at the CMA center for governmental relations.

I will report about the 38th annual APPA convention in the next issue. The APPA remains strong and vibrant, and to continue as such, we need everybody's supports and participation. Our efforts to help the needy and poorest among the poor and our commitment to our scholarship program bespeak our intent and utmost desire to make the APPA the bastion and leader in the humanitarian and philanthropic world.

I extend my congratulations and best wishes to our dignified, personable and beloved APPA President, Dr Hipol and his intelligent, dynamic, and beautiful wife, Dr R De Vera Hipol, for a job well done. I salute both of you for your commendable achievement in the 38th APPA anniversary.

To the incoming president, RANO BOFILL MD, and new set of officers, I wish you all the best for a grand and successful administration for everybody's benefit, our membership and our philanthropic and humanitarian endeavors.

To the mission volunteers and those who contributed materially, or otherwise, for the success of the medical and surgical missions, I offer and extend my heartfelt thanks and gratitude.

From the perspective of the patients and recipients of our humanitarian efforts, their prayers are their thanks, for having been seen by us and extended services from us---even if just once in their lifetime.

In any movement for the greater good there will always be different visions. The success of any organization depends on the ability to task these varying ideas and channel the efforts of many towards progress.

I am hopeful for APPA vision and commitments for progress and stability.

APPA is committed to moving forward and upward today and beyond.

RICK F DELEON MD⁶⁴

MY LITTLE FISHERMAN

CELSO DEL MUNDO MD⁶²



CELSO
DEL MUNDO MD

The water was clear, shimmering on a summer glow,
It's a small pond by my house where my grandkids like to go,
To romp by the lakeside, play and fish mostly with me, their Lolo.
And catch the tiny crappies, and touch them before they throw.
History repeats itself, for also in the lake, I've bonded with my children,
Now it's my grandchildren who bond with me as fishermen,
The glow in their faces, and the adventure of that day,
Make my day full of joy as I fish and play with them.

Our day started with walking about half a mile from my house,
With my two little princess hiking holding hand in hand,
Picking flowers, jumping, admiring birds and chasing butterflies,
While I carried my tackle box and the two Barbie fishing rods.
After settling by the lake, I opened the box full of slimy red worms,
I saw their wide brown eyes waiting with anticipation.

With a giggling laugh, Maya got squeamish by the sight of the creatures,
But Ashley was the brave one, got the hook and threaded the worm.
Both girls liked to throw the line that tangled most of the time,
And it took some patience to straighten and untangle the line,
But it's worth the effort as they saw the red and white bobber go up and down,
For they knew they've caught the poor little fish and our day was done.

The thrill of their voices and the excitement in their eyes,
Recaptured my youth and made me feel strong and young again,
It's the same feeling with their mothers when they were my little fishermen,
Sweet memories of a Lolo and grandchildren that will never die.
Sweet memories of my grandkids that will always be in my heart.

CHANGING TIMES

CELSO DEL MUNDO MD⁶²



CELSO
DEL MUNDO MD

We live in planet earth that's round and always revolving,
The shimmering waves of seas don't even rest but keep on moving,
Up above the blue sky, its hue and features are kept on changing,
And we the mortal beings are part and parcel of all these changing scenes.

We are all witnesses to all these changing times.
Like the wheel of fortune, our lives keep rolling by.
Some days are so gloomy, some days all so bright,
It is life's mystery that the Almighty Lord has planned.

While the days are filled with joy good health and peace,
Let us savor this good life that the Lord has bestowed upon us,
For when the wheel of life starts rotating, our life might change,
From the blissful days of joys, to days of pain and sacrifice.

The moral lessons we learn in this journey of life,
Is the wheel of life keeps changing as the wheel revolves around.
Our life is up and down, and never in one side,
So savor the Lord's graces while we are on the top.

AN OPEN LETTER to PRESIDENT NOYNOY AQUINO

JOSE MARCO ANTONIO MD⁶²



JOSE MARCO
ANTONIO MD

The radical optimists' wish to turn around our Motherland in 100 days are dreamers, and their expectations are simply asking too much! I

am just hoping for a change. *In a progressive country CHANGE is constant; CHANGE is inevitable*, according to late British prime minister Benjamin Disraeli.

Kawad Mr Antonio Moleta's recent expression for President Noynoy Aquino to accomplish in 100 days has good ideas but is not usually adopted for they must be driven into reality with courageous patience. If the new president would try first is to *fortify himself with courage, determination and contentment, for this is an impregnable fortress*, as Epictetus had lead everyone to happiness. If he wants to be the CHANGE, Socrates words of wisdom states *the way to gain a good reputation is to endeavor to be what you desire to appear*.

