Rental Scheme
Leasee’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 outlets
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

Importer: Distributor: Sales: Leasing: Service

Brilliant Metalcraft and Machine Design
EMD Bldg., C. Borces St., Mabolo, Cebu City

email: hospital.systems@brilliantmetalcraft.org  website: www.brilliantmetalcraft.org
Greetings PHA!
Welcome to a more challenging year ahead as we celebrate our 60th year. Like all milestone years, we ask ourselves questions that re-examine and re-assess our sense of purpose as members of the Philippine Heart Association (PHA). Have we significantly contributed our time and talents to PHA—the organization that we proudly represent in our daily practice as cardiologists?

This issue of the PHA NewsBriefs documents the first two months of 2013, through photos and stories, and the activities of PHA's 9 chapters and 16 councils that continue to add to the realization of PHA's short- and long-term goals.

In keeping with its raison d'être—PHA's reason for being—we have maintained our relevance as an organization by squarely responding to the many challenges of the new century.

The growing popularity of the controversial stem cell-based therapies is now being addressed by PHA, noting that the general public should be afforded informed options as these relate to heart disease-related matters. An article in this issue provides readers with an official stand for stem cell-based therapies, including those from the centers of St. Luke's Medical Center and The Medical City.

Meanwhile, PHA has concluded the first leg of the Acute Coronary Syndrome or heart attack registry, participated in by major Philippine hospitals. We now have a veritable powerhouse of information and data that may be helpful for their clinical application, notwithstanding their purpose as benchmarks for subsequent data gathering and registries. (See page 9)

At the same time, the recent Hypertension Summit organized by PHA and its allies addressed key issues and concerns, with the hope of providing better care for Filipino patients. (See Page 14)

As our 60th year unfolds, let us take note of past PHA activities documented by our PHA colleagues thus far. And let us continue the PHA legacy of excellence! ♥

Hearts Fair at the QC Memorial Circle, a team of docs, led by Health Usec Eric Tayag dance the GangNam; high school students compete in the Jump Rope tilt. The message: Dancing and skipping rope as forms of exercise are free.

ACS Registry: A milestone marked by PHA for the entire cardiology field.

While PHA supports ethically conducted research... on SCT, for now, the PHA says it is not a standard care for heart disease.

HPN Summit: Multi-disciplinary docs explore the heart, brain, kidneys & endocrine glands correction

Camp Brave Heart -- "Kuya Kim" fascinates his audience with his props and revelations about the wildlife animals.

ABOUT THE COVER
Tinikling Dance
Oil on canvas. Created in 1956

The cover shows the national dance, tinikling (bamboo pole dance) and the typical Filipino community spirit. The Filipinos’ celebration of fun and recreation is not only a family affair but a community activity, as well. It is reminiscent of how Filipinos in the early days maintained a healthy lifestyle. This validates the PHA resolve as we reflect on the theme of this year’s Heart Month: “Heart Health Wellness is a Family Business”, and the Department of Health’s call on the public to go for simple but nutritious dishes.

ABOUT THE ARTIST
Fernando Amorsolo y Cueto was born in Paco, Manila on 30 May 1892. A portraitist and painter of rural Philippine landscapes, he depicted the culture and tradition of Filipinos in his paintings. He is popularly known for his craftsmanship and mastery in the use of light.

In 1972, Amorsolo became the first Filipino to be distinguished as the Philippines’ National Artist in Painting. He is also named as the “Grand Old Man of Philippine Art”.

In 2012, the City of Manila, through Mayor Alfredo Lim, signed E.O. 18 declaring May 30 as “Amorsolo Day”. This was announced during the annual “Patnubay ng Sining at Kalinangan” awarding ceremony in Manila City Hall.
Stem cell therapy and heart disease

Health trends and fads have a way of permeating our daily lives. Quite often, many would succumb to the lure of instant weight loss and summarily embrace fad diets – like South Beach, Atkins, HCG, Pritikin and lately, the Cohen diet. Natural products and supplements periodically take the limelight at one point or another - especially when celebrities and VIPs attest to their efficacy and potency. Aesthetic medicine and all its diverse strategies similarly catch our attention every so often – liposuction, botox, liposculpture, among others.

