PHA Board candidates 2014-2015
RENTAL SCHEME
LEASSEE'S ADVANTAGES

MINIMAL CASH OUTLAY
WILL SERVE AS COMMITMENT FEE WHICH WILL BE UTILIZED ON THE FIRST PERIOD
OF THE CONTRACT (ONLY FOR HOSPITALS WITH EXISTING PIPELINE SYSTEM)

UP TO 20% LESS ON THE PREVAILING PRICE OF OXYGEN

FREE FIFTY (50) UNITS OF SELF-SEALING WALL OUTLET BASE ON THE PRICE OF OXYGEN

HOSPITALS WITHOUT PIPELINE, INSTALLATION EXPENSE WILL BE CHARGED TO MONTHLY BILL

FREE 24 HOURS MAINTENANCE AND MANNING OF THE SYSTEMS
FREE MAINTENANCE ON SECONDARY EQUIPMENTS
(FLOW METERS, HUMIDIFIERS, SUCTION REGULATORS, SUCTION BOTTLES)
FREE CHECK UP ON GAS PIPELINES TO ENSURE A LEAK-FREE SYSTEM
ESTIMATED PHP 30,000.00 MONTHLY LABOR COST

FREE OXYGEN SELF-SEALING WALL OUTLET
QUANTITY WILL BE DETERMINED BASED ON THE OXYGEN CONSUMPTION OF THE HOSPITAL

FREE SHARP AND INFECTIOUS SHREDDING MACHINE

FREE OXYGEN GENERATOR HOUSE

SAVE APPROXIMATELY 350 LITERS OF OXYGEN FROM ELIMINATING RESIDUAL WASTAGE FROM
THE CYLINDER

EQUIPMENT CAN PRODUCE 50% PERCENT MORE FROM THE CURRENT VOLUME
OF OXYGEN SHOULD THE DEMAND OF OXYGEN GOES HIGHER IN VOLUME

WITHDRAWAL OF OXYGEN CYLINDER DEPOSITS FROM SUPPLIERS

VERY SAFE AND NON-HAZARDOUS
OXYGEN PRESSURE BEING OPERATED IS AT 120 PSI ONLY

BMC HOSPITAL SYSTEMS EXCEEDED FROM THE INTERNATIONAL STANDARD
IN TERMS OF MEDICAL OXYGEN PURITY
INTERNATIONAL STANDARD IS 92.5%
BMC OXYGEN GENERATOR CAN PRODUCE OXYGEN OF UP TO 97%

BMC HOSPITAL SYSTEMS IS OPEN WILLING TO ENGAGE
IN PUBLIC-PRIVATE PARTNERSHIP (PPP) FOR GOVERNMENT HOSPITALS

BMC IS THE 2ND BIGGEST TRAINING CENTER FOR WELDING IN THE WORLD
THE ONLY TRAINING CENTER THAT CAN OFFER OXY-ACETYLENE GAS WELDING
WITH SILVER BRAZING SPECIFICALLY REQUIRED FOR MEDICAL GAS PIPELINE SYSTEM
ENSURES LEAK-FREE SYSTEM
Editorial

Milestones for the ‘Heart’

The Philippine Heart Association (PHA) in general, and Philippine cardiologists in particular, marked several milestone events in the recently concluded 65th Annual Meeting of the American College of Cardiology (ACC) held at the Washington Convention Center in Washington DC, USA this March 2014. The first day of the annual ACC meeting featured the first-ever joint luncheon of the PHA, ACC and the Mexican Society of Cardiology, featuring advances in multimodality cardiac imaging. Two Philippine fellows of the College took center stage to tackle burning issues in cardiac imaging.

Throughout the duration of the convention, PHA took a choice spot in the exhibition area of the ACC meeting. Also a first for PHA, the local cardiology society welcomed delegates to a simple booth alongside the Russian Society of Cardiology and the European Society of Cardiology which were situated in the next two slots beside PHA.

The modest space provided a much needed hub for Filipino cardiologists and paramedical personnel, who are based abroad and in the Philippines. Many US-based Filipino cardiologists beamed with pride that PHA finally had a spot in the global arena of international cardiology.

The booth space, small as it was, nonetheless seemed spacious enough to accommodate vast memories of people who once had something to relate to about the Philippines - as a tourist, a spouse of a local, a co-worker, among others. Many American cardiologists, as well as other foreigners, were delighted to find a convenient niche to connect or touch base anew with the country just to let it be known that they once lived in or visited the Philippines, or that their most valued technicians, secretaries or nurses in their hospitals are Filipinos. For some Europeans, it was a real treat to connect with the citizens of a country from where their spouses or in-laws originally hailed from.

Potential distributors of foreign products and devices likewise used the booth as a springboard for possible business opportunities in the Philippines. Thus, quite effortlessly, the small space might even bring about some business ventures in the country, and thus contributing in its own little way to Philippine economy.

Most touchingly, the booth gave some kindhearted souls the opportunity to express their sympathies for typhoon Yolanda and Bohol quake victims in the islands of the country.

Trivial as a booth may seem, it definitely generated goodwill among a good number of guests, visitors or ‘kababayans’. For PHA, this was a show of willingness and support to be actively involved in the global map of cardiology.

In the Assembly of International Governors held on the second day of the meeting, the Philippine Chapter was cited to present its update of activities along with the ACC Chapters of Canada, China, Israel and Greece. Launched in May 2013, ACC Chapter Philippines is one of the younger members in this assembly of 31 member countries.

With this diverse involvement in the ACC convention, the PHA was consistently displayed in the running audiovisual loops in the entire convention as an International Partner Society of the largest cardiology society in the world.

The participation in the continuing medical activities of the ACC, the symposium and the booth privilege are offshoots of the recent collaboration of PHA and ACC through the formation of the Philippine Chapter of the ACC.

One may argue and easily quip that these are just superficial trimmings, or inconsequential exposures, or trivial pursuits. At first glance, they may seem so. Yet, one must realize these are invariably platforms and avenues from where more substantial collaborations and undertakings can arise.

Whence forth from these events comes a research collaboration, a fellowship grant or a business venture, one ceases to consider these superficial or trivial. ♥
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By Saturnino P. Javier, MD

Dysrhythmic Tales
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By Edgardo S. Timbol, MD

Perspectives
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By Atty. Angeles A. Yap, MD

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Who are the College Awardees?

Fresh crop of PHA Diplomates

Professorial Lectures
An elite panel of Asian Professorial Lecturers will tackle fresh updates and pressing issues in cardiology.

PHA Heart Booth @ ACC takes visitors to nostalgia

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**Editor’s note**

**Exercise your right of suffrage**

Tradition dictates that the March-April issue of PHA Newsbriefs (PHAN) presents the candidates vying for the PHA leadership as recommended by the nominations committee headed by the immediate past PHA president. Hence, the 2014-2015 candidates for PHA board grace the cover of this issue with their qualifications written in brief inside. For a healthy organization to prosper, every PHA member must actively exercise their right of suffrage.

As the PHAN brings to its readership another issue loaded with a kaleidoscope of events, features, news and announcements, the excitement that builds up into the 45th Philippine Heart Association (PHA) Annual Convention slated on 28-30 May 2013 at the Edsa Shangri-La Hotel and the changing of guard for the PHA leadership cannot be understated and stand out as the banner stories.

“Targets & Beyond: Cross-talks and Strategies” is the theme for this year’s Convention. At 62, PHA takes broader strides to keep up with the many challenges in cardiovascular care and prevention. PHA convention trail within this issue will entice you to witness the showcase of innovative activities, educational opportunities and discoveries.

We salute PHA Directors Dr. Alex Junia and Dr. Raul Lapitan as Over-all Organizing and Scientific Committee Chairs, respectively, for the best to be annual confab. We salute, PHA president Eugene Reyes for patiently and steadily leading the organization to uphold the standards of Philippine Cardiology. Indeed, the PHA has made headway in paving new avenues toward realizing our mission as the champions of cardiovascular health.

For the first time in PHA history, the current PHA Board headed by President Eugene Reyes made a significant leap into the American College of Cardiology arena at the Washington Convention Center in Washington DC, USA during the American College of Cardiology Annual Meeting, March 29-31, 2014. Our very own PHA was the only chapter from Asia represented at the prestigious international confab ACC 2014 where more than 13,000 cardiovascular team members and experts in cardiovascular health gathered to focus on prevention, diagnosis and treatment of cardiovascular diseases.

The declaration of PHA as a Chapter of the ACC was a milestone in 2013 under the leadership of Dr. Saturnino Javier. This vital link has expanded PHA’s reach and empowered the entire membership to achieve significant growth in this borderless world.

As members of the PHA we can only take pride in the achievements of the PHA thus far. As a natural offshoot of our desire to meet the challenges that come with progressive achievement and be organized and productive individually and collectively, we need to take time to ponder on our organization’s leadership as we revisit short- and long-term goals and measure outcomes before we can even attempt to make new and achievable goals.

In the meantime, we warmly welcome to the growing PHA Family, the 56 new Diplomates who recently hurdled the Philippine College of Cardiology (PCC) written and oral examinations. As the youngest members of the PHA family, on your shoulders rests the future of the PHA. Wear the PHA badge with dignity and humility and remember that being a Diplomate and Fellow of the PHA is an honor and privilege which carries with it profound responsibility to uphold integrity and excellence. Your first challenge as Diplomates is to exercise your right of suffrage for the new PHA leaders, and commit yourselves to serve this organization.

PHAN also features in this issue, PHA stalwarts who have contributed much to the PHA and the practice of Cardiology. Meet these College awardees through the PHAN pages and during the PHA convention. Let them inspire you to keep PHA vibrant and relevant to the Filipino community.

Kudos PHA!
EBR leads RP delegation

EBR (2nd row, far r) with PHA pack, (2nd row, l-r) Drs. Raul Lapitan, treasurer; Elmer Linao, chair Council on Cardiovascular Anesthesia and Critical Care; Saturnino Javier, immediate past president; seated (l-r): PHA executive director Gina Capili-Inciong; Drs. Helen Ong-Garcia, director and Eduardo Felix Punzalan, member of the Council on Coronary Artery Disease.

Seated (l-r): Drs. Joel Abanilla, vice president; Helen Ong-Garcia, Eduardo Felix Punzalan; 2nd row (l-r): Gina Capili-Inciong, Drs. Rosan Trani (Cebu Chapter) and Alex Junia, secretary.

Confab fixture

WASHINGTON, DC, March 29, 2014 -- March to May each year is medical convention season. PHA is a regular in international cardiology conventions. Photo shows EBR with PHA executive director Gina Capili-Inciong at the entrance hall of the vast Washington Convention Center, venue of the esteemed American College of Cardiology convention.

Fresh from his working trip to Washington, DC for the ACC Meeting, EBR flew to Singapore as PHA president and Young Investigator’s Award judge. At the (April 17-19) Indonesia Heart Association Convention, he was represented by PHA Secretary Dr. Alex Junia.
4 Autonomous Chapters

NORTHERN Luzon (NL) is having four chapters that are independent from each other. These are the Baguio-Benguet, Dagupan (capital of Pangasinan), Cagayan-Tuguegarao-Isabela, La Union and Ilocos Region (Ilocos Norte and Sur) clusters.

The decision was made by the NL members, themselves during the Mar. 8, 2014 Business Meeting at the Northern Luzon Core-Giv Serie, which was attended by PHA President Eugene Reyes.

The decision to create the chapters stemmed from member inactivation due to long travel time from these provinces to Baguio, the center of the Northern Luzon activities.

PHA NL President Dr. Annie Urmaza-Olarte said in past meetings with the PHA Board that Northern Luzon’s being geographically-challenged has been an obstacle in getting the members attend the activities in Baguio.

Meanwhile, cardiologists in Northwestern Mindanao who have been in the same predicament are mulling over the same idea. The member provinces/cities of the NW Mindanao are spread out.

PHA NW Mindanao President Dr. Josephine Saligad said that Zamboanga will also apply as an independent Chapter.
WASHINGTON DC, March 29, 2014 – Philippine Heart Association (PHA) Heart Booth occupied a strategic spot at the Washington Convention Center during the duration of the 63rd Annual Meeting of the American College of Cardiology (ACC) held in Washington DC, USA.

The PHA was the only Asian chapter among the 15 other chapter members in the Chapters Exhibit Area.

PHA President Dr. Eugene B. Reyes, Immediate Past PHA President and ACC Chapter Philippines Gov. Dr. Saturnino P. Javier and other members of the PHA Board – Drs. Joel Abanilla, Alex Junia, Raul Lapitan, Jorge Sison, and Helen Ong-Garcia -- took turns in attending to visitors. Gina Capili-Inciong, PHA executive director, manned the Booth throughout the 3-day meeting.

Meant to showcase the PHA and the ACC Chapter Philippines, delegates gravitated toward this first-time exhibitor. The Booth turned out to be a reception gate for Filipino heart doctors and paramedical personnel, who practice abroad and in the Philippines.

US-based Filipino cardiologists were overjoyed to see a Philippine heart booth that took them down memory lane. They also grabbed the chance to ask about former classmates and colleagues. Others left their business cards and contact details and offered their support to the PHA in terms of continuing medical education opportunities. Some inquired if they would be considered as members of the PHA even if they were based abroad.

It was also an instant Philippine tourism/travel desk as a good number of foreign delegates vowed to visit Manila and its outlying islands. Many of these delegates said that it usually takes one or two years to fix their schedules so they asked about the exact dates of the 2015 and 2016 PHA scientific meetings.

Standing alongside the booths of the Russian Society of Cardiology and the European Society of Cardiology, the PHA
booth was at a good vantage point as the former’s visitors proceeded to the Session Halls and Exhibit Areas.

The PHA was also consistently featured in the running audiovisual loops in the entire convention as an International Partner Society of the largest cardiology society in the world.

During the March 2014 ACC Scientific Sessions, the PHA held its
Historical Background

Historically, the collaboration between the Philippine Heart Association (PHA) and the American College of Cardiology (ACC) had its roots more than half a century ago. The PHA was established on March 26, 1952 through the pioneering efforts of Dr. Mariano Alimurung, the founding president.

About 10 years later (1961), the First International Circuit Course on Cardiovascular Diseases was conducted in the Philippines by five visiting ACC Fellows—led by College President Dr. E. Grey Dimond with Dr. George E. Burch, Dr. Eliot Corday, Dr. Simon Dack and Dr. C. Elton Lillehei.