Does Noynoy the president knows where he is going? Let us kindly extend to him that road will lead us to where we should be.

I am neither a pessimist nor a radical optimist. Remember that there are two

sides of a coin; a second freedom (of speech, written, verbally expressed, or acted responsibly) will not exist if all agree with our naivety and dream. And no one, with philosophy, logic, common sense, and great knowledge in the history of our Motherland, I should say, is quite so...for the sea does not have large waves. Therefore, let me help all of you in some way regarding my personal opinion.

I also may add to Mr Moleta's imagination that was given to man to compensate him for *what he is not; a sense of humor to console him for what he is...*Francis Bacon.

If Noynoy is like the demised General George Patton with the idea that *a good plan vigorously executed right now is far better than a perfect plan executed next week* (of his 100 days that will be the greatest miracle of our time!). Let us not expect too much. A turtle that walks slowly but always reaches his destination. Support him for common good of our people, especially the poorest of the poor and the displaced family, and those people in the slums with 4 to 8 kids without any jobs for their parents.

Education is the window for the youngest generation to see as a much brighter and better horizon in realities of life. Job creation with the charitable help from the 1% of the population with more than enough (but not *gahaman* and cunning) will be a good start. Then remove all those slums. Clean the environment, like the Pasig River, would make the country more livable. Infrastructures will create more jobs,

create less congestions and pollutions (but bidding with the lowest bidder means 50% for the government outside pocket to Switzerland or Grand Cayman Island, 25% for the employees, and hence the last 25% left for the builders to spend for the projects. That's one cancer that has metastasized to the inner core values of some of our people in power. Do you have treatment for that incurable disease (graft and corruption) since Spanish colonizer as stated by our national hero, Dr. Jose Rizal? That's more than a century now!

At the end, Albert Einstein says *the world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing*. He further states that *anyone who has never made a mistake has never tried anything new*.

I hope Noynoy is wise and smart, not by recollecting our past, but by our responsibility for our future. President Noynoy's time is NOW.

Remember Aristotle's wisdom, *we are what we repeatedly do. Hence, this is not act but our action*.

God bless you, and *Mabuhay ang Pilipinas*.

AUGUST QUOTE

He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of children; who has always looked for the best in others and given the best he had; and who has done his part to make the world better than he found it.

B A Stanley

President Benigno Aquino III's inaugural speech

Delivered at the Quirino Grandstand in Luneta Park, Manila, on June 30, 2010.

His Excellency Jose Ramos Horta, Former President Fidel V. Ramos, Former President Joseph Estrada, Senate President Juan Ponce Enrile and members of the Senate, House Speaker Prospero Nograles and members of the House, justices of the Supreme Court, members of the foreign delegations, Your Excellencies of the diplomatic corps, fellow colleagues in government, *aking mga kababayan*.

Ang pagtayo ko dito ngayon ay patunay na kayo ang aking tunay na lakas. Hindi ko inakala na darating tayo sa puntong ito, na ako'y manunumpa sa harap ninyo bilang inyong Pangulo. Hindi ko pinangarap maging tagapagtaguyod ng pag-asa at tagapagmana ng mga suliranin ng ating bayan.

Ang layunin ko sa buhay ay simple lang: maging tapat sa aking mga magulang at sa bayan bilang isang marangal na anak, mabait na kuya, at mabuting mamamayan.

Nilabanan ng aking ama ang diktaturya at ibinuwis niya ang kanyang buhay para tubusin ang ating demokrasya. Inalay ng aking ina ang kanyang buhay upang pangalagaan ang demokrasyang



PRESIDENT BENIGNO AQUINO III

ito. Ilalaan ko ang aking buhay para siguraduhin na ang ating demokrasya ay kapaki-pakinabang sa bawat isa. Namuhunan na kami ng dugo at handang gawin itong muli kung kinakailangan.

Tanyag man ang aking mga magulang at ang kanilang mga nagawa, alam ko rin ang problema ng ordinaryong mamamayan. Alam nating lahat ang pakiramdam na magkaroon ng pamahalaang bulag at bingi. Alam natin ang pakiramdam na mapagkaitan ng hustisya, na mabalewala ng mga taong pinagkatiwalaan at inatasan nating maging

ating tagapagtaggol.

Kayo ba ay minsan ring nalimutan ng pamahalaang inyong iniluklok sa puwesto? Ako rin. Kayo ba ay nagtiis na sa trapiko para lamang masingitan ng isang naghahari-hariang de-wangwang sa kalsada? Ako rin. Kayo ba ay sawang-sawa na sa pamahalaang sa halip na magsilbi sa taumbayan ay kailangan pa nila itong pagpasensiyahan at tiisin? Ako rin.