Lately, stem cell therapy (SCT) has become a byword among patients, especially those who can afford this expensive modality. A number of patients suffering from cardiovascular diseases and related afflictions have begun to ask their physicians whether or not they should embark on such treatment. In no time at all, SCT advertisements inundate all possible avenues of quad-media (radio, print, television and internet), even more so when octogenarian and septuagenarian politicians announce that they themselves have undergone and seemed to have benefited from such treatment.

Confronted with such realities, the Philippine Heart Association (PHA) proactively took the next most logical step which was to gather and present objective data on SCT and heart disease. This was undertaken in an Intercouncil Summit on Stem Cell Therapy in Heart Disease at the Metrobank Auditorium of the Manila Doctors Hospital on January 25, 2013.

The summit aimed to shed some light concerning this form of therapy and provide some measure of guidance and enlightenment through a scientific and systematic review of the available data. Attended by chapter officers, council chairs, trainees and other stakeholders, the summit successfully brought up some of the burning concerns regarding SCT.

An extensive review of clinical trials on SCT in patients who had acute myocardial infarction and left ventricular dysfunction was performed. Based on three systematic reviews (most notably involving The Cochrane Library 2012) involving 33 randomized controlled trials, bone marrow SCT showed no effect in reducing mortality and morbidity during short term (six months) and long-term follow ups (1-5 years) over conventional treatment such as angioplasty. However, bone marrow SCT improved certain parameters – including heart chamber size (LV end-systolic volume and end-diastolic volume), infarct size and cardiac wall motion. These findings seem promising.

In general, the studies were considered to be underpowered to detect changes in clinical outcomes (especially adverse events) since the sample sizes were small. Most of the studies utilized bone marrow as the source of the autologous SCT. To date, there are no published clinical trials with rigorous methodology which used sheep’s stem cell for human use in heart disease.

In a recent statement, the Department of Health (DOH) has warned the public against using embryonic stem cells, animal fresh cells, genetically altered cells and aborted foetuses as sources for SCT. The DOH
from the president’s desk

SPJ orients Heart Fair patients and assures the young first timers it's just a prick. (related story on P. 6)

(Left photo) Awestruck or star struck? Can be both. SPJ and fellow PHA Board members – Drs. Alex Junia and Joel Abanilla seize the moment by lending their ears and documenting the scene. (Right photo) Kim Atienza aka Kuya Kim with PHA officers and staff M. Lumba & G. Gagelonia (related story on P. 16)

After hailing the Acute Coronary Syndrome project, SPJ says: “we have identified the gems. If we stop this very expensive exercise, are there enough info that we can extrapolate?”

PHA VP Dr. Eugene Reyes says: the ACS Registry is a work in progress. We need to collate more data. The attendees believe so, too. (related story on P. 9)
QUEZON CITY, Feb. 16, 2013 – Two days after Valentine’s day, a big group of park regulars who wanted to know their heart health state, availed of the free risk factor screenings and assessment, lay lectures on heart-healthy diet and CPR (cardiopulmonary resuscitation) lectures and demo as early as 7am at the Quezon Memorial Circle. This year’s theme is: Heart Wellness is a Family Business.

The risk factor screenings were: lipid profile or total cholesterol test, sugar count test, BP taking for the adults; BP and BMI taking, and auscultation for the children.

The consultation booths, CPR demo and healthy diet lectures, drew a big audience. However, it was a feat that was complemented by the GangNam rendition of Health Asec Eric Tayag with the Philippine Heart Association (PHA) Board, Jump Rope contestant and some seniors, who grabbed so much public attention especially media people. Tayag underscored that “a lot of health ritual are free like dancing the GangNam to burn your calories and maintain your ideal weight and body mass index and manage stress. East wisely and know your risks.”

Close at hand were GMA7’s 24-Oras, GMA7’s Unang Hirit, TV 5 News, UNTV, Net 25, Zoe TV Radyo 5, DWEC, DWAD, Manila Standard Today, Business Mirror, Balita and Remate.
Tayag joined 20 cardiologists, led by Drs. Saturnino Javier, Eugene Reyes and Jonas del Rosario in calling on the public to maintain a healthy lifestyle.

Addressing a flock that is still nursing the Valentine fever, the health experts urged parents, couples and children to habitually mind their cardiovascular health. Cardiovascular disease (CVD) is a global burden. It is the number one killer disease in the Philippines. Knowledge about CVD and prevention are still the best protection to stem the CVD menace.