Renewal of Collaboration

Fifty years later, the ACC and PHA again renewed this collaboration through the formation of the ACC Chapter Philippines following informal exploratory talks between ACC President Dr. William Zoghbi and PHA President Dr. Saturnino Javier during the Annual Congress of the National Heart Association of Malaysia in Kuala Lumpur in April 2012.

The ACC Philippine Chapter was formally instituted on November 8, 2012 after the Executive Committee approved its creation following the initiative of the PHA Board of Directors (2012-2013).

The Philippines thus joined other ASEAN neighbours like Malaysia (2009), Thailand (2012) and Singapore (2012) which have organized an International ACC Chapter.

The Chapter was officially launched on May 29, 2013 during the 44th Annual PHA Convention and Scientific Meeting with ACC President William Zoghbi as Guest of Honor and Inducting Officer.

Mission and Vision

As ACC had stated, it approved the policy in 2000 to allow the formation of international Chapters in close collaboration with the national cardiology societies to be responsive to the needs of members outside the U.S. and to achieve its international mission.

Organizational Meeting

The first (organizational) meeting was held on March 21, 2013 at the Crowne Plaza Hotel, ADB Ave., Pasig City. The initial mechanics for membership (as approved by the PHA Board of Directors – through Resolution Nos.2012-68 and 2012-69) were presented in the meeting attended by 40 ACC Fellows.

For the first year, the incumbent PHA President (2012-2013), Dr. Saturnino Javier was elected Governor. His term ends in June 2014. As Governor, Javier was tasked to streamline the plan of activities of the chapter for the initial year and to lay the groundwork for succession.

Later, the Chapter Governor appointed Drs. Raul Lapitan, Dante Morales and Antonio Sibulo as members of a three-man committee tasked to come up with guidelines and recommendations to govern the chapter— including mechanics of membership and succession.

Membership

All ACC fellows in the Philippines are qualified to join the chapter. ACC Fellows who signify intent to join become Chapter members.

The ACC Chapter Philippines will be the lead official unit in the Philippines on any collaborative activity with the ACC. The chapter is tasked to collaborate with ACC on any matters related to the growth of knowledge and cascade of information from ACC to PHA and vice versa.
56 hurdle diplomate exams

Forty-eight out of 86 passed the written and oral examinations for Adult Cardiology administered by the PHA Specialty Board of Adult Cardiology.

Eight made it to the PHA Specialty Board of Pediatric Cardiology exams.

The written and oral exams for both adult and pediatric cardiologists were held on April 19 and 26, 2014 at the DAPA Hall of the Philippine Heart Center, Quezon City.

The announcements were made by Dr. Mariano Lopez, SBAC chair and Dr. Della Pelaez, SBPC Committee chair. Conferment of the Board passers will take place on May 28, 2014 at the opening Ceremonies of the 45th PHA Annual Convention & Scientific Meeting.

The members of the SBAC Committee are: Drs. Cesar Recto III, Efren Vicaldo, Ma. Belen Carisma and Maria Teresa Abola.

The SBPC Committee members are: Drs. Maria Rhodora Garcia-De Leon, Teofilo Cantre, Olympia Malanyaon and Aurora Gamponia.

The list of successful examinees:

**ADULT CARDIOLOGY**

- Jerelyn B. Adviento, MD
- Pitchy Ann P. Alan, MD
- Gerlie Atienza-Ortiz, MD
- Mariel Joy C. Bago, MD
- Karen A. Bruto, MD
- Joshua M. Camomot, MD
- Lowe L. Chiong, MD
- Liezl L. Comia, MD
- Melissa R. Cundangan, MD
- Michael Anthony Dela Cruz, MD
- Erwin M. Dolores, MD
- Shana Rizza B. Dumama-Remo, MD
- Rovi Raymond Z. Enerva, MD
- Jasper S. Feliciano, MD
- Arvisminda Luz Fernandez-Ladia, MD
- Cheryl K. Fomaneg, MD
- Karl Fernand R. Franco, MD
- Claire A. Garduque-Sebastian, MD
- Donna Mae I. Ilio, MD
- Editha P. Jacer, MD
- Raymund Darius C. Liberato, MD
- Ian Emiray D. Lusoc, MD
- Rodolfo P. Magbanua, MD
- Adriano E. Magpall Jr., MD
heart news

Aida P. Maranian, MD
Jomer V. Mendeguarin, MD
Abe F. Montejo, MD
Desi James B. Ojascastro, MD
Alano T. Olivas, MD
Edda Mae Omambing-Mailillin, MD
Marikit C. Padilla, MD
Maria Socorro Pino-Lamoste, MD
Benjamin Jose C. Quito, MD
Maritoni G. Rapadas-Ilao, MD
Josephine M. Recierdo, MD
Brian Oliver C. Redoblad, MD
Jesse Jane R. Roque, MD
Precious Emery E. Samonte, MD
Mareon C. Sandoval, MD
Adrian H. Santos, MD
Mia M. Sasondencillo-Nadal, MD
Maria Cheng Lyn L. Sim-Apura, MD
Laura R. Soriano, MD
Allen Andrew T. Sy, MD
Lester S. Uy, MD
Mark A. Vicente, MD
Margaret L. Foronda, MD
Rowena L. Gudani, MD
Regente I. Lapak, MD
Jocelyn T. Mantilla, MD
Paul Anthony G. Tan, MD
Kim Martin G. Tolentino, MD

Not in photo
Katherine T. Gaudiel-Duyongco, MD
Shiela Mae L. Abadonio-Villar
Rosemarie P. Castronuevo, MD
Jeanna V. Ples, MD
Targets & Beyond: Cross-talks and Strategies

The 45th PHA Annual Convention & Scientific Meeting is a fertile mine of updates on the latest approach in cardiovascular disease management and insights from renowned local and foreign cardiologists; a showcase of breakthrough techno tools and medical armamentarium; a platform for Cardiology Fellows to stand out and icons in cardiology to be acknowledged. It is an avenue to chart directions and road maps.

Hence the theme: “Targets & Beyond: Cross-talks and Strategies” from May 28 to 30, 2014 at the Edsa Shangri-La Hotel.

PHA President Dr. Eugene Reyes said “the meeting is a comprehensive update for our attendees. Our scientific committee has made sure the topics are interesting, the speaker line-up robust and the sessions spaced out evenly over three days.” See Page 44

Let’s go ‘Filipino Moderne’

In harmony with the contemporary times, this year’s Fellowship Night will be Filipino Moderne inspired, said PHA Director Dr. Helen Ong-Garcia, concurrent chair of the 45th PHA Socials Committee.

The customary Fellowship Night is the culmination of the 45th PHA Annual Convention and Scientific Meeting.

The ramp modeling and group dance contests are the highlights of the shindig.

The Fortenors and Valerie Fortuna will provide the musical interlude.

Drs. Ma. Adelaida Iboleon-Dy and Don Roberpierre Reyes are the master of ceremonies.
Asian heart docs par excellence are this year’s Professorial Lecturers

Well-respected Asian heart doctors make up this year’s panel of Professorial Lecturers. They are: PHA past president Dr. Annette Borromeo (Dr. Mariano Alimurung Memorial Lecture); Dr. Carolyn Lam Su Ping (Dr. Homobono B. Calleja Lecture); Dr. Saturnino Javier (Dr. Rodolfo Soto Lecture); Dr. Rodrigo Chan (Dr. Ramiro de Guia Memorial Lecture) and Dr. Wilberto Lopez (First Dr. Santiago Guzman Memorial Lecture).

Dr. Mariano M. Alimurung
Professorial Lecture

Dr. Mariano Alimurung, the first Philippine Heart Association president (1952-1953), was an eminent clinician, writer, researcher and a teacher. Born on Aug. 4, 1916, he died on Nov. 17, 1980.

A visionary, he introduced Cardiology as a specialty in the Philippines and initiated the charting of the Philippine cardiology road map.

Dr. Alimurung has made significant contributions to local cardiology:
- Every Filipino doctor got an equal opportunity to be part of scientific sessions through Alimurung’s efforts. At that time, only the well-heeled can afford to pursue postgraduate studies and further training abroad;
- Dr. Paul D. White, a prominent world cardiologist, attended the formal organization of the PHA on March 26, 1952. White’s message: “The organization of the PHA can serve a great purpose as a stimulus to cardiovascular research, teaching and practice in the Far East”, which Dr. Alimurung took on as a challenge;
- Dr. Alimurung authored and circulated articles that were read during the scientific meetings and served as an early concept of the continuing medical education, now universally pursued by the PHA;
- Publishing the maiden issue of the Philippine Journal of Cardiology, the PHA official organ which was off the press on Feb. 14, 1953.
- Marking the first action-packed “Heart Day” celebration on Valentine’s Day, Dr. Alimurung stirred public interest in community service and awareness on heart disease thru media (radio, broadcast, television and print – special

 Manila Times Sunday write-ups) interviews and public lectures by leading members of the Association;
- Donations/sponsorships for scholarships and research grants by prominent businessmen and different sectors gained headway;
- Laying the ground for the annual award for the most outstanding resident in cardiology from each medical institution thru the Burke Memorial Award with special emphasis on clinical research. This has produced a number of outstanding cardiologists who would become big names in Cardiology, in the academe and in government;
- On invitation by the PHA, Dr. Ada Chree Reid, then president of the International Women Medical Association, and an attending cardiologist of the New York Infirmary, came to the Philippines. In the next decade, world-renowned heart doctors, professors and researchers unselfishly contributed and shared their knowledge and studies with members of the PHA and other specialties in our country.
- An offshoot of all these developments was the holding of the First International Circuit Course on Cardiovascular Diseases endeavoured by Dr. Alimurung. A five-day most intensive course conducted by five visiting Fellows of the American College of Cardiology who were topnotch cardiologists in the United States, this was probably one of the greatest accomplishments of Dr. Alimurung during his lifetime involvement with the PHA.

♥
Annette B. Pizarro-Borromeo, MD

The 51st Philippine Heart Association (PHA) president and the 4th woman to steer the association, Dr. Annette B. Pizarro-Borromeo considers her presidency as among the most professionally-rewarding years of her life.

A woman with a heart for healing and teaching, with a distinctive panache of getting all her multi-tasks impeccably done, she has gained the admiration of her peers, students and patients. Borromeo is the essence of an accomplished cardiologist, teacher, researcher, leader, civil servant, mother and wife.

During her term (2002-2003), the PHA marked milestones. To name a few – the successful Culmination of the PHA 50th year and Launching of the joint Department of Health-PHA Mag-Healthy Lifestyle Tayo undertaking; establishment of cardiovascular registries/survey projects; and fortification of some research/registry programs; and forging of new collaborations.

She worked her way to the top as a young PHA member, assuming several tasks, from being a member of the Council on Hypertension, to being a two-term PHAN editor in chief and chair of the Council on Preventive Cardiology.

In her early years in the PHA, she initiated and actively took part in the completion of flagship projects, among them was the first-ever PHA Guidelines in the Diagnosis and Management of Dyslipidemia and the first Refresher Course in Cardiology. These significant contributions catapulted her to a PHA directorial seat and later on, to the presidency.

In her capacity as Secretary-General of the Asian-Pacific Society of Cardiology, Dr. Borromeo helped forge significant alliances in the international forefront.

Borromeo spent the best years of her life honing her cardiology expertise at the Philippine Heart Center where she finished her cardiology training. There, she also rose through the ranks to become now the acting-department head of the Ambulatory and Emergency Care.

She avers, I am strong-willed. I take pride that I am best in keeping a good balance between my family and my profession. My source of strength and inspiration are my three, well-mannered children, two of whom are professionals, a licensed doctor and an occupational therapist. My greatest triumph in life is having saved the life of my then cyanotic, 4-year-old son in a near-drowning state, by doing cardiopulmonary resuscitation (CPR) on him. I’m proud to say that this CPR survivor is soon to become a doctor.
Dr. Rodolfo C. Soto
Professorial LECTURER

Saturnino P. Javier, MD

Dr. Saturnino P. Javier is the paragon of a contemporary Filipino physician. Born with a steadfast zeal for excellence, he blazed an impressive track through his academic and clinical career, advocacy and journalistic pursuits. Whether delivering his role as a cardiologist/interventionalist, lecturer, researcher, key opinion leader, or writer, he exercises meticulous care to achieve accuracy and distinction.

University of Santo Tomas was the cradle of his pre-medicine education (where he graduated Bachelor of Science in Biochemistry, magna cum lade), Medicine proper, residency in Internal Medicine and internship. Makati Medical Center, his adult cardiology training ground, ignited his curiosity in the intricate and complex anatomic and physiologic systems of the heart. He took up Interventional Cardiology and Intravascular Ultrasonography at the Washington Hospital Center, Washington DC.

Shortly after his return to Manila, Philippines in the mid to late 1990s upon completion of training abroad, he immediately immersed himself in the practice of Interventional Cardiology, initially at the Makati Medical Center and later on at the Asian Hospital and Medical Center. This eventually opened a floodgate of opportunities for the budding cardiac catheterization practitioner.

Not even a grueling and hectic schedule as a clinician stopped him from assuming other taxing but gratifying administrative posts as – chair of the Institutional Review Board of the Makati Medical Center, head of the Cardiac Catheterization Laboratory of Asian Hospital and Medical Center and department head of the Fellowship Training Program of Makati Medical Center, among others.

He held the reins of the Philippine Heart Association (2012-2013), the Philippine Society of Cardiovascular Catheterization and Intervention (2006-2007), and the PHA NewsBriefs (2003-2006), with distinction.

Javier is poised to nurture the PHA and PSCCI spirit in his heart, keep his passion for advocacy glowing and the undying romance with the pen burning – as he continues to blend the science of Cardiology with his other preoccupations.

Regarded as one among the talented dynamic figures in the field of Cardiology in the Philippines, many have no doubt he will remain a moving force even after serving the Board of the PHA as past president.

In an convoluted subspecialty called Cardiac Catheterization and Interventions, Dr. Saturnino Javier is a ubiquitous name. He is a cut above the rest.

Dr. Homobono B. Calleja
Professorial LECTURER

Carolyn Lam Su Ping, MD

Born achiever and blessed with a strong and charming character, Dr. Carolyn Lam Su Ping is the quintessential multi-faceted modern-day woman. In all her pursuits, in every path that she explores, she leaves an indelible mark.

To describe her as a stalwart in Singapore’s cardiology field is an understatement. Such an illustrious name resounds in the international cardiovascular/medical sphere.

A brilliant student, clinician scientist, academician, lecturer, researcher, TV host and author; and an ardent advocate of women’s heart health; her remarkable feats have earned raves reviews and accolades.