Katulad ninyo ako. Marami na sa atin ang bumoto gamit ang kanilang paa— nilisan na nila ang ating bansa sa kanilang paghahanap ng pagbabago at katahimikan. Tiniis nila ang hirap, sinugod ang panganib sa ibang bansa dahil doon may pag-asa kahit kaunti na dito sa atin ay hindi nila nakikita. Sa iilang sandali na sarili ko lang ang aking

inaalala, pati ako ay napag-isip din—talaga bang hindi na mababago ang pamamahala natin dito? Hindi kaya nasa ibang bansa ang katahimikang hinahanap ko? Saan ba nakasulat na kailangang puro pagtitiis ang tadhana ng Pilipino?

Ngayon, sa araw na ito—dito magwawakas ang pamumunong manhid sa mga daing ng taumbayan. Hindi si Noynoy ang gumawa ng paraan, kayo ang dahilan kung bakit ngayon, magtatapos na ang pagtitiis ng sambayanan. Ito naman ang umpisa ng kalbaryo ko, ngunit kung marami tayong magpapasan ng krus ay kakayanin natin ito, gaano man kabigat.

Sa tulong ng wastong pamamahala sa mga darating na taon, maiibsan din ang marami nating problema. Ang tadhana ng Pilipino ay babalik sa tamang kalagayan, na sa bawat taon pabawas ng pabawas ang problema ng Pinoy na nagsusumikap at may kasiguruhan sila na magiging tuloy-tuloy na ang pagbuti ng kanilang sitwasyon.

Kami ay narito para magsilbi at hindi para maghari. Ang mandato ninyo sa amin ay pagbabago—isang malinaw na utos para ayusin ang gobyerno at lipunan mula sa pamahalaang iilan lamang ang nakikinabang tungo sa isang pamahalaang kabutihan ng mamamayan ang pinangangalagaan.

Ang mandatong ito ay isa kung saan kayo at ang inyong pangulo ay nagkasundo para sa pagbabago—isang paninindigan na ipinangako ko noong kampanya at tinanggap ninyo noong araw ng halalalan. Sigaw natin noong kampanya: “Kung walang corrupt, walang mahirap.”

Hindi lamang ito pang slogan o pang poster—ito ang mga prinsipyong tinatayuan at nagsisilbing batayan ng ating administrasyon.

Ang ating pangunahing tungkulin ay ang magsikap na maiangat ang bansa mula sa kahirapan, sa pamamagitan ng pagpapairal ng katapatan at mabuting pamamalakad sa pamahalaan.

Ang unang hakbang ay ang pagkakaroon ng tuwid at tapat na hanay ng mga pinuno. Magsisimula ito sa akin. Sisikapin kong maging isang mabuting ehemplo. Hinding hindi ko sasayangin ang tiwalang ipinagkaloob ninyo sa akin. Sisiguraduhin ko na ganito rin ang adhikain ng aking Gabinete at ng mga magiging kasama sa ating pamahalaan.

Naniniwala akong hindi lahat ng nagsisilbi sa gobyerno ay corrupt. Sa katunayan, mas marami sa kanila ay tapat. Pinili nilang maglingkod sa gobyerno upang gumawa ng kabutihan. Ngayon, magkakaroon na sila ng pagkakataong magpakitang-gilas. Inaasahan natin sila sa pagsupil ng korapsyon sa loob mismo ng burukrasya.

Sa mga itinalaga sa paraang labag sa batas, ito ang aking babala: sisimulan natin ang pagbabalik ng tiwala sa pamamagitan ng pag-usisa sa mga “midnight appointments.” Sana ay magsilbi itong babala sa mga nag-iisip na ipagpatuloy ang baluktot na kalakarang nakasanayan na ng marami.

Sa mga kapuspalad nating mga kababayan, ngayon, ang pamahalaan ang inyong kampeon.

Hindi natin ipagpapaliban ang mga

pangangailangan ng ating mga estudyante, kaya’t sisikapin nating punan ang kakulangan sa ating mga silid-aralan.

Unti-unti din nating babawasan ang mga kakulangan sa imprastruktura para sa transportasyon, turismo at pangangalakal. Mula ngayon, hindi na puwede ang “puwede na” pagdating sa mga kalye, tulay at gusali dahil magiging responsibilidad ng mga kontratista ang panatilihin nasa mabuting kalagayan ang mga proyekto nila.