Javier said: “CVD does not respect boundaries as it afflicts anyone regardless of class stratum, professional position or personal persuasion, even age. Let’s put a premium on heart wellness and healthy lifestyle. “

“Studies revealed that CVD patients are getting younger. The need to understand, practice and promote heart health is the key to CVD prevention which has been the PHA battlecry. It has to start in every home – from the parents who educate their children in their formative years so that they will develop healthy lifestyle habits. Healthy Lifestyle has to be implemented and established as a routine in every workplace,” said PHA VP Reyes, chair of Heart Month 2013

Nowadays, the number of children who have become less physically-active has been on the rise because of their addiction to gadgets that keep them glued to their seats; more children and adults have been patronizing those easy-to-grab high-salt and cholesterol fast-foods and convenience foods.

“We partnered with elementary schools because we want to start CVD education in the young, as early as grade school years,” said Dr. Jonas del Rosario, concurrent Advocacy Committee chair. He added, “we conducted the Jump Rope Competition to See Page 8
The PHA has been relentlessly harping on exercise can be done anywhere and does not have to be expensive. Techie kids have to be reminded that they have to jump, walk or run for a healthy heart, eat a balanced diet that is low fat, sodium and sugar.

The dangers of first-hand and second-hand smoking to the heart and lungs were also emphasized. Smokers are not just thriving, they are getting younger.

The PHA advice: keep a healthy heart. Maintain a blood pressure, cholesterol, sugar count, BMI and waist circumference at normal levels; exercise; don’t smoke and drink in moderation or be a social drinker. Red wine is still the best option.

As mandated by Presidential Decree 1066, declared by the late President Ferdinand Marcos, on January 9, 1973, February is Heart Month and the Philippine Heart Association is the lead agency of the yearly celebration. Since day one, the PHA has had the Department of Health, Philippine Heart Center and the Heart Foundation of the Philippines as allies.
MANILA, Jan. 26, 2013 – On year one, the Acute Coronary Syndrome (ACS) Registry marked a milestone despite some obstacles. Buoyed by such feat, the promise of an expanded network and fresh funds to extend its lifeline, the group vowed to transform the Registry into an evolving endeavour and ultimately, a Philippine Heart Association (PHA) landmark.

Philippine Heart Center (151), UP-Philippine General Hospital (130) and Manila Doctors Hospital (56) had the biggest number of patients enrolled in the Acute Coronary Syndrome Registry with 12 participating hospitals.

The rest, in the order of the number of ACS patient-enrolees were: The Medical City, St. Luke’s Medical Center, Cardinal Santos Medical Center, University of Perpetual Help-Dalta, Makati Medical Center, Chinese General Hospital, Perpetual Succour Hospital, UST and Chong Hua Hospital. Angeles University Foundation Hospital in Angeles City joined during the tail end of the registry in Nov. 2012.

From its commencement in November 2011 to November 2012, there has been regular monitoring of updates and follow-throughs and the data were presented during the monthly meetings. The ACS Registry Steering Committee is composed of past presidents – Drs. Maria Teresa Abola, Eleanor Lopez and Norbert Lingling Uy as
IDENTIFIED GAPS

According to Reyes, they encountered snags in four areas: Evidence and practice (the applicability issues revolve more on the dissemination problem and slightly on thrombolytics. Poor socio-economic condition also gets in the way.) Information Retrieval (selection bias exists. There is preference for the conscious patients over the toxic ones or mortality.) and Diagnosis of Patient with ACS (at the UP-PGH, ECG results are released after 160 hours. Misdiagnosis like false positive and false negative should also be avoided) and Management (Timelines).

He also said that self performance monitoring and continual improvement processes like clinical pathways are very important to close the gaps. Improvement in performance reflects enhancement of service and therefore, we are all responsible for these. Good patient care reflects good training and vice versa.

HIGHER TARGETS

Abanilla stressed that the drive for quality improvement is a continuous process and we target another 30 percent advancement. We know what to attain for a patient receiving treatment when there is a contraindication.

He added that there is a way of convincing more ACS Registry enrollees. Give them the benefits. There is also a way of convincing the consultants. Make the patients realize that chest pain is a cause for alarm. There are appropriate and inappropriate criteria, though.