An internationally recognized doctor for her cardiovascular research and an authority on heart failure with preserved ejection fraction, she never rests on her laurels. Her highly acclaimed works - pioneering the first cardiovascular research network across Asia and publishing highly cited international peer-reviewed papers in top cardiovascular journals worldwide, are a stimulant that stirred the dramatic growth of the discipline. She is a most sought-after speaker in international and regional conferences.

Lam’s academic area of interest is

See Page 36
Dr. Ramiro M. de Guia
Memorial LECTURER

Rodrigo Chan, MD

Dr. Rodrigo Chan is one of our Creator’s greatest gifts to the global cardiology realm and to mankind. Armed with a sharp and analytical mind, generous heart and creative hands, he cherrs out exceptional research works and breakthroughs in electrophysiology. To his credit are several notable publications and being part of major clinical trials involving catheter ablations and device implantation.

He specializes in electrophysiology including heart rhythm assessment and diagnostics; pacemaker and implantable cardiac defibrillator implantation and management, electrical cardioversion and radiofrequency ablation, cryoablation and robotioci (Hansen) Ablation for Atrial fibrillation.

Chan distinguished himself for being the first cardiologist who implanted the smallest cardiac defibrillator. A frequent national lecturer, he has made numerous presentations to the American Heart Association and to the American College of Cardiologists.

In Arizona, Dr. Rodrigo Chan is a name that is equated with distinction. He is a well-respected medical practitioner and top honcho of the Banner Heart Hospital, the largest medical facility in Arizona and the Chan Heart Rhythm Institute.

Prior, he has had stints as electrophysiology director at the Tri-City Cardiology Consultants and as chairman of the Department of Medicine of the Banner Desert Medical Center, the

Dr. Santiago V. Guzman
Memorial LECTURER

Wilberto L. Lopez, MD

The 3rd decade of existence of the PHA, from 1972 – 1982 is considered the “Golden Decade of Philippine Cardiology.” Dr. Wilberto L. Lopez’s term was at the tail end of this decade.

The first pediatric cardiologist to steer the PHA is an icon of excellence, diligence and discipline. His passion for his field surpasses natural peripheries of interest. Endowed with a heart for research and an inimitable knack for healing and imparting knowledge, he is the epitome of a clinician-researcher-teacher rolled into one. Despite snags, there was a smooth changing of the guard during the 13th PHA Annual Convention in Baguio City in April 1982.

In 1981, Dr. Arthur Hagan made a historic visit to the Philippine Heart Center (PHC) where he was especially struck by the Echocardiography Laboratory. This was a big opportunity for the Philippines, a tiny country in the Far East, to be showcased as a potential hub for cardiovascular care and training. This also paved the way for the country’s inclusion in the international cardiology map.

Impressed by the first heart specialty hospital in Asia, particularly the PHC’s 2D-Echo work, Hagan (upon his return to the US) called the PHC by long distance, to request Dr. Homobono Calleja “HB” to allot four chapters for the valvular heart disease and infective endocarditis topics in the latter’s book. Drs. Lopez and HB belonged to the elite group of cardiologists at PHC and PHA that is bent on stirring international interest in PHC.

Calleja sent Hagan the manuscripts, together with black and white pictures of valvular lesions and endocarditis. The book entitled “Two Dimensional Echocardiography: Clinical-Pathology Correlations in Adult and Congenital Heart Disease” was authored by Hagan, DiSessa, Bloor and Calleja. It was published by Little, Brown & Company” in 1981. Still in the same year, under the term of Lopez, Calleja authored a book entitled “Frontiers in Philippine Cardiology” which focused on the first five years of PHC, a collection of articles written by Fellows and consultants of PHC. ♥
The Foundation for Lay Education on Heart Disease, Inc.

The Foundation for Lay Education on Heart Diseases, Inc. (FLEHD) sprang from the noble idea of pre-empting the risk factors of heart disease.

It cropped up after many frustrating years of managing patients with cardiovascular problems. Realistically, modern cardiology has yet to make more headway to bring down mortality and morbidity. The best is prevention amid the medicine price hike.

Modern medicine places so much emphasis and premium on diagnosis/therapy. Prevention is hardly included even in the medical school curriculum, and is rarely tackled in national and international conferences. It is not a priority in world cardiology congresses.

Current approaches with preventive process can be maximized only if the patient is well-informed.

The World Heart Federation took big steps towards lay awareness on healthy lifestyle public information. However, this attempt did not make a dent outside of the highly developed countries.

Mesmerized by the breakthrough drugs and interventional procedures, the Philippines has always been receptive to this development. Then, neither the government’s health agency, nor the national medical association, nor subspecialty societies initiated a heart prevention lay awareness advocacy program.

The year 1998 saw the birth of the FLEHD.
On its first year of existence, many have thought that FLEHD would have a life span of two to three years.

Today, FLEHD is a robust organization that sets no limits to its activities. Facilitated by 25 chapters around the country, it takes pride in having done 428 educational programs in several genres, foremost of which are: public fora, barangay health workers workshop, senior citizens seminar, preventive educational program for nurses and health-care professionals, annual convention and regional assembly on preventive cardiology for physicians.

Reinventing itself, FLEHD explored and used the stage as a medium to propagate its Mission/Vision. The idea was to use the performing arts to make its educational activities both amusing and fascinating. FLEHD’s “How To Remain Young at Heart: The Musical” has had 63 performances conducted all over the country and 3 shows were staged in Italy.

A walk in the park, it has not been. But strong belief and determination have carried FLEHD through rocky hills, lofty mountains and stormy seas, enabling the realization of a seemingly impossible dream.

Josefina L. Poblete, MD

Astute and meticulous, she is the embodiment of a devoted teacher and mentor. Notwithstanding a busy schedule as a practicing Internist-Cardiologist, Dr. Josefina Poblete prioritized medical education, especially the training of young residents in the recognition and management of cardiovascular disease.

An uncompromising worker, she expected -- no -- demanded, that every resident is prepared to defend his impression and differential diagnoses via the data extracted from the medical history and a careful physical exam.

Poblete taught by example. Her conduct of a teaching round displayed her mastery of epidemiology, pathophysiology and therapeutics. She set the standard followed in the hospital to this day. Beyond mere booklearning, the training was also governed by a code of strict professionalism employed by the resident in training. As department chairman, she never missed a single endorsement and conference.

This was one cardiologist who insisted on the use of the five senses in discovering the cause of the cardiovascular (CV) ailment. Having no patience with those who were quick to order lab tests, she constantly reminded her students and juniors that diagnostics are NOT a fishing expedition. Making the rounds through the wards and the special units, she could unerringly pick out an unnecessary intervention whether diagnostic or therapeutic.

Her thrust to nurture training in CV medicine continues into the affairs of the PHA. Her incisive opinions into the annual post-graduate courses, the conduct of various training activities reinforces her capacity as a teacher.

In her capacity as a dean, medical professor and trainer of residents, Poblete has set the bar for medical education high in Cebu. She has produced not only “Physicians for the Heart” but also “Physicians with a heart”.

All these qualities make Dr. Josefina Poblete a worthy recipient of this year’s PHA Distinguished Teacher award.
Ma. Delfa Tan Zanoria, MD

Zanoria's allegiance to serve PHA is boundless. The end of her term in 1993 sparked her strong resolve to be at the forefront of PHA activities, particularly the continuing medical education (CME) program. She has been a fixture in CME events – from grand rounds to collection of morbidity/mortality reports to pre-operative/post-operative conferences, even in social gatherings.

To ensure quality cardiovascular education and service in the locality, in 1995, PHA Cebu instituted the very first outside of Metro Manila adult cardiology Fellowship Training, with the Perpetual Succour Hospital-Cebu Heart Institute as the launching pad. Such seemingly unfeasible event became viable because of the unwavering stewardship of Zanoria, the first chair. For nine years, she was a passionate teacher and mentor of aspiring cardiologists.

To date, Perpetual Succour Hospital-Cebu Heart Institute has produced cream-of-the-crop cardiovascular experts -- 27 cardiologists, including two vascular medicine specialists, two interventional cardiologists and one cardiac rehabilitation medicine specialists. Most of these Cebu-trained cardiologists are actively practicing in the Visayas and Mindanao.

From time to time, the institution looks back at its humble beginnings and stages of progression, and pays tribute to its Visionaries, among them is Ma. Delfa Zanoria.

Zanoria's invaluable words of wisdom are sought whenever the Chapter encounters a problem. She has always been a part of the Chapter's presentations in the annual convention Fellowship Night.

The PHA Mission is to ensure accessible, affordable and quality cardiovascular education and care for every Filipino. To realize such a daunting task, it needs greatly dedicated leaders and members from the national to the regional and local levels, who share the same Vision. Through the years, PHA Cebu has constantly adhered to the PHA Mission and Vision.

In recognition of Zanoria's significant contributions to the Chapter, PHA Cebu named her as the first recipient of the L.I.F.E. (Leader in Initiative, Fellowship and Enterprise) Awards in 2004.

Dr. Ma. Delfa Tan Zanoria is truly the epitome of the PHA Loyalty Awardee.

Anthony B. King, Jr., MD

Powered like the speedy cars he drives, Dr. Anthony King is a trail blazer who navigates the fast lane with certainty and care.

He chased his dream to become a physician at the University of Santo Tomas where he excelled. He landed on the top slot in the 1986 Medical Board Exams. After completing his Residency in Internal Medicine in the same institution, he joined the Fellowship program at the Makati Medical Center where his exceptional clinical acumen and academic savvy earned him the distinction of Most Outstanding Fellow in Cardiology Fellowship from the Philippine Heart Association in 1993.

Armed with a combination of brains and boldness, he ventured into the then emerging field of Cardiac Electrophysiology at the Chan Gung Memorial and Medical Center in Taiwan. He became one of the country's first batch of Arrhythmia specialists. In 1995, he was part of the all-Filipino team of specialists who performed the first electrophysiologic studies and radiofrequency ablation in the Philippines. The same feat was replicated when he implanted the first cardiac resynchronization therapy and cardiac arrhythmia devices in the country. Through his pioneering efforts, he started implanting dual chamber pacemakers when the usual mode then was implanting VVI pacemakers.

Always abreast with new technology and know-how, he is an evermore mentor to young doctors who consider him an idol, and with his boyish, unassuming demeanour -- a certified "crush ng bayan".

He served as chief of the Makati Medical Center Section of Cardiology from 2005 to 2011. Assiduous and indefatigable, that's how he will always be to his profession. He continues to share his passion for Cardiology by serving as the Philippine Heart Rhythm Society's vice president and sitting as board member of the Asia Pacific Heart Rhythm Society.

Dr. King's love for Cardiology is surpassed only by his unbridled love for his lovely wife of 25 years, Dr. Jacqueline King and their two sons. Despite all these achievements, Dr. Anthony King has unceasingly put God at the center of his life.

Heart News
45th ANNUAL CONVENTION TRAIL

Distinguished Scientist

Anthony B. King, Jr., MD

Loyalty

Ma. Delfa Tan Zanoria, MD

Indisputably, Dr. Ma. Delfa Tan Zanoria is a devoted pillar and member of the PHA Cebu Chapter. During her term as president of PHA Cebu in 1992-1993, the Chapter ably hosted the first PHA Midyear Convention on Dec. 4-5, 1992. By virtue of its being a resounding success, the Cebuanos earned a PHA Presidential Citation in the May 1993 Annual Convention & Scientific Meeting.
Dr. Clemente Gatmaitan is recognized as a pillar of the Philippine Heart Association whose pioneering efforts and major feats as PHA member, Board of Director, President in 1974-1975 and lifetime member has propelled Philippine cardiology to greater heights.

He is singularly acknowledged for his strength of resolve and resilience to lead the PHA at a time it was still struggling with its finances. He was only 39 years old, one of the youngest, to date.

Gatmaitan was head delegate of the PHA to the American College of Cardiology Convention (ACC) on February 11-15, 1974 in New York City, USA.

He brought honors to the PHA when he was elected Fellow, ACC in 1974 during the American College of Cardiology Convention (possibly the youngest inducted Filipino Fellow of the ACC at 39 years old) but sworn in by US Ambassador to the Philippines William Sullivan in November 1974 in Manila.

The years 1974 to 1975 marked more milestones:

- Gatmaitan started the very first PHA provincial chapters in the cities of Cebu and Davao in 1974;
- He and Mr. Alberto Romulo, PHA vice president for Finance, obtained a Presidential Proclamation by his Excellency Ferdinand E. Marcos, declaring the month of February 1975 and every February thereafter, as Philippine Heart Month. Signed in January 1975, the proclamation included tax-exempt PHA fundraising activities provided all proceeds will go to PHA. He was an instrument in the entry of lawyer Alberto Romulo (then Philippine Executive Secretary) as PHA vice-president for Finance.

- Run by Gatmaitan, a dynamic chair, the Philippine Specialty Board of Cardiology in 1984 to 1985 elevated the standards of Fellowship training. He guided and inspired the young cardiologists how to be passionate and compassionate physicians.

- With pride, he said that "the Philippine Heart Center for Asia was inaugurated during my term on February 14, 1975.

A dutiful Gatmaitan has Diplomate of the Philippine Board of Cardiology and Lifetime Fellow of the Philippine College of Cardiology has made himself available to the PHA as one of its staunchest pillars.