Bubuhayin natin ang programang “emergency employment” ng dating pangulong Corazon Aquino sa pagtatayo ng mga bagong imprastruktura na ito. Ito ay magbibigay ng trabaho sa mga local na komunidad at makakatulong sa pagpapalago ng kanila at ng ating ekonomiya.

Hindi kami magiging sanhi ng inyong pasakit at perwisyo. Palalaksin natin ang koleksyon at pupuksain natin ang korapsyon sa Kawanihan ng Rentas Internas at Bureau of Customs para mapondohan natin ang ating mga hinahangad para sa lahat, tulad ng:

- dekalidad na edukasyon, kabilang ang edukasyong bokasyonal para makapaghanap ng marangal na trabaho ang hindi makapag-kolehiyo;
- serbisyong pangkalusugan, tulad ng Philhealth para sa lahat sa loob ng tatlong taon;
- tirahan sa loob ng mga ligtas na komunidad.

Palalaksin at palalaguin natin ang bilang ng ating kasundaluhan at kapulisan, hindi para tugunan ang interes

ng mga naghahari-harian, ngunit para proteksyunan ang mamamayan. Itinataya nila ang kanilang buhay para mayroong pagkakataon sa katahimikan at kapayapaan sa sambayanan. Dumoble na ang populasyong kanilang binabantayan, nanatili naman sila sa bilang. Hindi tama na ang nagmamalasakit ay kinakawawa.

Kung dati ay may fertilizher scam, ngayon ay may kalinga na tunay para sa mga magsasaka. Tutulungan natin sila sa irigasyon, extension services, at sa pagbenta ng kanilang produkto sa pinakamataas na presyong maaari.

Inaatasan natin si papasok na Kalihim Alcala na magtayo ng mga trading centers kung saan diretso na ang magsasaka sa mamimili - lalaktawan natin ang gitna, kasama na ang kotong cop. Sa ganitong paraan, ang dating napupunta sa gitna ay maari nang paghatian ng magsasaka at mamimili.

Gagawin nating kaaya-aya sa negosyante ang ating bansa. We will cut red tape dramatically and implement stable economic policies. We will level the playing field for investors and make government an enabler, not a hindrance, to business. Sa ganitong paraan lamang natin mapupunan ang kakulangan ng trabaho para sa ating mga mamamayan.

Layunin nating paramihin ang trabaho dito sa ating bansa upang hindi na kailanganin ang mangibang-bansa para makahanap ng trabaho. Ngunit habang ito ay hindi pa natin naaabot, inaatasan ko ang mga kawani ng DFA, POEA, OWWA at iba pang mga kinauukulang ahensiya na mas lalo pang paigtingin ang pagtugon

sa mga hinaing at pangangailangan ng ating mga overseas Filipino workers.

Papaigtingin namin ang proseso ng konsultasyon at pag-uulat sa taumbayan. Sisikapin naming isakatuparan ang nakasaad sa ating Konstitusyon na kinikilala ang karapatan ng mamamayan na magkaroon ng kaalaman ukol sa mga pampublikong alintana.

Binuhay natin ang diwa ng people power noong kampanya. Ipagpatuloy natin ito tungo sa tuwid at tapat na pamamahala. Ang naniniwala sa people power ay nakatuon sa kapwa at hindi sa sarili.

Sa mga nang-api sa akin, kaya ko kayong patawarin, at pinapatawad ko na kayo. Sa mga nang-api sa sambayanan, wala akong karapatan na limutin ang inyong mga kasalanan.

To those who are talking about reconciliation, if they mean that they would like us to simply forget about the wrongs that they have committed in the past, we have this to say: there can be no reconciliation without justice. *Sa paglimot ng pagkakasala, sinisigurado mong mauulit muli ang mga pagkakasalang ito.* Secretary de Lima, you have your marching orders. Begin the process of providing true and complete justice for all.

Ikinagagalak din naming ibahagi sa inyo ang pagtanggap ni dating Chief Justice Hilario Davide sa hamon ng pagtatatag at pamumuno sa isang Truth Commission na magbibigay linaw sa maraming kahinahinalang isyu na hanggang ngayon ay walang kasagutan at resolusyon.

Ang sinumang nagkamali ay kailangang humarap sa hustisya. Hindi maaaring patuloy ang kalakaran ng walang pananagutan at tuloy na pang-aapi.

My government will be sincere in dealing with all the peoples of Mindanao. We are committed to a peaceful and just settlement of conflicts, inclusive of the interests of all – may they be Lumads, Bangsamoro or Christian.

We shall defeat the enemy by wielding the tools of justice, social reform, and equitable governance leading to a better life. *Sa tamang pamamahala gaganda ang buhay ng lahat, at sa buhay na maganda, sino pa ang gugustuhing bumalik sa panahon ng pang-aapi?*

Kung kasama ko kayo, maitataguyod natin ang isang bayan kung saan pantay-pantay ang pagkakataon, dahil pantay-pantay nating ginagampanan ang ating mga pananagutan.

Kamakailan lamang, ang bawat isa sa atin ay nanindigan sa presinto. Bumoto tayo ayon sa ating karapatan at konsensiya. Hindi tayo umatras sa tungkulin nating ipaglaban ang karapatang ito.

Pagkatapos ng bilangan, pinatunayan ninyo na ang tao ang tunay na lakas ng bayan.

Ito ang kahalagahan ng ating demokrasya. Ito ang pundasyon ng ating pagkakaisa. Nangampanya tayo para sa pagbabago. Dahil dito taas-noo muli ang Pilipino. Tayong lahat ay kabilang sa isang bansa kung saan maaari nang mangarap muli.

To our friends and neighbors around the world, we are ready to take our place as a reliable member of the community of nations, a nation serious about its commitments and which harmonizes its national interests with its international responsibilities.

We will be a predictable and consistent place for investment, a nation where everyone will say, “it all works.”

Inaanyayahan ko kayo ngayon na manumpa sa ating mga sarili, sa sambayanan, WALANG MAIIWAN.

Walang pangigingibang-bayan at gastusan na walang wastong dahilan. Walang pagtatalikod sa mga salitang binitawan noong kampanya, ngayon at hanggang sa mga susunod pang pagsubok na pagdadaan sa loob ng anim na taon.

Walang lamangan, walang padrino at walang pagnanakaw. Walang wang-wang, walang counterflow, walang tong. Panahon na upang tayo ay muling magkawang-gawa.

Nandito tayo ngayon dahil sama-sama tayong nanindigan at nagtiwala na may pag-asa.

The people who are behind us dared to dream. Today, the dream starts to become a reality. *Sa inyong mga nag-iisip pa kung tutulong kayo sa pagpasan ng ating krus, isa lang ang aking tanong – kung kailan tayo nanalo, saka pa ba kayo susuko?*

Kayo ang boss ko, kaya’t hindi maaaring hindi ako makinig sa mga utos ninyo. We will design and implement an interaction and feedback mechanism that can effectively respond to the people’s needs and aspirations.

Kayo ang nagdala sa akin sa puntong ito—ang ating mga volunteers—matanda, bata, celebrity, ordinaryong tao, na umikot sa Pilipinas para ikampanya ang pagbabago; ang aking mga kasambahay, na nag-asikaso ng lahat ng aking mga personal na pangangailangan; ang aking pamilya, kaibigan at katrabaho, na dumamay, nag-alaga at nagbigay ng suporta sa akin; ang ating mga abogado, na nagpuyat para bantayan ang ating mga boto at siguraduhing mabibilang ang bawat isa; ang aking mga kapartido at kaalyado na kasama kong nangahas mangarap; at ang milyun-milyong Pilipinong nagkaisa, nagtiwala at hindi nawalan ng pag-asa—nasa inyo ang aking taus-pusong pasasalamat.

Hindi ko makakayang harapin ang aking mga magulang, at kayong mga nagdala sa akin sa yugto ng buhay kong ito, kung hindi ko maisasakatuparan ang aking mga binitawang salita sa araw na ito.

My parents sought nothing less and died for nothing less than democracy, peace and prosperity. I am blessed by this legacy. I shall carry the torch forward.

Layunin ko na sa pagbaba ko sa katungkulan, masasabi ng lahat na malayo na ang narating natin sa pagtahak ng tuwid na landas at mas maganda na ang kinabukasang ipapamana natin sa susunod na henerasyon. Samahan ninyo ako sa pagtatapos ng laban na ito. Tayo na sa tuwid na landas.

Maraming salamat po at mabuhay ang sambayanang Pilipino!

RECENT ALUMNI PUBLICATIONS

Benzon HT et al. *Thoracic Pain*. Pain Pract. 2010; May 12 [Epub ahead of print].

How H et al. *Comparison of transverse and vertical skin incision for emergency cesarean delivery*. Obstet Gynecol. 2010;115:1134-1140.

How HY et al. *17-alpha-hydroxyprogesterone caproate for the prevention of preterm birth in women with prior preterm birth and a short cervical length*. Am J Obstet Gynecol. 2010;202:351.e1-6.