He was the recipient of the 2003 Distinguished Fellow Award and the 1998 Loyalty Award. Dr. Clemente Gatmaitan Jr., is hailed as a brilliant physician cardiologist, and exemplifies the essence of prominence, reverence and altruism.
**DE LARA, AILEEN CYNTHIA F., MD**

- Member: PHA Councils on Cardiovascular Imaging, Women’s Health since 2009 and CPR since 2005
- Past Chair, PHA Council on Cardiomyopathy and Cor Pulmonale
- Served as Faculty during PHA annual conventions
- Chair, Philippine Specialty Board of Internal Medicine, Philippine College of Physician
- Secretary, Department of Physiology, UST Hospital
- Past President, Medical Staff Association, UST Hospital 2010-2012
- Chief, Section of Cardiology, Jose Reyes Memorial Medical Center 2006-present
- Chairman, Department of Medicine, Jose Reyes Memorial Medical Center 2012-present
- Assistant Professor II, Department of Physiology and Medicine, UST Faculty of Medicine and Surgery 2003-present
- President and Founder, Thomasion Heart Specialist Alumni Association Inc. (THESAA) 2010-2013
- Past Chairman, Credentials and Privileging Committee of UST Hospital 2011-2012

**GANZON, MA. SIMONETTE V., MD**

- Past Chair and Member, PHA Council on Stroke and Peripheral Vascular Disease
- Head, Vascular Division, Heart & Vascular Institute, St. Luke’s Medical Center Quezon City (SLMC QC)
- VTE-Prophylaxis Head, SLMC QC
- Assistant Director (Vascular Ultrasound Section), HB Calleja School of Cardiovascular Technology, The Health Cube, Greenhills San Juan
- Past President, Philippine Society of Vascular Medicine
- Served as faculty during the PHA annual conventions
- Faculty, Foundation for Lay Education on Heart Diseases (FLEHD)
- Charter Member, Cardiac Rehabilitation Society of the Philippines
- Charter Member and Past President, Venous Forum of the Philippines
- Fellow, Society Vascular Medicine (USA)
- Worked for Vascular Disease Awareness. Presidential Proclamation No. 1321 signed in 2007 as Annual PAD Awareness Day every 3rd Sunday of July
- YIA 2nd place, 1993 PHA Annual Convention

**ABANILLA, JOEL M., MD**

- Member, PHA Board of Directors and the Vice President
- Chair, Heart Month 2014 Celebration Committee
- Past Chair: World Heart Day Celebration Committee, PHA Registration Committee, Research Committee, Scientific Committee for PHA Annual Convention, Task Force on Governance Manual, PHA Continuing Education Program Committee, Sub-Committee; PHA Task Force on Community Service
- Responsible for the launch of the PHA’s First Aid Guide for volunteer community health workers
- Former Member: PHA Councils on Preventive Cardiology, Cardiomyopathy and Cor Pulmonale, and Echocardiography
- Former Editorial Member: Philippine Journal of Cardiology, PHA NewsBriefs and PHA NewsBeats
- Past President, Philippine Society of Echocardiography, Cardiac Rehabilitation Society of the Philippines and Philippine Heart Center Medical Alumni Society
- PHA Most Outstanding Resident Fellow in Cardiology in 1988
LEUS, AURELIA G., MD

- Past Chair, PHA Council on RF-RHD (2006-2008)
- President, Philippine Society of Cardiovascular Catheterization and Interventions, Inc.
- Past President, Philippine Society of Pediatric Cardiology
- Chair, Department of Pediatrics, Makati Medical Center
- Secretary, Makati Medical Center-Medical Staff Association
- Philippine Heart Association CME Awardee 2005
- Most Outstanding Alumni Award UERM College of Medicine Alumni Association 2013
- Former Training Officer, Pediatric Cardiology, Philippine Heart Center 2000-2003 and Chief Fellow PHC 1992-1993
- Member, Philippine Society of Echocardiography
- Life member, Philippine Medical Association and Philippine Medical Women's Association
- Member, Makati Medical Society, Philippine Pediatric Society
- Affiliated with the Makati Medical Center and Philippine Heart Center

VOTE WISELY!
GARCIA, HELEN ONG, MD
- Member, Board of Directors and Director III
- Chair: Task Force on Community Service and Lay Arm under the Committee on Membership
- Co-chair, PHA Committees on World Heart Day and Heart Month celebrations
- Socials Chair, PHA 45th Annual Convention
- Past Chair of the PHA Council on Cardiac Rehabilitation
- Served as faculty during the PHA annual conventions
- Lecturer at the Annual Refresher Course and Real World Practice Workshop for Cardiology Fellows in Training
- Past President, Cardiac Rehabilitation Society of the Philippines
- Training Officer, St. Luke’s Medical Center Heart Institute in Quezon City
- Department Chair, St. Luke’s Medical Center Stress Laboratory at the Global City in Taguig
- Former Chair, Outpatient Services Division of the St. Luke’s Medical Center Quezon City

JUNIA, ALEX T., MD
- Member, PHA Board of Directors and Secretary
- Over-all Chair, PHA 45th Annual Convention
- Chair, Publications Committee
- Past Chair --- PHA Research Committee, Scientific Committee,
- PHA Advocacy Committee and PHA Task Force on Community Service
- Past President: PHA Cebu Chapter and Philippine College of Physicians Cebu Chapter
- Member, Organizing Committee during the 18th ASEAN Congress of Cardiology in December 2010 held in Cebu City
- Clinical Training Program Director, Cebu Institute of Medicine
- Finalist, Outstanding Research in Cardiology during the PHA Annual Convention in 2004
- Organized for the PHA Cebu Chapter --- post-graduate courses, BLS-ACLS trainings in different centers in Cebu, and World Heart Day and Heart Month activities

MONTEMAYOR, JOSE Jr. C., MD
- Consultant, PHA Committee on Legislative Affairs
- Former member, PHA Committee on Ethics
- Past President and Member, Board of the Philippine Society of Cardiac Catheterization and Interventions
- Former Chair of the Philippine College of Physicians Ethics Committee
- Member, PCP Legislation Committee
- Member, Philippine Society of Echocardiography
- Affiliated with the St. Luke’s Medical Center, Philippine Heart Center and the National Kidney Transplant Institute
- Professor, Law and Graduate Studies (MBA, Ph.D and LL.M) at the San Sebastian College, Polytechnic University of the Philippines and Palawan State University
- Associate Editor, Philippine Journal of Internal Medicine
REY, NANNETTE R., MD
- President, PHA Southern Tagalog Chapter for six (6) consecutive years 2006-2011
- Member, PHA Council on Electrophysiology
- Member, Philippine Society of Hypertension & Philippine Lipid & Atherosclerosis Society
- Assistant Professor, De La Salle Health Sciences Institute
- Member, Residents' Training Committee, Department of Medicine, De La Salle University Medical Center (2011 until present)
- Head, Electrophysiology unit of the Cardiovascular Section, De La Salle University Medical Center
- Chair, Department of Medicine, Tagaytay Medical Center
- Served as faculty during the PHA annual conventions
- Participated in the review of CAD CPG and Mission Vision
- Organized BLS and ACLS courses and Heart Month, World Heart Day events for the PHA southern Tagalog Chapter
- Contributed to the PHA NewsBeats
- Affiliated with De La Salle University Medical Center and Tagaytay Medical Center
- Principal Investigator for several ongoing international clinical trials

REGANION, JUAN G., MD
- Past Member, PHA Council on Coronary Artery Disease
- Sub-section Chief and Member, Hybrid Unit (Pediatric Intervention Section), Department of Surgery, Philippine Heart Center (PHC)
- Drafted, formulated and authored: Policy Guidelines and Code of Conduct of the Hybrid Unit Team Members, Department of Surgery, PHC
- Successfully done: 1st 8 cases of transcatheter closure of ASD and PDA at the PHC, 1997
- Oral Presentation, 1st of 8 cases of transcatheter closure of ASD and PDA, 1998 Philippine Pediatric Society Annual Convention
- Served as Speaker during the PSCCI Conventions in Holiday Inn, Clark Pampanga; Baguio Convention, Baguio City; and Taal Vista Hotel Tagaytay City
- Member, Training Faculty, Department of Pediatric Cardiology, PHC
- Conducted local and foreign medical missions: transcatheter device closure of PDA, ASD and VSD: Cebu Doctors Hospital, Cebu City; Bicol Regional Training Hospital, Legaspi City, Albay and Phnom Penh, Cambodia

SISON, JORGE A., MD
- Member, PHA Board of Directors and Director I
- Chair, PHA Continuing Education Program Committee
- Past Chair: PHA Sub-Committee on Continuing Education Program and Task Force on Community Service
- Past Chair and Member, PHA Council on Hypertension
- Research Coordinator for Hypertension, Council on Hypertension
- Former Editorial Board Member, Philippine Journal of Cardiology
- PHA Most Distinguished Award for Science in 2002
- PHA Young Investigators Award 1984
- Highest PHA CME Award in 2009, 2012
- Chair, Department of Medicine, Medical Center Manila
- Main author: Hypertension Prevalence (Presyon 1, 2, 3) and Target Organ Surveys in Hypertension in the Philippines (Phyton 1-4)
- Composer of PHA Hymn

VOTE WISELY!
April media exposure:
A continuum of issues

By Gynna P. Gagelonia

In the month of April, PHA got extensive media exposure from the April 14 and 23, 2014 episodes of ABSCBN-DZMM Tele-Radyo’s “Magandang Gabi, Dok” (MGD); April issue of Men’s Health and Healthy Lifestyle magazines.

A daily health program aired from 8:30 to 9pm via 630 kHz and Channel 26, MGD is hosted by Nina Corpuz and Dra. Luisa Ticzon-Puyat (every Thursday). It tackles a gamut of health topics and issues.

Bewitching brew: healthy or unhealthy?

Corpuz & Dr. Linao

THE April 14 MGD show tackled coffee, the third most widely consumed beverage in the world. For most people, it is a must-hot drink to start off one’s day. It is a drink that calms their nerves.

Coffee houses from international chains and local names that brew a variety of concoctions have mushroomed in cities around the country. Coffee drinkers are getting younger. Hot or cold coffee has become a drink craze. There are coffee-flavored desserts, too. Research says caffeine is in coffee, tea, soft drinks, chocolate and some nuts.

Is coffee a healthy or an unhealthy blend? MGD on April 14 featured Dr. Elmer Linao, PHA Council on Cardiovascular Anesthesia and Critical Care, to shed light on conflicting testimonies about the effects of coffee on the heart.

MGD host Nina Corpuz asked him: Is it really harmful to the heart? Is there such a thing as coffee overload? Why do coffee lovers consider coffee as their comfort drink while a few people’s tummies cannot tolerate coffee?

Linao said caffeine is addicting. “Different people have different tolerance and dosage levels. Actually, moderate coffee drinking (1–2 cups per day) doesn’t seem to be harmful. But more than two cups of coffee is not good. Caffeine has many metabolic effects because it stimulates the central nervous system. It affects the kidneys, increasing urination, which can lead to dehydration. People who palpitate each time they drink coffee should quit. That is not good for the heart.”

Coffee is addicting. Caffeine-habituated individuals can experience “caffeine withdrawal” 12–24 hours after the last dose of caffeine. It resolves within 24–48 hours. The most prominent symptom is headache. They can also feel anxiety, fatigue, drowsiness and depression.

The consultation on air ensued for one hour. Among the questions that were phoned in and sent through text were:

How do you describe the tolerance of someone who drinks up to 10 cups of black coffee (no sugar, no milk) a day. She drinks coffee as soon as she wakes up, takes breakfast, during morning snacks, after lunch for easy digestion, afternoon merienda, after dinner and in between these meals, she drinks coffee “to stimulate her creative juices”. (She is a copy writer and dabbles into painting). Why is coffee bad for people with acidic tummies? I always wake up with a headace. After a cup of hot coffee with a little amount of sugar and milk, my headache is gone. When I add milk, my coffee serves as a laxative.

Linao took the chance to plug the other Advocacy programs of PHA like “BP ng Teacher Ko” and “Bring CPR to every Filipino Home” led by the Council on Hypertension and CPR.

Prevention and Treatment alternatives

“THERE is a variety of cardiovascular diseases and a range of healthy lifestyle practices to prevent the dreaded disease and...”
Come to grips with BP

As little as four weeks of hand-grip training can lower your blood pressure by about 10 percent.

Start scrambling

Stop at four eggs a day to limit the calories. Egg yolk is loaded with vitamins E, B12 and folate.

Run the numbers

Choose a weekly exercise say a 5K run on Saturday. And log your time and heart rate.

Be a breath man

Stop and take a long slow breath. Take six breaths in 30 seconds to lower your systolic blood pressure.

Walk out from a burnout

Work-related exhaustion increases our heart disease risk. We advise patients to evaluate the level of stress they face.

Say F.U. to the flu

The flu vaccine halves your risk of heart attack.

Hit the sack

30 minutes of exercise three times a week can boost your sleep, ...but don’t sleep in (people who log 10 or more hours a night have an elevated risk of heart disease)

Go on a transfat fast

Cutting your transfat intake will reduce your cardio risk. Sneaky sources of transfat are canned foods and processed junk foods);

Pig out on potassium

An extra 1,000 mgs of potassium every day can reduce systolic BP. Bananas, sweet potatoes and cooked yellow fin tuna are rich in potassium.)

Charge solar cells

Scottish scientists found that 20 mins of UV exposure increase the body’s production of nitric oxide, which lowers blood pressure.)

Try the silent treatment

If you happen to live in a house beside a busy street, it is difficult
to reach that effective level of sleep and your BP will rise. Keep the nose manageable by playing some music.

**Collar cardiac trouble**
Owning a pet is so de-stressing.

**Join the Breakfast Club**
Men who typically skipped breakfast had a 27 percent increased risk of coronary heart disease.

**Kick the can**
Caffeine-charged beverages can spike BP even in healthy guys. Stick with coffee.

**Pour some milk**
People who consumed the most low-fat dairy were less likely to have high LDL. The calcium in dairy may help boost fat excretion from your body which may help lower cholesterol, the scientist say.

**Shack Up**
A single guy has up to 168 high risk of dying of a heart attack than a married man who lives with his mate. Women are de-stressors of men.

**Shun Salad Dressing**
Dress greens with olive oil, vinegar and lemon juice.

**Take your squats lower**
Any strength training increases your HDL (good) cholesterol. Doing full squats will activate more small muscle fibers than half or quarter squats.

**Rock the Karaoke Bar**
People singing together have better heart-rate variability.

**Follow the Spice Route**
Cinnamon may look like dirt but it acts like a drug. Two teaspoons of it, consumed with food can reduce post meal blood sugar surges.

A Harvard study said that men who average 1-1/2 servings of leafy greens a day were 12 percent less likely to develop heart trouble than those who ate just one serving a week.

**Grin at the Reaper**
A sunny outlook may cut your coronary artery disease risk. Positivity fends off stress.

**Color yourself healthy**
If it’s orange, eat it. Start snacking on carrots. Men with the lowest blood levels of beta-carotene were about three times as likely to develop congestive heart disease as those who had the highest levels.

**Go Nowhere**
Hop on a stationery bike, warm up for 5 minutes and then alternate 15 to 30 minutes, rest for four minutes and repeat. This routine can help improve your lipid ratio.
There are only a few things in life which we hold as non-negotiable, and to Dr. Fatima Collado, it is mothering. It is unmistakably a runaway choice for her put beside anything else. With this perspective, Collado becomes first-rate in this on-the-job training for a career called motherhood.