How HY et al. *The effect of maternal body mass index on neonatal outcome in women receiving a single course of antenatal corticosteroids*. Am J Obstet Gynecol. 2010;202:263.e1-5

Paner GP et al. *Primary vascular tumors and tumor-like lesions of the kidney: a clinicopathologic analysis of 25 cases*. Am J Surg Pathol. 2010;34:942-949

Razonable RR et al. *Prospective comparison of PCR-based vs late mRNA-based preemptive antiviral therapy for HCMV infection in patients after allo-SCT*. Bone Marrow Transplant. 2010 Jun 28. [Epub ahead of print]

Razonable RR et al. *Efficacy and safety of rifampin containing regimen for staphylococcal prosthetic joint infections treated with debridement and retention*. Eur J Clin Microbiol Infect Dis. 2010 May 27. [Epub ahead of print].

LETTER TO THE EDITOR

It is always a pleasure to hear any bits and pieces from FEUMAANI.

I will miss the Troy reunion as I have to catch up. We recently came back from a two-month fun home in Samar.

We also went to several places, including Cebu, Bohol, Negros, Bacolod, Iloilo and the famous not-so-hot Buracay.

Thank you again and I hope to see most of the 1968 classmates in the next meeting.

BABE CELEDONIO-GARAIS MD⁶⁸

PMAC is 50 Years Young

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A not-for-profit organization and as the umbrella for the PMAC Auxiliary, PMAC Foundation, Cebu Institute of Medicine alumni, Far Eastern University medical alumni, Manila Central University medical alumni, Southwestern University medical alumni, University of the East medical alumni, University of the Philippines medical alumni, University of Santo Tomas medical alumni, other Philippine medical alumni groups, and 2nd generation Filipino physicians, the PMAC has a membership of close to 1000 physicians in Chicago. Formally established and incorporated in May 1961, its missions are educational, charitable, humanitarian, community and civic services and endeavours.

The **PMAC**, the **PMAC Auxiliary (PMACA)**, and the **PMAC Foundation** have scheduled their 2011 annual medical surgical mission from January 30- February 4, 2011, in Bantayan Island, Cebu City, Philippines.

During the mission, free healthcare services will be provided to the indigent and less fortunate local citizens who would not have any access to a physician for lack of resources. Major and minor surgeries, including cataract extraction, intraocular lens implantation, cleft lip repair, thyroidectomies, mastectomies, cholecystectomies, lumps and bumps excisions, hernia repair, etc., will be performed for four days. Comprehensive outpatient general, pediatric, and medical consultations in asthma, skin lesions, hypertension, tuberculosis and cardiac problems, gastrointestinal ailments, infections, etc., will also be extended to the patients. Our volunteer physicians, surgeons, and paramedical professionals provide their own travel and lodging expenses.

The **PMAC**, along with the **PMACA** and **PMAC Foundation**, during its 50th anniversary induction and fundraising event on Saturday, September 4 2010, at the Conrad Hilton Hotel in Downtown Chicago, Illinois, will publish a **souvenir program** wherein your name along with your contribution earmarked for the Bantayan Island medical surgical mission, can be included with the advertisements, pharmaceutical supports, generous patrons, and friends.

May we look forward to hearing from you and receiving your generous help?

PMAC Board Governors

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Foundation chairman are also automatic PMAC board governors, along with **CESAR V REYES MD**⁶⁸ who serves as PMAC executive director for almost forever. In addition, our adopted members, GREG

TOLENTINO MD and EDWARD HERNAEZ MD are also elected governors.

The other elected PMAC governors include BEN LUMICAO MD, VINCE BATTUNG MD, ELENITA RUBIO MD, LUIS MANGUBAT MD, LEONARDO MALALIS MD, ZITA YORRO MD, ONI YORRO MD, HECTOR MARINO MD, JOE GUEVARA MD, LITO FAJARDO MD, MENELEO AVILA MD, and CESAR MANIQUIS MD.

Other automatic governors for being alumni presidents are ANITA AVILA MD (CIM alumni group), ZOSIMO HERRERA MD (UE-RM medical alumni), AURORA ATIENZA MD (MCU medical alumni), ROGER LIBOON MD (UST medical alumni), and SIMEON SEVANDAL MD (UP medical alumni).

FEUMAANI ANNIVERSARY

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Richard Sperling MD, affiliated with Lutheran General Hospital of Park Ridge, Rush North Shore Medical Center of Skokie, Evanston Hospital, and represents the Illinois State Medical Society ISMIE on **Malpractice Reform**, to be introduced by Richard Mon MD⁷⁰;

Third, a uropathologist and assistant professor of pathology and urology at Loyola University Stritch School of Medicine, **GLADELL P PANER MD**⁹⁶, on **Selected Update Topics in Urology** to be introduced by Wilberto De Castro MD⁶⁴; and

Fourth, a fellow in medical oncology at Lutheran General Hospital of Park Ridge, **Angelica S Tolentino DO**, on **Selected Update Topics in Medical Oncology** to be introduced by Virgilio Jonson MD⁶⁵.

continue on next page

The event will also be capped by a formal masquerade ball where the best-dressed celebrants will receive special recognition, little princesses and princes of the FEUMAANI grandchildren to add to the glitters of the evening, and two members to be honored as the **Alumni of the Year**.