Michelli is the other evidence of Collado’s high marks as a mother. Michelli, 26, is an economist, now taking her Master’s degree in Sydney. She could sing soprano at a very young age but figures got the better of her and she ended up in the financial industry. Collado was pregnant with her when called upon to mother the vascular field in the Philippines. She went through a double feat of raising her daughter and nurturing a fledgling cardiology subspecialty. In 2009, she applied to take the American board in vascular medicine, an examination she was not qualified to take because she did not have the official training necessary for board certification. She however appealed her case, stating for a fact that she is founding president of the vascular society in the Philippines and she needed to validate everything she teaches. This, she did without considering the odds against her passing the board - the lack of time to review, neurons past their youthful glory, and the competition from complex obligations and unavoidable turbulences of adult earthly life. Like a true mother, she risked the embarrassment of not passing the board and focused on what she thought was good for her young vascular society. She was allowed to take the board exam and got heaven’s favor and passed it. This “mother of vascular medicine” got true to form and now walks with quiet confidence. In daughter Michelli’s journey is a watermark of this mother’s tenacity. She published the laments of an idealistic fresh economics graduate whose American dream was nearly swallowed up by economic turmoil largely blamed to unprincipled men of the financial industry and thought she did not want anything to do with this industry of greed. She however stayed her course, journeyed on to the realization of her dream, and learned that she could remain true to her values no matter which milieu she chooses.

Collado is well aware that her career as a clinician was somehow limited by her main job of mothering. There are no regrets. Neither does she mind that her children did not take her medical career path. She is happy where they bloomed. Two trophies for the development of full human potential go to the mother Dr. Fatima Collado. Make that three for the development of a subspecialty in cardiology. The true rewards of motherhood, however, are unquantifiable.

Fatima Collado, MD
St. Luke’s Medical Center

Life Work Balance section is a PHAN regular featuring various cardiologists as they reveal their secret formula in performing their multiple tasks and maintaining good health.
SLHI captures Ikeda’s heart

By Malou Bunyi, MD

“If it’s to be, it’s up to you.” These are words from parents of Dr. Ken Ikeda, 2nd year Cardiology fellow of St. Luke’s Heart Institute.

Ken was born in Indonesia of Japanese parents, making him an Indonesian with a Japanese name and features.

He planned to have his residency training somewhere in Europe, thus he took lessons in German language.

The winds of time suddenly shifted directions.

He learned about St. Luke’s Medical Center from a good friend.

He travelled to the Philippines just to check the situation. Little did he know that he would be a captive in training in this Asian neighbor.

Upon arrival, he was led to take the entrance examination in Internal Medicine. Things went so fast and he finished residency in a breeze to proceed to his ultimate dream of becoming a cardiologist.

All these, he believes to be providential and God-designed.

Things weren’t easy for this fellow with a multicultural persona.

Walking through his assigned balance plank was made difficult by cultural gap.

As a matter of fact, AJ is one of the few who gives ample time to sports. You would see him in the basketball courts or running around the streets of his village. He’s been playing basketball since his childhood years till his medical proper days and residency training in TMC (where he served as chief resident during his senior year in the Department of Medicine), which he all represented during inter-hospital tournaments.

Lately, he has also been fond of running and joining mini-marathons.

Generally, Dr. AJ is an active individual. As part of his healthy lifestyle, he has never smoked cigarettes and hardly drinks liquor. If sports could be considered an addiction, that would be AJ’s only bad habit. Although he would admit that if there’s one aspect that he neglected, that is his unhealthy eating and he is not conscious about what he eats.

He never imagined that he will be a cardiac patient especially at an early age.

He stepped into the world of Cardiology not knowing that he will be experiencing one of the most challenging aspects of the field and that is paroxysms of atrial fibrillation (AF).

It happened during the very rare days when he was off-duty as a 1st year fellow. AJ decided to run that late afternoon, pushing himself to the limit. He felt that his palpitation during his exercise persisted even after rest, taking longer than usual.

He brought himself to the ER, where he saw in the monitor what he never imagined, a fast heart rate that is irregularly irregular! From being a cardiologist, AJ became a patient. He experienced all the procedures that he orders for his patients --- he was

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AJ’s Paroxysms

By Irwin Bundalian, MD

Arturo Tolentino Jr., or popularly known as AJ, is one of The Medical City’s (TMC) senior fellows in Adult Cardiology. You might mistake him to be related to a prominent political figure during the Marcos regime, but he comes from a family of doctors in Laguna. Well, AJ is not your prototype doctor--nerdy looking, busy in the clinics yet sedentary physician who does not have time to exercise.

As a matter of fact, AJ is one of the few who gives ample time to sports. You would see him in the basketball courts or running around the streets of his village. He’s been playing basketball since his childhood years till his medical proper days and residency training in TMC (where he served as chief resident during his senior year in the Department of Medicine), which he all represented during inter-hospital tournaments. Lately, he has also been fond of running and joining mini-marathons.

Generally, Dr. AJ is an active individual. As part of his healthy lifestyle, he has never smoked cigarettes and hardly drinks liquor. If sports could be considered an addiction, that would be AJ’s only bad habit. Although he would admit that if there’s one aspect that he neglected, that is his unhealthy eating and he is not conscious about what he eats.

He never imagined that he will be a cardiac patient especially at an early age. He stepped into the world of Cardiology not knowing that he will be experiencing one of the most challenging aspects of the field and that is paroxysms of atrial fibrillation (AF).

It happened during the very rare days when he was off-duty as a 1st year fellow. AJ decided to run that late afternoon, pushing himself to the limit. He felt that his palpitation during his exercise persisted even after rest, taking longer than usual. He brought himself to the ER, where he saw in the monitor what he never imagined, a fast heart rate that is irregularly irregular! From being a cardiologist, AJ became a patient. He experienced all the procedures that he orders for his patients --- he was

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MANILA, March 26, 2014 -- The UST Section of Cardiology threw another traditional Hall and Farewell party for the incoming and outgoing Thomasian Cardiologists at the Luxent Hotel in Quezon City.

This year’s graduates are Drs. Leovino Acharon, Benjamin Quito, and Anina Theresa Domalanta. The mentors of the new grads, the consultants and their co-fellows applauded them throughout the night. The program started with a motherly message from the section chief Dr. Milagros Yamamoto, followed by a well-wishing statement from another well-respected member of the section, Dr. Francisco Dizon. A special inspirational message was delivered by an acclaimed alumni Dr. Raul Ramboyong, who enthusiastically narrated his experience as a Fellow and his journey toward being a competent Thomasian cardiologist. He said, “once a Thomasian, always a Thomasian.”

An AVP tribute detailed their journey from day one to the final day of their training and to their possible paths ahead. The night was capped by a message from “Big Brother”, the section training officer Marcellus Francis Ramirez who gave a brief but heartfelt message to the graduates.

The night was also a tribute to the outgoing chief fellow of the section, Domalanta for leading by example, and showing exceptional organizational skills in every activity and event of the section. A fitting welcome was likewise given to the incoming chief fellow, Dr. Lauren Salazar-Valero, and to the new batch of training fellows.
OLONGAPO CITY, April 6, 2014 – Every passionate mentor, committed clinician and perpetual student—rolled into one, took time out for a day of learning the hottest trends in ECG from the cardiology gurus. Said activity showcased the brand of postgraduate course that University of Sto. Tomas Section of Cardiology is known for.

The UST Section of Cardiology and the Thomasian Heart Specialist Alumni Association (THESAA) conducted the three-day (April 4-6, 2014) 4th summer post graduate course at the Subic Free Port Zone. The participants were members of the section, alumni from all over the country, and friends from the pharmaceutical companies. It was hosted by UST’s pride in Olongapo, Dr. Michael San Gabriel. The course was attended by doctors and paramedics from Zambales and nearby places.

The interesting topics and the lecturers: “Hypertension Updates and the JNC 8” by Dr. Joselito Atabug; “On-the-Spot Decision-Making in Acute Coronary Syndrome” by Dr. Wilson Tan De Guzman; “Simplifying Arrhythmias in Emergencies” by training officer Dr. Marcellus Francis Ramirez; “New Trends in Heart Failure management” by Dr. Alvin Lim. The ECG workshop as facilitated by Drs. Gertie Plameras, Orlando Bugarin, Francis Lavapie, Janice Tuason-Cruz and other consultants.

It was a comprehensive and compact workshop. They made a supposedly one- to two-day ECG workshop into a highly

ANINA THERESA DOMALANTA, MD – Outgoing Chief Fellow
FROM March 2013 to March 2014, she served the UST Section of Cardiology with utmost dedication. A graduate of Medicine from the De La Salle University Dasmarinas, and Internal Medicine Residency from Chinese General Hospital, she recalls, “it was least expected, so initially, I was reluctant but I had to embrace the task with conviction and optimism.”

A soft-spoken but driven and passionate leader, according to her colleagues, she plans to set up her cardiology practice in Isabela.

LAUREN SALAZAR-VALERO, MD – Incoming Chief Fellow
UNASSUMING by nature, it is a post she didn’t see coming but “I welcome with arms wide open and with all my heart”, she says. She is an alumnus of the UST Faculty of Medicine and Surgery and USTH Internal Medicine. A devoted wife and hands-on mom, she plans to practice in Batangas.

MANILA, March 26, 2014 – As the University of Santo Tomas (UST) Cardiology Section celebrates its 67th year today, coinciding with the Thomasian’s Hail and Farewell ceremonies at Luxent Hotel in this city, it formally starts its countdown to its commemoration of seven decades of existence.

The countdown was spearheaded by Dr. Marcellus Francis Ramirez with a video presentation of the section’s vast and colorful history—from its humble beginnings to its thriving times. Founded in 1947 as the Section of Cardiovascular and Renal Diseases under the University of Santo Tomas Department of Medicine, it gained autonomy as a separate Section of Cardiology in 1986. Ramirez highlighted the section’s milestones -- the leaders responsible for its successes and the development of the fellowship training program; post graduate courses and symposia; the Thomasian cardiology graduates have evolved into accomplished heart doctors; and activities like the team-buildings which brought some old memories back. The excitement grew even more with activities that are lined up for the coming years such as future out-of-town post-graduate courses, lectures and symposia, future advancements of the hospital, and further strengthening of ties. Incidentally, the section has already produced 67 graduates on its 67th year and the number is still growing each year.

...Countdown to 70 years of existence

By Ritchie Go, MD

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OLONGAPO CITY, April 5, 2014 – The UST-Cardiology Section and THESAA Team Building and Reunion became a social outreach program. Themed “The H.E.A.R.T. of a Thomasian cardiologist- healer. Educator. Achiever. Researcher”, THESAA delegates/participants (with pharmaceutical partners) were divided into 4 groups, that were assigned tasks in a designated area in Olongapo.

The tasks highlighted the ideal roles of Thomasian cardiologists: as Healer, not just of the sick, but of the human spirit; as Educator, both of healthcare providers and lay personnel; as Achiever- a trailblazer in healthcare and a leader in the community; and as Researcher with a passion for discovery. It was truly a life-changing Team Building and Reunion for the alumni of the UST Cardiology Fellowship Program held on day 2 of the Section’s 4th Annual out-of-town Summer Postgraduate Course. The activity planned by the Socials Committee headed by Dr. Raul Ramboyong and Marcellus Ramirez.

The team led by Drs. Don Reyes, Janice Tuason-Cruz and Crismelita Banez conducted CPR for barangay health workers workshop -- teaching lay volunteers how to respond to emergency cases and how to do basic life support; focusing on training the volunteers how to teach CPR.

The group of Drs. Rodelio de Sagun, Clarissa Mendoza and Marivic Garcia had a healthy lifestyle educational session on barangay workers in East Tapinac, Olongapo, with emphasis on the benefits of healthy diet, exercise, and early recognition of warning signs of heart disease; as well as basic life support seminar for the participants.

Meanwhile, the team of Drs. Nestor Bagsit, Raymund Naranjilla, Floydecielles Jasmin, Samantha Mortos-Obispo concentrated on helping a stranger and set their sights on assisting a specific vendor sell his goods in the public market. They doubled their charity work by buying out all the vendor’s goods, and selling these themselves. They donated their sales to the same beneficiary. Finally, the team led by Drs. Lilia Marquinez, Regina Yao and John Paul Tiopianco visited the PREDA.
informative and entertaining two-hour course that left the participants very satisfied with the basic trade secrets in ECG interpretation. Just like the previous workshops, this was capped off by a game show ala “Deal or No Deal” which had the participants-cum-contestants choosing brief cases with designated questions from the day’s lectures.

The panelists were: Drs. Michael San Gabriel, Rodelio De Sagun, Eduardo Caguioa, Nestor Bagsit, Bugarin, Lavapie, Francis Purino, Tuason Cruz, Gertie Plameras, Marivic Garcia, Raymund Naranjilla and JP Tiopianco.

To the delight of the participants, all of them brought home prizes which ranged from USB, Power packs, cell phones, digital BP apparatus, and the grand prize, a Samsung tablet. It was indeed a thrilling and fruitful day. A 60-year-old physician from Olongapo, the most senior of the participants, got the grand prize. They learned and won some goodies at the end of the day, a win-win situation as they say.

The UST Sinus Rhythm Band (l-r): Drs. De Guzman, Yao (hidden), Reyes, Bugarin, Lavapie, Ramirez, De Lara (drums), Matawaran, Francisco, and Bagsit (keyboards)
SLHI gets first female honcho

By Malou Bunyi, MD

She admits to having a soft heart but considers her persuasiveness an ace in achieving her target. And target for her is raising St. Luke’s Heart Institute way above the rest, aiming “to bring back its glory days.” Setting this heart institute a class apart is a vision that is slowly taking shape within her.

Dr. Fatima Collado is one of the pillars of St. Luke’s Heart Institute. She is one of the handful of cardiologists brought by Dr. HB Calleja to establish the center in 1986. She was “commanded” by HB to go into the field of Vascular Medicine, a field that was non-existent during that time. Although confused, it was an order she could not refuse, so go into an untrodden path she did. Her first vascular exposure was some learning discussions with vascular surgeon Dr. Paul Garcia, since vascular knowledge that time was solely the domain of surgeons. She then went to Cleveland Clinic and University of Chicago for additional training where she found out that even in the US, vascular medicine was yet a non-existent discipline in Cardiology. Her training there hence was mostly from vascular surgeons also. As she found out that she was on a trailblazing vascular expedition, there was no other way but to go on her own through a painstaking process of long and deep and serious study of a craft that has a dearth of expert trainers. Slowly but surely she learned the techniques and clinical applications in tandem with Garcia, solidified the vascular training program, and went on to become the Founding President of the Philippine Society of Vascular Medicine.

As she assumes the lead post of St. Luke’s Heart Institute, she is confident that she will deliver the demands of her position supported by a team of young leaders, and backed by the institute pillars who are also friends.

A throwback to the career path that ripened her to significance- trust and confidence on mentor and coach HB, hard work, patience, perseverance. This lady is ready and able. Some go through a path that is loud and front and center, a fortissimo. Hers is quiet, simple, hardly noticeable, but definitely steadfast. The new lady head of St. Luke’s Heart Institute is tempered to withstand the difficult road ahead. Ordinary person, extraordinary character. ♥
subspecialty corner

Echo subspecialty update

PATHWAY 1:
1. Specialty certification from the Specialty Board of Adult Cardiology or Pediatric Cardiology of the Philippine College of Cardiology/Philippine Heart Association or its equivalent certification obtained in foreign countries.
2. Certificate of completion of at least one year training in cardiovascular ultrasound.

PATHWAY 2:
1. Specialty certification from the Specialty Board of Adult Cardiology or Pediatric Cardiology of the Philippine College of Cardiology/Philippine Heart Association or its equivalent certification obtained in foreign countries.
2. Certificate of completion of at least one year training in cardiovascular ultrasound.
3. For those who finished training program in echocardiography after December 31, 2012, a certification of passing the qualifying examination given by the Joint Committee for Accreditation.

PATHWAY 3:
In the absence of a certificate of training, particularly those who have been practicing echocardiography on or before December 31, 2012, the following will be considered:
1. Specialty Certification
2. A sworn statement of experience in cardiovascular ultrasonography satisfying the required guidelines of the PSE for level three (LEVEL 3) competency in echocardiography.
3. Of the following:
   a. Scientific publications in topics related to echocardiography.
   b. Commitment to education in echocardiography as demonstrated on a regular basis by teaching.
   c. Active participation in PSE sponsored activities or other local/regional echocardiography societies.

FROM THE Philippine Society Of Echocardiography and JCA “The deadline for submission of application for Fellow of PSE through Pathway 3 is until July 31, 2014. Beyond this date, recognition for competency will only be accepted through Pathways 1 and 2. For this year, deadline for submission of application through Pathways 1 and 2 is until August 15, 2014.”

SLHI CAPTURES... from Page 29

With only a week of crash course in Filipino language, he was forced to read the body language of his fellow doctors at the beginning. He felt fortunate to have landed in St. Luke’s because he had no communication problems with the patients.

While in training he lives within the budgeted allowance sent to him by parents. Aside from the difficulty of not having a family on his side, Ken’s training is a trade-off for an easy life as a boss in a construction firm. When asked if he has a good salary from the company, he quickly retorts: “I own the company. All the money is mine.”

Well-aware of the cost to reach his dream, Ken has been working so hard in training. He reads a lot, to the point of depriving himself of luxurious sleep. He knows how to keep his balance though. He gives space to a hobby that he really likes and that is going to the gym. He spends quiet dinner with co-fellow Therese, the helpmate and heart mate he believes to be heaven-sent. And the rest is work, work, work until he arrives at his destination. He repeats his parents’ words like a mantra: “If it’s to be, it’s up to me.”

AJ’S... from Page 29

admitted in a telemetry unit and let drops of amiodarone flow into his system. Fortunately, all the cardiac exam results were normal except for the rhythm and elevated LDL levels. And fortunately again, the rhythm became sinus after several hours.

During those times, he realized that no matter how healthy or active you are, how young or old you are, arrhythmia can happen to anyone. This event made him more conscious with his health especially with the food he eats. He appreciates the value of his specialty. Just like AF, there may be irregularities in life which may recur or may become permanent, but he still believes that life never stops and one should continue healthy practices. His rhythm abnormality has not recurred since then. He is now monitoring his LDL levels closely and resumes his running and basketball (but at a lighter level).
Ybañez is ‘Open Heart’ 2nd beneficiary
By Malou Bunyi, MD

St. Luke’s Heart Institute Alumni Association Inc. stays in its mission to be of help to underprivileged fellowmen. This commitment found its realization in Rosario Ybañez, 38, breadwinner and a single parent.

From Zamboanga, she bravely journeyed to Manila in search of a better life for her family and son. She’s been aware of her need for cardiac surgery but she couldn’t save for her operation because her salary as a call center agent is barely enough to sustain her family’s needs.

Rose underwent percutaneous PDA closure at St. Luke’s Global last March 2, 2014. The surgery was facilitated by project coordinator Dr. Joana Manalo under the leadership of SLHIAAI president Dr. Marilou de Jesus.

She is the second beneficiary of “Open Heart!,” a benefit show produced and staged last August 10, 2013 by SLHIAAI. Rose believes that closure of her PDA opened opportunities for a better life for her and her family. She expresses her gratitude to SLHIAAI for opening up an alley of hope for her. SLHIAAI continues to find ways to carry on with the task of helping one heart at a time.

CAROLYN... from Page 16

heart failure, the final common pathway of various cardiovascular diseases and a huge and growing public health burden worldwide.

Her scholastic record is solid proof that she lorded it over in the campus and training institutions. She received her MBBS from the National University of Singapore (NUS) where she was on the Dean’s list and a medalist; MRCP from Edinburgh; Cardiology Fellowship from NUS, and further advanced Cardiology training in heart failure from Mayo Clinic, including a Master of Biomedical Sciences degree. She had her Research Fellowship at the Framingham Heart Study and was a recipient of the Clinician Scientist Award by the National Medical Research Council of Singapore.

Currently, she is an associate professor at the Department of Internal Medicine, NUS; a consultant of the Cardiac Department, National University Hospital, Singapore and director of the Women’s Heart Health Clinic, National University Heart Centre Singapore.

On top of being at the helm of the ASEAN Heart Journal as editor-in-chief, she also sits on the Editorial Board of the Journal of American College of Cardiology and European Heart Journal; is a guest editor of the Heart Failure Clinics Issue on HFpEF 2014, and a section editor for Current Heart Failure Reports 2014.

Ever passionate about women’s heart health, she set up the Women’s Heart Health Clinic, the first in Singapore where she is the clinical director.

RODRIGO... from Page 17

second largest heart hospital in the US.

Chan trained at the Mayo Graduate School of Medicine where he completed his Cardiac Electrophysiology and his Cardiovascular Medicine Fellowship. Notwithstanding his preoccupation with his residency training in internal medicine at the University of Maryland Hospital in Baltimore, he made sure that his love for research was honed at the Johns Hopkins Hospital School of Medicine.

University of the Philippines was the cradle of his pre-medicine (BS Psychology) where he graduated magna cum laude and Doctor of Medicine education. Following what his heart has long desired – to go to US institutions for further trainings, he flew to the Land of the Milk and Honey for his postgrad research and writing studies (in Stanford University under a scholarship grant); internal medicine (at the Mercy Hospital University of Maryland Medical System in Baltimore, Maryland), cardiology/electrophysiology and cardiac hemodynamics (at the Johns Hopkins University Hospital) general cardiology fellowship (at the Mayo Graduate School of Medicine in Rochester Minnesota) and cardiac electrophysiology fellowship (at the Mayo Graduate School of Medicine in Rochester, Minnesota).

This man has carved a niche in the pages of the US cardiovascular horizon’s history. But his vow to further contribute to the advancement of heart disease treatment knows no bounds.
Dr. Elmer Linao: Always on the go

By Malou Bunyi, MD

He walks around the convention hall in his yellow pants. The next time, he wears a blue checkered polo and electric blue pants with matching orange bag in a conference where he is moderator. As varied as the colors of his outfit are the roles that Dr. Elmer Linao play in life.

As if being a cardiologist is not enough to help people, Linao bravely entered politics and was recently elected municipal councilor in Ragay, Camarines Sur in Bicol. He believes that this will allow him to widen the reach of the favor he can give to fellowmen.

While most doctors who go into politics are perceived to have dry and unexciting professional practice, not so for this cardiologist.

An assiduous student of his craft, he trained as Critical Care specialist in Cleveland Clinic. He is hard-pressed on every side, swamped with patients in the clinic, absorbed in the care of bypass patients, and tied-up as chair of the PHA Council on Cardiovascular Anaesthesia and Critical Care. Currently, he is head of St. Luke’s Heart Institute CCU, St. Luke’s Global City Cardiovascular Recovery Unit, Adventist Medical Center Manila ICU, and University of Perpetual Help Medical Center Heart and Vascular Institute. His days appear to be longer than 24 hours as he was able to squeeze in an MBA course major in hospital administration, a summa cum laude at that! With all these credentials and responsibilities, who would want to meddle with politics? Linao apparently found his niche in politics without leaving the medical arena. While he enjoys helping individual patients, the joy is magnified tenfold when he deals with the health and healthcare issues of his constituents.

After a week of moving around Europe toting a heavy luggage for a doctor’s R and R, he came home a patient requiring stat herniorrhaphy. So on a Tuesday in February, very much a patient fearing that he might not wake up from anaesthesia, the surgeon got hold of him for the much-needed surgery. A patient for a day but suddenly morphed into his old doctor self right after being unstrapped from the operating table. Wednesday, 1st day post op, he went out on pass and moderated the regular case conference on a wheel chair. His consenting surgeon allowed him to enjoy his out-on-pass status so in the afternoon, he attended to two patients for angiogram and attended to an angioplasty case.

Thursday saw him flying to Bicol for a morning session with the Sanguniang Bayan. In the afternoon, he started a series of talks with the youth in 5 schools about drug addiction, this he did until Friday. His bowels must have complained of not having enough time of anaesthetic sleep!

This uncommon doctor-lawmaker transfigured into a patient over the weekend to be discharged from the hospital. He bounced back shortly unmindful of the pos-op pain, to attack every minute that enters his life and put them at the palm of his hands.

Different strokes for different folks, but for this honorable gentleman from Bicol Dr. Elmer Linao, a sense of purpose definitely sharpens focus and strengthens resolve. Style and character make life interesting. ♥
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✓ Various CME activities of the PHA- echo and vascular symposia, interactive case presentations, are also uploaded regularly.
✓ Access free electronic copies of journal articles through our E-Library.
✓ Download copies of PHA journals and guidelines in the publications section.
✓ You may also get online CME credits through our monthly Cor Kamara Online CME Program.
✓ Invite patients and friends to browse our lay education resources.
The dynamics of PHA Board  Part 2

For all of eight years, I spent more than 500 hours in about 100 regular board meetings (excluding special meetings called for when burning issues need to be addressed).

The board meetings are attended by eight doctors, two lay officers (the Vice President for Finance and Vice President for External Affairs), and occasionally, an accountant and an invited PHA Chapter president.

So what do ten or more people talk about for 500 hours? The agenda tackle diverse issues ranging from advocacy projects, training programs, research programs, accreditation policies, financial standing, investment yields, annual convention, continuing medical education activities, council and chapter activities, performance/salaries and benefits of the secretariat, even themes of social events like fellowship nights and Christmas parties. Many times, a number of relevant national issues - like the Sin Tax bill, RH bill, or stem cell therapy, among others, consume a good number of hours of discussion.

The board meeting usually starts round 7 P.M. and ends at about 12 M.N. There is usually a healthy dinner of fish, beef, chicken and vegetables provided through the years by a reasonably priced catering service. (Since the caterer has remained the same all these years, one can reliably predict the menu just by the whiff of the air coming from the buffet table.) A Cebu lechon occasionally springs forth from the gates of heaven (courtesy of Alex Junia) and becomes a helpless and hapless prey, mutilated and mangled by ferocious giant piranhas in no time at all.

The invocation, given by a director (rotated among the board members by the Executive Director), serves as the opening salvo of the meeting. After listening to a good number of invocations, mostly in English but occasionally in Tagalog, by Eugene (Reyes) and Bel (Ongtengco), one inevitably gets to define the recurring theme in all invocations - that the Almighty would help this board achieve its goals, its mission and vision and help the Board cast aside vested interests and ulterior motives.

It seems that after around 96 variations of such pleadings, God listens. Many of the programs of the association have been geared towards the association’s mission and vision and have achieved some of the avowed goals. Generally, the directors have worked harmoniously. No major squabbles have arisen between and among board directors. No catfights, no fist fights, no heated exchanges, no court cases, no walkouts - as of May 2014.

Of course, there are situations when one gets on each other’s nerves. There are disagreements naturally. There are surprising objections from unexpected dissenters, as there are mysteriously quiet reactions from the usual rowdy interpellators. Nonetheless, they all remain professional arguments and disagreements and quickly end when the meeting is adjourned.

I had the pleasure of working with four Vice Presidents for External Affairs (VP-EA). The VP-EA, as provided for in the governance manual, is a lay person, who can provide some external liaison to the community or society. In all these years, the board gravitated towards an individual in media - one who somehow embraces a healthy lifestyle (absolutely no way for a Marlboro-puffing board member), one whose moral values are publicly unassailable and one whose political affiliation will not get PHA in trouble.

The list of VP-EAs comprised a veritable who’s who in the Philippine media and advertising industry. They included former secretary Oscar Orbos (for two years - he had been VP for a year when I was elected to the Board), former DZMM manager and party-list congressman Angelo Palmones (for two years), advertising mogul Andre Kahn (for two years), and now chair of Advertising Standards Council Ric Alegre for two years.

I was instrumental in enticing Angelo Palmones to join the Board during the time of Efren Vicaldo as president, as well as Ric Alegre (upon recommendation of Andre Kahn) during the presidency of Isabelo Ongtengco.

Angelo Palmones, VP for External Affairs, attended the least number of meetings but was able to make up for it with his contribution to PHA’s healthy lifestyle advocacy campaign through DZMM Tele-Radyo where he was able to squeeze in significant airtime for PHA officers and members to talk about PHA programs. Andre Kahn introduced PHA to the world of advertising through its participation in the annual advertising Congress. Ric Alegre was responsible for engaging and providing free advertisements for PHA courtesy of Globaltronics LED boards in Metro Manila.

While in the Board, we were beset by several calamities - typhoon Ondoy, the Habagat aftermath, the magnitude 7.2 quake in Bohol and more recently, the super typhoon Yolanda which pummeled Tacloban and Samar provinces. In all those calamities, the Board unanimously decided to donate reasonably (substantially in some) to the affected people of the regions, including PHA members and the PHA secretariat.

The board favorably acted as one - no dissenting opinion nor contrarian point of view. The disagreement - if at all - was on whether the amount was too little, just enough or too much.