Funds raised during the celebration the celebration are earmarked towards the medical surgical mission that is scheduled for January 20-23, 2011, in Laoag City, Batac and Bangui, Ilocos Norte, Philippines.

Everyone is invited and please see also the CME program flyer being circulated with this FEUMAANI e-newsletter.

MESSAGE from the President

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Behind every great event in the organization, must inevitably come back to the officers and members who were very supportive and committed. My advisers, who have influenced and inspired me when I seek some help. What more can I ask for? I am surrounded with competent, dedicated and hard working team. We exceeded all expectations. Whatever accomplishment we had for the year, I owe to all who have worked hand in hand with me. For such reason(s), I am proud to be of service to our organization.

As the president, the job is difficult. I recall that at the beginning of my adventure as president it was often about how can we make this organization better! At other times, this need developed out of

observations and insights. We all face new challenges, for example how to get the best outcomes that FEUMANNI can offer to its members. Your expectation of me as your 'super leader' who can do everything is simply unrealistic and leads to "burn-out". We need both structured and unstructured time tailored it to our activities.

Despite the odds and consequences, successfully, we have regained momentum through your ongoing enormous support and encouragement, we have geared directly to the outcomes which we wanted to achieve and I have enjoyed the adventure of having the responsibility to be a 'voice' for FEUMAANI.

Successfully, our contributions are being greatly valued by our Alma mater with the completion of our school project and scholarship and by the community during the typhoon outreach.

In this coming year, I am confident that we will continue to work together for our mission and vision. For together, great things can happen.

Our vice president, CESAR V REYES MD, successfully organized our newsletter that has gone far and wide. We will book bind and compile the newsletter. I salute him for this difficult task, his determination and perseverance are beyond impossible.

Our CME chairman and poet laureate, CELSO DEL MUNDO, has put together CMEs far more than expected. We had interesting and expert speakers/lecturers

for the year. He had kept our education credentials up to par. LEILANIE N MON MD, our ever active officer and CME coordinator, has strived so hard to get the pharmaceuticals to exhibit products and to sponsor dinners despite the difficulty of times. The changes in health care system have affected the pharmaceutical company's supports to disappear. Unlike years ago, it was easy for them to support CME meetings. Gone are those days!

We have active officers representing FEUMAANI in the FEUDRSM Alumni Foundation, including ED RELUCIO MD, ROGER CAVE MD, MANUEL MALICAY MD, EDGAR BORDA MD, VIRGILIO JONSON MD, and MANUEL SANCHEZ MD.

Likewise in the Philippine Medical Alumni Association of Chicago (PMAC), the umbrella for the various medical alumni groups in the area, the FEUMAANI is very well represented. In the recent election of the coveted board governors, nine out of 23 seats went to our members. It was just amazing.

Among them are: EDGAR BORDA MD, NUNILO RUBIO MD, VIRGILIO MAGSINOA MD, CELSO DEL MUNDO MD, MANUEL SANCHEZ MD, EDMUNDO RELUCIO MD, GERARDO GUZMAN MD, BRENDA N BANEZ MD, and FRANK MONTELLANO MD, plus GREG TOLENTINO and ED HERNAEZ MD---our adopted members.

CONGRATULATIONS, guys!

Indeed, our association is strong and united.

Our 20.5th biennial anniversary seminar and recognition/ coronation masquerade ball will

be on Saturday, August 14, 2010, at the DoubleTree Hotel, Oak Brook.

The scientific seminar is scheduled in the morning with free 4-hour Category I CME credits and complimentary breakfast.

For the evening, the first highlight of this event is the recognition of the two most outstanding alumni for this year and of the previous years. This well-earned prestigious award symbolizes leadership, commitment and service to our association. This will encourage members to work hard and recipients to maintain their devotion to the association.

The second highlight of the evening is to crown FEUMAANI muses, from the little Princess, Princess, to our Queen and King of the night. We are proud of our beautiful grandchildren, children and our colleague.

For the entertainment, the FEUMAANI talented children will star. What an exciting and amazing night it will be!

Of course, the best costume of the night will be recognized.