In most situations, the donations were cours ed either through the DSWD when Dr. Esperanza Cabral was still secretary or through the PHA chapters nearest the affected areas.

I want to believe that someone out there in those areas that were submerged during Ondoy, or which reeled from the Habagat fury, or whose lives were shattered by Yolanda’s aftermath, a blanket from PHA provided some warmth, comfort and solace.

(TO BE CONTINUED) ♥
Dysrhythmic Tales

By Edgardo S. Timbol, MD, Director, HB Calleja Heart Institute, Angeles University Foundation Medical Center

No entry/exit only

THE AV conduction system is a two-way street. The flow of impulses along the AV avenue is normally downhill from the atria to the ventricles. Counterflow is occasionally allowed; i.e., uphill from the ventricles to the atria. When the downhill route becomes a “No Entry” zone during the complete AV block, supraventricular impulses fail to reach their final ventricular destination. A protracted period of cardiac standstill is prevented by a back-up pacemaker below the site of AV block. Impulses from the subsidiary focus come to the rescue by traveling downwards to activate the ventricles. It is also possible for the rescue impulses to travel upwards and exit on the atrial side.

Ventriculo-atrial (Va) conduction in the presence of complete aV block is seemingly an oxymoron. Unidirectional complete heart block (ChB) is actually an electrophysiological phenomenon made possible by the presence of abnormal centers in the low atrial region that are triggered by ventricular contraction. An alternative explanation is based on the presence of atrio-fascicular fibers that are capable of conducting only in the opposite direction. It has been found that ChB with Va conduction is more common than its presumed clinical occurrence. However, most of the cases of unidirectional ChB reported in the literature are of the concealed variety which can be documented during his bundle studies or during permanent pacemaker implantation. What is being presented herein is a rare case of ChB with junctional escape rhythm and retrograde P waves.

The foregoing continuous lead II rhythm strips recorded from an apparently healthy 26-year old male depict independent atrial and ventricular impulses with PP intervals from 0.96 to 1.00 sec and RR intervals from 1.02 to 1.82 sec. The slight variability in the intervals of the atrial and ventricular complexes is most likely the result of spontaneous fluctuations of the autonomic tone. Nonetheless, a faster atrial than ventricular rate indicates aV dissociation secondary to 3o aV block rather than aV dissociation by default to an accelerated subsidiary rhythm. The escape rhythm is most likely generated by a rescue pacemaker situated above the bifurcation of the His bundle since the associated QRS complexes are narrow. While the QRS complexes have identical morphology, the P waves have two distinct configurations. The P waves marked with * such as the third P wave in the middle panel as well as the eighth and tenth P waves in the bottom panel are inverted. These atrial complexes with negative polarity are in all likelihood retrograde atrial complexes (P’ waves). The P’ waves have constant P’R intervals of 0.18 sec. corresponding to the duration of VA conduction. A P’ wave is inscribed when the interval from a P wave to the R wave following it is at least 0.76 sec. which allows for recovery of atrial excitability. However, with longer PR intervals (>0.86 sec.), the anticipated retrograde P’ waves are preempted by the appearance of normally conducted P waves at the expected time.

About 30% of patients with ChB have intact VA conduction, a fact that requires consideration during dual-chamber pacing. In either a VDD or DDD pacemaker, sensing occurs in the atrium that then triggers the ventricle. Then, VA conduction from a ventricular paced beat causes atrial activation. Sensing of the P’ wave could again deliver a ventricular stimulus thereby completing an endless loop tachycardia. Fortunately, this pacemaker-mediated circus movement can be remedied by extending the length of the pacemaker atrial refractory period during which atrial sensing is ignored. The occurrence of a re-entrant tachycardia in which the pacemaker is an enabler. The appearance of retrograde P waves during apparent ChB suggests that a “No Entry” antegrade and “Exit Only” retrograde traffic rule is being enforced along the AV avenue which is a potential problem during dual-chamber pacing. An “Only Exit/No Entry” rule is a potential solution in another situation.
Letting go

IT was raining hard that cold afternoon as I watched you walk away. As you go farther, I was half hoping that you will turn around and walk towards me. But I just stood there as I watched you vanished into the rain. I can hardly visualize your silhouette. I didn’t know if it is because of the rain or because of the tears in my eyes that I kept from falling. It was the last memory I had with you. Until now, the pain is still fresh. The wound is still deep. In my mind, I can still hear the rainfall. But they’re just echoes of my heart.

That was too much for me to bear. I needed to go somewhere to think and to rest. I wanted to be in a place where I can be safe and secure --- home. Heading home, I saw flashes of lights that seemed to lead me. But these were just lights from cars in the street. Little by little, the lights were gone. The only light left came from the lampposts that seemed to comfort me with their dimness as they catch the falling darkness. I didn’t know where I was going. I didn’t even know where to find home. You have been my home all these years. Without you, I have nowhere else to go.

Since then, I waited for you to come back. I looked for any sign of your return. With heart full of hope I lingered at the place where you walked away. I was hoping we will be reunited here. We’ve been in this situation before. But you have always come back for me. Days became weeks. Weeks became months. I didn’t realize time flew by quickly. I patiently waited for you. But without a word from you and without any sign, my hope flickered. Hard as it is, I have to accept it. You finally decided to leave, and I was not expecting you to be there. It is the same evening. The moment you saw me, you stood up. But even before you reach me, I turned away from you. Without a word, I started to walk away from you. It is the same rainy afternoon. You were hoping that I would turn around and walk towards you. You were looking for reasons why? You tried to break the silence existing between us. But you know that it is useless. You stood there as you watched me walked away and vanished into the rain. You can hardly visualize me. Is it because of the rain or the tears in your eyes that you keep from falling?

I was back that same cold rainy afternoon. The wound is deeper. It is more painful. I was not turning my back from you. I was turning my back to myself. I took away my chance to love again. I deprived myself the hope that died the day you walked away. I decided not to love again. With my love so strong, I wanted to keep it buried deep into my heart. Love has become tiring. It gave me hope and happiness but took away more than what it gave me. I never wished for love. I never tried to find love. It caught me and imprisoned me. I was lost. It left me wounded. I will never let it catch me again. I will never be its prisoner once more. It has been my worst fear. It has been a threat to me. Let me live without it. Let me exist without its companion. Let me regain my strength. It is only then that I can face love once more. It is only then I can have the courage to look through your eyes again. Someday, when I am ready, I will go to the same place where I used to wait for you. The same spot where I walked away from you. Maybe, you are still there waiting for me to come home to you.
The BIR from the Medical Perspective

I HAVE seen the panicky environment of the medical profession for the past few years. The feeling started to simmer with the strong campaign of the present Bureau of Internal Revenue (BIR) commissioner for payment of proper taxes, to the filing of tax evasion cases against unfortunate doctors and to the “hateful” campaign ads launched against professionals in general. But the feeling reached its peak with the issuance of Revenue Regulation No. 4-2014 which we all know. And I say, the feeling of panic, anxiety, fear and hatred towards the BIR has grown out of proportion to the detriment of the medical practice.

This article is not to justify the commissioner’s actions, for personally, some of her actions are completely unjustifiable. Nor condone the abusive, corrupt acts of most people under her. This is rather to put into proper perspective what is happening from my viewpoint as a medical practitioner and a lawyer as well. Hopefully, this will calm as all down, see the whole thing beyond our personal biases and so continue our calling as God’s instruments for healing and as law-abiding Filipino citizens.

The National Internal Revenue Code of 1997 (NIRC), obviously, is with us for more than 15 years. This is the basis of our income taxation and therefore, memoranda, revenue regulations and other issuances of the commissioner should be in accordance thereto. It is a legal presumption that government agencies’ issuances are regular or legal until proven otherwise by the proper court. This is most true for the BIR. The burden of proof lies on those who are directly affected and this what actually happened in the case of the TRO issued by the Supreme Court in favor of the Integrated Bar of the Philippines. As it is, our compliance with the recent issuances of the BIR is mandatory.

The NIRC subject all stakeholders – the BIR and all its personnel as the implementing body and the taxpayers – to specific rules, regulations and consequent penalties. The BIR given a power so vast, it can do anything, subject only to a few limitations including the Constitution and the NIRC itself. For the BIR personnel, aside from its mandate to effectively collect revenues, there are very strict provisions against graft and corruption and harsh penalties for the violators. I have to mention this because it is a general notion that while the BIR is very strict with taxpayers, its ranks is riddled with corruption. I totally agree with the corruption issue, the former however should be done as efficient collection is the core mandate of the NIRC. Corruption is epidemic in Philippine society. You only have to sit once in front of a television set and you will see how rotten government institutions are, without exception! But in terms of corruption in the BIR, we are part of it, not by active participation, but by tolerating them and by allowing ourselves, albeit unwilling, to become their victims, perpetually. You may not agree with me but with so many complaints about being harassed by the BIR, I haven’t heard of a single doctor filing a case. We give what they want to avoid the hassles of litigation. But remember there are harsh penalties for them too, even if it is proven that we also have violations. They are more scared to lose their jobs, while we always have our profession with us. They are only aggressive because we show them we are weak. There’s one caveat though. Document. So, save all the documents – always have a personal copy of every transaction with their signatures whether legal or illegal, CCTV cameras, etc. And make them know you have them. This is your very powerful weapon and a deterrence for them.

The Philippine income tax rate is one of the highest in Asia. Almost all, if not all doctors is at the 32% rate. Added to it is the value added tax (VAT) of 12% which actually should not be our burden but our patients’. This is harsh, but no matter how harsh the law is, it is the law and to be complied with. Initially I felt that we are isolated, “targeted” and persecuted by the BIR. But powerful people like Manny Pacquiao has been targeted too, the former Supreme Court chief justice and so many others. I now realized that in the eyes of the law, doctors are no different than any person rendering service, whether that service be to save a human life or to clean a toilet. Indeed for the NIRC, any income is taxable, whether it is earned through hard work or without any sweat spent at all.

The boiling point of our emotion was reached when this Revenue Regulation No. 4-2014 was strictly implemented. I resolved not to comply with it due to extreme anger until the PCP issued a directive. When my emotions settled down and started to make my own affidavit, I realized there was nothing malignant in it. Just a formal statement of what we are actually doing. Nothing more. I understand the feeling is due to the accumulation of pent-up anger and the thought of what more will the BIR do in the future. It could be worse. But I do think the BIR at this point is still within the ambit of its legal mandate and therefore spending our precious time and energy brooding over what is yet to come is unnecessary.

Which finally brings me to my last point-- looking at this situation in different perspectives or at least another perspective aside from our own. Maybe, just maybe, looking at a commissioner as one who has the balls to implement the law without fear instead of looking at her like an executioner, or considering our tax money going to infrastructures instead of inside the pockets of the corrupt, will make us feel better. Further, the Constitution and the NIRC are there to bridle the BIR should it exceed its power and become oppressive. Let us therefore continue our noble call for healing the sick, regardless of BIR issuances. Surely, if earthly authorities do not recognize our service to mankind, our Heavenly Father does.
Cholesterol, diet and heart attack

Time was, eons ago, when man roamed the earth chasing game or in search of edible fruits and plants for his next meal. He used his faculties of locomotion, his raw strength and faced the elements with scanty protection. In all these activities, he burned excess calories not knowing that in the process it melted his fat, lowered his cholesterol and prolonged his life. He was not a salve of time – the hour, the day and the year. He had no deadlines, no cocktails and no fiestas.

Today man has become very helpless. The sandwich, the refrigerator, the car and other conveniences make man careless about his heart. He gains weight by uncontrolled and at times obsessive food intake and wanton immobility. His food has become very rich, the cholesterol goes up and before he learns to enjoy life, he sustains a heart attack. At the age of 10 years, the modern child begins to gather fatty streaks in the inner lining of his aorta, the biggest blood vessel in the body.

At 15 years, these fatty streaks appear in the arteries which supply food to the heart muscle (coronary arteries) and the brain (cerebral arteries). And at age 34, fatty streaks and atheromatous palques (obstructive lesions) are plentiful in populations that carry the major risk factors for coronary heart disease. These factors are: high cholesterol, high blood pressure and cigarette smoking.

Aging – The price of industrialization

Man’s aging process has accelerated since communities became civilized and industrialized. It has been computed that man, who becomes an adult at age 25, should have an average life span of 150 years compared to other animals like the dog that reaches maturity at 2 years with a life span of 12 years or the horse that matures at 4 years and lives an average of 25 years. The biological strains brought about by what we call “civilized” living with all its attendant taboos, challenges (real or imagined), competitions and deadlines make man the slave of all his efforts and activities. In addition, we now look for high caloric foods to sustain us from day to day. This brings us to the principal risk factor in coronary artery disease called cholesterol.

Cholesterol – a big risk factor

Cholesterol belongs to the group of organic compounds designated as lipids (fats). It is a universal constituent of all animal cells. This substance is carried in the blood together with other lipids in the form of lipoprotein complexes. The lipoproteins vary in size, density and mobility. Accordingly, four classes of lipoproteins are identified. They are from the biggest very low density particle to the smallest high density molecule: 1. chylomicron, 2. pre-beta very low density lipoprotein (VLDL), 3. betalipoprotein (LDL) and 4. alphalipoprotein (HDL). Coronary artery disease is likely to occur in those with LDL and VLDL in the blood.

Data from epidemiologic studies show that populations in the upper quartile of serum cholesterol concentrations have a very high chance of sustaining a heart attack compared to those in the lower quartile. In younger persons this relationship is more striking. Several studies show that coronary artery disease is more likely the higher the level of serum cholesterol. However, a low cholesterol level does not excuse one from developing coronary heart disease and there seems to be no single critical level of serum cholesterol that insures 100 percent the development of heart attack.

Pathologic studies uncover cholesterol deposits in the fatty streaks and atheroma in the arteries of man and experimental animals. Reproductions of lesions in animals vary from one species to another. In chicken and rabbit, the lesions are easily produced with high cholesterol diets while in rat and dog the thyroid has to be suppressed, in addition to feeding the latter animals high cholesterol foods. Atheromatous lesions in the arteries of Rhesus monkeys on high cholesterol diet are very similar to those produced in man. When the monkeys are returned to a low cholesterol diet the lesions are reduced in size. We hope the same works out for men. At present, the body of evidence is only suggestive.

Dietary fats and oils

The quality of dietary fat has a major influence in the level of serum cholesterol. In general, animal fats tend to increase while vegetable fats lower serum cholesterol. Several fish oils have a cholesterol-lowering effect. Polyunsaturated fatty acids decrease while saturated fatty acids increase cholesterol. The monounsaturated oils have no effect. The total amount of cholesterol in the diet also affects the serum cholesterol. To effectively lower the serum cholesterol, the total dietary cholesterol should be low in addition to substituting saturated fatty acids with the unsaturated variety.

Fats are solid or semi-solid while oils are liquid at room temperature. Dietary fats and oils are generally constituted by three types of fatty acids – saturated, monounsaturated and polyunsaturated in various proportions. A typical example is butter, which contains 55 percent saturated, 33 percent monounsaturated and only 4 percent polyunsaturated fatty acids. Whole milk, cream, cheese, fats or meats, coconut oil and chocolate have high saturated fatty acid content.

Common vegetable oils and shortenings contain less saturated and more polyunsaturated fats. They are usually made up of 55 percent polyunsaturated, 25 percent monounsaturated and 10-20 percent saturated fats. Nonhydrogenated vegetable oils have the biggest content of polyunsaturated fatty acids. Hydrogenation is a process which removes rancidity from oils and converts liquid fats to semi-solid or solid state. This process reduces the poly-unsaturated fats. Examples of vegetable oils are olive, peanut, corn, cottonseed, sunflower, soybean and sesame.
Opinion

By Celine T. Aquino, MD

VENOUS INSUFFICIENCY
“May varicose ako ... lahi namin kasi”
Varicose veins are part of the spectrum of chronic venous insufficiency (CVI) and are a result of increased venous pressure and the cause may be hereditary, but it can also be due to vein damage, blood clots (thrombi) and physical changes in the body including overweight.

“Naku, magkaka-varicose ka! Huwag maghugas ng paa pagkatapos maglakad o magtrabaho!”
There is no relation between washing the feet and varicose veins.

“Mas mabuti para sa mga varicose mo kung itaas ang paa tuwing nakahiga ka na”
Elevating the legs can help reduce venous pressure and alleviate the symptoms of CVI.

“Mag-ka ka varicose ka kung palagi ka'ng nakatayo”
The venous pressure in the legs gradually increases as the vein is located further from the heart. This pressure difference is less marked when the veins are all at level with the heart (i.e. supine) so prolonged standing will increase the risk for venous hypertension and subsequent CVI. Alternately flexing knees and rocking back and forth while standing can generate enough muscle contraction to promote venous return and reduce venous pressure.

“Epektibo ang mag ‘cream’ para pang-alis ng mga pangingitim ng bukong-bukong dahil sa varicose”
No cream can remove the peri-malleolar hyperpigmentation. This is a result of increased venous pressure and blood stasis and will only respond to pressure stockings.

“ Operasyon lang ang solusyon para sa lahat na varicose”
No. Surgery is only indicated in cases of venous ulcers or impending ulceration.

“Dapat palaging nakasuot ng ‘girdle’ kung mayroong varicose ang hita at binti”
No. Girdles, belts and tight jeans will impede venous return from the legs and increase venous pressure.

“Walang relasyon ang varicose at ang almoranas”
Not strictly true. Hemorrhoids are a form of varicosity in the per-anal area and are due to increased pelvic venous pressure.

“Pwede na ang mga ‘support pantyhose’ para sa varicose”
No. A compression stocking is graduated, i.e. the external pressure of the stocking is higher distally (at the foot) and gradually decreases proximally (towards the thigh), thus promoting venous return to the heart. Support pantyhose compressed at the abdomen to flatten the tummy (this is not good for CVI); moreover, the pressure exerted by the leg portion of the support stockings is equal along its length so that venous return is not improved.

“Hindi dapat mag-alala sa varicose, hindi naman nakakamatay eh”
Arterial and venous diseases share a common origin that is endothelial dysfunction: this is manifested in albuminuria present in both CVI and atherosclerotic arterial dysfunction. CVI is a disease that requires as much attention as atherosclerosis.
History, perspective of Antithrombotic & Anticoagulant Medications used in ACS (Part 2)

By Ariel A. Miranda, MD, FPCC

The Coming Age of Enlightenment

Groundbreaking research by Dr. Harvey Weiss in the early 60’s, using the new technique of light transmission platelet aggregometry, conclusively demonstrated the potent aggregating effect of ADP on platelets and the inhibiting property of ASA. However, the mechanism by which ASA worked was not yet known. It was called “the wonder drug that no one understands”. It would take another 10 years before Dr. J. Vane would publish his definitive article in Nature (1971) detailing how ASA prevented cyclo-oxygenase from converting platelet membrane prostaglandins to thromboxane, thereby providing a cohesive explanation on the actions of ASA, NSAIDs, and prostaglandins in thrombosis and inflammation.

Inhibition of Prostaglandin Synthesis as a Mechanism of Action for Aspirin-like Drugs

J. R. VANE

THERE have been many attempts to link the anti-inflammatory actions of substances like aspirin with their ability to inhibit the activity of endogenous substances. Collier1,2 calls aspirin an "anti-defensive" drug, and is largely responsible for studying its possible antagonism of the activity of endogenous substances such as kinins3,4, slow reacting substance in anaphylaxis (SRS-A) (ref.)

Pioneering work in the late 70’s would accelerate innovations in the treatment of ACS. In 1977, Dr. Andreas Gruentzig, performed the first coronary angioplasty in man using crudely made balloons. His revolutionary work provided proof of concept that it was safe to work inside the beating coronaries of humans. In 1979, Dr. K. Rentrop in Germany reported in Western scientific literature the first successful catheter directed thrombolysis in acute MI. Unbeknown to Dr. Rentrop, Russian cardiologist Dr. E. Chezov, working on the other side of the iron curtain, had already published his paper on direct coronary thrombolysis in 1976 in the Russian journal Ter Arkh.

At that time, the role of streptokinase in treating myocardial infarction was far from established. Streptokinase was discovered serendipitously by Dr. William Smith Tillett in 1933 and it was developed for vascular applications by his student Dr. Sol Sherry. However, initial trials produced conflicting results. The innovative work initiated by Drs. Chezov and Rentrop would pave the way for the large trials on systemic thrombolysis.

The Renaissance Period

Important and far reaching changes would happen in the 80’s that would forever change the way we practice cardiology and conduct research. The report of Dr. M. De Wood in the NEJM (1980) conclusively debunked the theory of Dr. W. Roberts that coronary thrombosis was not the direct antecedent cause of STEMI. He demonstrated that in the earliest hours of an evolving heart attack the coronary arteries were occluded by thrombus. However, over time, the proportion of totally occluded vessels decreased because of spontaneous thrombolysis.

The second most important milestone of the 80’s was the birth of the mega trials pioneered by the Oxford Group of Dr. Peter Sleight and Dr. Richard Peto. Their philosophy was quite simple, but the logistics involved were anything but: “Design simple trials that answer the questions rapidly and effectively. Carry out trials that are so clear-cut in their findings that you don’t need statistics”. Dr. Peto and Dr. S. Yusuf, the founding fathers of meta-analysis and evidenced based medicine, strongly felt that the confusion in the trial results were due to inadequate sample sizes and complex methodology that was then in vogue. ISIS, GISSI, GUSTO, TIMI and the Antithrombotic Trialist Collaboration cemented the role of ASA in the secondary prevention of ischemic events, the value of systemic thrombolysis, especially if given very early, and the importance of adjunctive anticoagulation with heparin following thrombolysis. Their collective findings serve as the body of evidence upon which our practice guidelines are based.

A new class of anti-platelet was born with the accidental discovery of Ticlopidine by the French Dr. Jean-Pierre Maffrand while searching for a new anti-inflammatory and analgesic drug.
The story began in 1972 when tinoridine, a thienopyridine earlier synthesized by the Yoshitomi Company, was reported to possess anti-inflammatory properties. Dr. Maffrand, an expert in thienopyridine chemistry, decided to synthesize their own variant and one of the compounds produced was ticlopidine. Extensive testing showed it to be a useless analgesic but a remarkable antiplatelet. Ticlopidine, initially limited to France, became available worldwide in the early 90’s. The hematologic side effects of Ticlopidine led Sanofi Laboratories to produce a safer variant, Clopidogrel.

Dr. Maffrand further relates that in today’s climate of cost-cutting in pharmaceutical research, ticlopidine and Clopidogrel would not have been discovered. Most pharmaceutical companies now develop new agents by screening “engineered molecules based on a rational design”. In contrast, Clopidogrel was synthesized by rat hepatic microsomes using a very tedious process that yielded only minute quantities of the active agent.

These volatile molecules “could not exist on the shelves of chemical libraries and cannot be handled in vitro through high throughput screening”. Because of these limitations, and the high cost of screening for new drugs in this manner, many pharmaceutical companies have abandoned ex vivo phenotypic screening.

As we accumulated clinical experience in the 80’s and 90’s we learned that ASA, despite being a good antithrombotic, still left our patients with a 12-15% residual risk of developing recurrent ischemic events. The combination of ASA and Clopidogrel proved to be a superior strategy which led to further reduction in residual ischemic risk by 20-30%. Dual antiplatelet therapy would eventually become the standard of care for the treatment of ACS and coronary stenting.

The 2ndComing

Give or take a hundred years after the discovery of ASA, Heparin, and Coumadin we are in the midst of a second wave of innovation.

In the early 80’s, several investigators started work on fractionating heparin into lower molecular weight derivatives in the hope of improving current preparations. Unfractionated Heparin had several limitations. It was highly negatively charged which made it bind non-specifically to a number of proteins including acute phase reactants and those secreted by the platelets. The variability in plasma levels of these heparin binding proteins is responsible for the unpredictable effect of heparin and the high requirements occasionally seen in some patients (heparin resistance). Heparin also binds to platelets and the complex stimulates antibody formation that causes Heparin Induced Thrombocytopenia (HIT).

Shortening the polysaccharide backbone by enzymatic and chemical depolymerization results in fragments that are 1/3 the size of the parent compound. LMWH-antithrombin complex is mediated by a unique pentasaccharide sequence. A minimum length of 18 saccharides (including the pentasaccharide sequence) is required for a stable complex to form. Only 25% to 50% of low molecular weight heparin species are above this critical chain length. In contrast, all LMWH contain the high-affinity pentasaccharidethat inactivates factor Xa. Thus, LMWH-preparations can be characterized by their anti-factor Xa to anti-IIa ratio that vary between 4:1 and 2:1. Fondoparinux, for example, is a pentasaccaride hence its activity is targeted solely against factor Xa.

LMWH have 5 characteristics: 1) reduced ability to inactivate thrombin because the smaller fragments cannot bind efficiently, 2) reduced binding to plasma proteins, thereby improving predictability of dose-response relationship, 3) reduced binding to macrophages and endothelial cells, which increases their plasma half-life, 4) reduced binding to platelets and thus lower incidence of HIT, and 5) reduced binding to osteoblasts, less activation of osteoclasts, and a reduction in bone loss. Consistency meant there was no longer a need to monitor PTT. Efficacy would be predictable whether it was given subcutaneously or intravenously.

The second innovation was the development of Bivalrudin,
co-factor antithrombin, 2) it is capable of preventing thrombin-mediated platelet aggregation, and 3) it does not induce HIT. All these characteristics make it an ideal alternative to Heparin.

The third innovation came with the development of Prasugrel and Ticagrelor, the second generation of ADP-receptor antagonists. Prasugrel, basically an improved Clopidogrel, addresses the limitations of its predecessor (slow onset of action, low and variable conversion of the drug to the active metabolite, and at best, modest platelet inhibition). Ticagrelor, on the other hand belongs to a totally new family of ADP-receptor antagonists, the pyrimidines. Ticagrelor is an “engineered molecule”. It was not a product of random search. Ticagrelor is the first orally taken ADP-receptor antagonist whose inhibitory effect on platelet aggregation is reversible. Unlike Clopidogrel and Prasugrel, it is not a pro-drug, meaning it does not have to be converted to the active form before it can become effective. It is the third antplatelet agent to have favorably reduced mortality in ACS (PLATO Trial). The other 2 trials were SIS-2 (ASA alone or in combination with streptokinase) and COMMIT (Clopidogrel in combination with ASA and thrombolysis).

Compared to Clopidogrel, it works faster (sufficient inhibition within 1-2 hours of loading) and is more potent (80% platelet inhibition is typical). However, we would eventually realize that more potent agents have a trade-off: they are associated with more bleeding hazards.

And finally, we are now seeing the 2nd generation of oral anticoagulants: Dabigatran, Rivaroxaban, and Apixiban, collectively called NOACs, enter mainstream practice. Unlike Coumadin which prevents the carboxylation of Vitamin K-dependent factors II, VII, IX, and X, the NOACS work by specifically inhibiting Factor Xa (Rivaroxaban and Apixiban) or Thrombin (Dabigatran).

The discovery of Dabigatran is an excellent example of target-based screening of “engineered molecules based on a rational design”. By knowing the molecular structure of thrombin, it became possible to design drugs and screen compounds that provided the best combination of efficacy and safety.

The Factor Xa inhibitors Rivaroxaban and Apixiban owes its development to tick anticoagulant peptide and Fondoparinux. These two agents validated the use of anti-Factor Xa as a viable therapeutic option. Studies suggest that blocking Factor Xa offered a wider therapeutic window that could be more effective than blocking thrombin.

Early experience indicates that the NOACS, compared to Coumadin are 1) non-inferior in preventing stroke in non-valvular atrial fibrillation, 2) equally as effective in venous thromboembolism, 3) associated with less intracranial bleeds, 4) less affected by food and drug interaction, and 5) do not require monitoring to titrate efficacy. They are, however, associated with a slight excess in extra-cranial and gastrointestinal bleeding.

The unmet needs with the NOACs include: lack of specific antidote and clinical tests to monitor efficacy and toxicity.

The Future

After a hundred years of progress we are now faced with a bewildering selection and combination of anti-thrombotic and anti-coagulant drugs. We need to understand how to incorporate their use in our practice: when to be aggressive-when to be conservative, when does the reduction in ischemic risk outweigh the increase in bleeding risk. We need to learn their use in specific patient groups that are simultaneously at high-risk for both ischemic and bleeding events. These include the elderly, the patient with cerebrovascular disease, and the patient with atrial fibrillation who needs to undergo stenting.

We have come to realize that the solution to reducing ischemic events in ACS can no longer be combining more and more potent antithrombotics. This theory is flawed because mortality from bleeding will erase all gains.

In conclusion, in a span of 50 years we have seen a dramatic increase in our pharmacotherapy against ACS. Like their predecessors, it will take a generation of accumulated experience before we can become truly familiar with the use of these new drugs.
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