Again, the success of our activities and events will depend on all of us. Let us invite our relatives and friends to join us for this fundraising for our medical/ surgical mission. Let us solicit advertisements and sell raffle tickets for a cause. The more we have, the more we will share with our *kababayans*. With God with us, nothing is impossible.

For our surgical/ medical mission, the final dates are **January 17-18-19, 2011** instead of January 24-26. Some of the attendees for the *Balik-FEU* (which culminates on January 15, 2011) wanted to join us for the mission. For those who are interested to join, you are most welcome. Just let us know so we have a head count.

From Manila, we will be going to Laoag City on January 16, 2011. We will be staying in Fort Ilocandia and will be serving primarily Laoag City and neighboring towns. **DANIEL FABITO MD⁶⁴** and **ROGER CAVE MD⁶⁵** will serve as the FEUDRSM Alumni Foundation medical mission committee chairman and co-chairman, respectively, and will assist us on this Laoag City mission.

If you have medications/ supplies/ donations for the mission, please let us know so we can pick it up. Target for shipping is August/ September. By the way, **PASCUAL SALES MD⁶⁵** and **REMEDIOS SALES MD⁶⁵** will visit Laoag City any time to arrange the venue and other logistics for the mission.

For the 31st annual FEUDRSMF reunion in Troy, Michigan, we encourage our members to join us. We will be singing the national anthems and the FEU Hymn on Friday *Filipiniana* Night and on Saturday grand reunion dinner. In addition, we will also sing *Ako'y Pilipino* on *Filipiniana* night and *The Glory of Love* on the grand Saturday night. So let us also get together on July 7 and 11 to practice. There will be additional practice in Troy. Please bring our red uniform.

Our end of the year picnic is on Sunday, July 11, 2010, at my residence. There will be 11:00 am mass, to be followed by a business meeting/ practice/ medication sorting/ karaoke/ swimming/ fishing activities. It looks like we will be busy that day, so let us start early. You are most welcome to bring and share your favorite dish---if you wish to.

Please extend the invitation to FEUMAANI inactive members and other FEU medical alumni from Illinois that are not yet members to join us. We will highlight our discussion on issues about the August 14 dinner ball, the Troy reunion and the medical

mission. Everybody is welcome to share ideas as to our future activities.

We will also have a get-together prior to our August 14, 2010 celebration. Dr Sanchez volunteered his residence on Sunday, August 8, 2010, for a practice/ meeting.

The Holy land Israel and Egypt pilgrimage/ CME is finalized with 72 registrants and 16-hour ACCME Category I CME credits. Please mail your final payments to Tess Manuel. Donation for the CME is appreciated.

The logistics for the Turkey/ Greece/ Aegean Seas cruise/land for May 2011 with CME accreditation are ongoing in earnest. We will let everybody know the details in the next e-newsletter.

Finally, let me take this opportunity to thank my loving husband and my children who have played a large part in my motivation to accomplish this almost avalanche of programs, inspiring me to pursue my goal as president and continue to play a key role ensuring for unconditional love, support and understanding. To the parents, who continue to entrust their child's care to me despite of my absence to the mission, my colleagues who covered my calls of duty and my relatives and friends who made my work easier.

I thank God for showing me the way and carrying me along the way.

Again, I feel privileged to have been afforded with such opportunities working with likeminded families, individuals and teams and being exposed to so many wonderful opportunities and ideas. I reiterate my thanks to all....

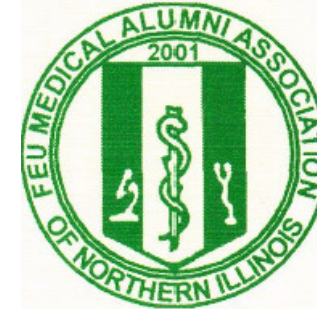
Wishing you a safe and happy Summer and I look forward to your company in another year to come.

At your service,

NIDA BLANKAS HERNAEZ MD

Far Eastern University

Medical Alumni Association of Northern Illinois



Cordially invites you to its

20.5TH BIENNIAL ANNIVERSARY

Recognition Ceremonies & Masquerade Ball

To benefit FEUMAANI Laoag City Medical-Surgical Mission January 2011

Saturday, August 14, 2010

Doubletree Hotel

1909 Spring Road, Oak Brook, IL 60523

Attire: Costume Formal with mask

Cocktails 6:00pm Dinner 7:30pm

Donation \$55

RSVP July 30, 2010

Nida Blankas-Hernaез MD 847-668-7385

ednida@sbcglobal.net

Melinda Tolentino MD 708-606-7202

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Cesar V Reyes MD 630-971-1356

acvrear@aol.com

Checks payable to **FEUMAANI**

Prizes for best costume!