SBAC SUPPORT

The PHA Specialty Board for Adult Cardiologists (SBAC) is a new ally of the ACS Registry. Chaired by Uy, it will require training institutions to comply with Performance Measures, which is a pre-requisite for accreditation and
re-accréditation. The PHA Council on CAD is tasked to do the harmonization of data for purposes of seeing the whole picture including the cause of delays in the collection of data.

SBAC will look at the reliability and validity of the documents. The ACS Steering Committee will confirm the submission of data and Performance Measures by each participating training institutions which should be supported by clinical pathways. Performance Measures will cover monitoring of the ff: A. from door to ECG; B. from door to needle; C. from door to diagnosis; D. Class 1 drugs (ace inhibitors, anti coagulation); D. Lifestyle modification; E. Cardiac Rehabilitation (Counselling, sex counselling; F. Assessment of LV Function of any kind; G. Risk Factor Counselling; H. Any diagnostic quality of care; F. Thread mill before discharge; G. Side effects of treatment; H. Morbidity and Mortality.

CHAPTER CONNECTION
Five chapters -- PHA Ozamiz-Northwestern Mindanao, (Dr. Joji Saligan); Davao-Southern Mindanao (Drs. Monina Pasumbal and Alyssa Bernan); Northern Luzon (Dr. Annie Urmaza-Olarte); Southern Luzon (Dr. Lilibeth Maravilla ) and Central Luzon (Dr. Francis Lavapie) Chapters pledged to do their share in collecting ACS data, despite their respective hospitals' facilities inadequacy. Among the five chapters, only CL has a PHA-accredited institution, the Holy Angel University Foundation Medical Center in Angeles City.

MISERABLE MEDICAL LANDSCAPE
The door-to-ECG or balloon or PCI long interval is ascribed to the following factors – financial constraints, Pinoy culture (delay in giving consent because a major expense and crucial decision such as these are discussed by the entire family); HMO parameters, no Philhealth coverage for PCI. (Ironically, there is partial Philhealth coverage of P300,000.00 for CABG; and lengthy travel to the hospital in the provinces.) Waiting for extensive Philhealth coverage is wasteful thinking. What if there is more than one blocked vessel? was a very valid concern raised by PHA Advocacy Committee chair Dr. Jonas del Rosario.

Recorded longest interval before a procedure is done is 48 hours. Create public awareness through media was one of the immediate and most doable solutions we can do. This is del Rosario’s turf, said Reyes.

The group acknowledged that the Philippines is too laidback. ECG is universal in the Philippines but there are hospitals/clinics especially in the provinces that don’t have expert ECG readers. ECG lectures need to be conducted.

RP’S CVD PREDOMINANCE
The data gathered are representative of the Philippines’ prevalence. The inclusion of the provinces in the ACS Registry will dramatize the CVD incidence and their sorry medical state. “In Ozamiz, there is a 12-hour travel time to the hospital. Hypertension is the most common cause of myocardial infarction. A Hypertension registry in Northwestern Mindanao will be most welcome,” Saligan said.

PHA President Saturnino Javier appointed Saligan as special coordinator for the pilot study in Mindanao. Bernan, a past president of the Davao chapter, said “we can get the IM residents in Davao involved in the collaboration because we have a multi-centered facility.”

“Put up another separate registry specifically for chapters or small provinces that don’t have training institutions. A PC with a program for registry database will make do for now,” suggested Lavapie.

A diagnosis of respiratory problems is a must prior ACS patients’ discharge stressed Uy.

EXPERT’S QUOTES:
Take note of ER management -- whether it is capable of doing PTCA or not...whether invasive or conservative. Clinicians and hospitals participate in a standardized quality of care data registry designed to track down and measure outcomes, complications as well as adherence to recommendation. These registries may prove pivotal in addressing opportunities for quality improvement at the local, regional and national level, and include the elimination of healthcare disparities and conduct comparative effectiveness research.

Dr. Adriel Guerrero: We at TMC have already started a clinical pathway... We also encounter door-to-balloon time because of culture problem on the part of the patient. We factor in offering thrombolytic therapy or PTCA (angioplasty). With a 30-minute delay, we offer thrombolytic agent.

Dr. Oliver Sison: Everything that can be counted does not necessarily count. Everything that can count cannot necessarily be counted.

Dr. Felix Eduardo Punzalan: All patients should be the numerator. We divide that with who and what treatment should these patients receive. Reliability is a challenge to the registry. From the baseline data, we need to change the variables.

Dr. Rojan Jayasunhe: In conclusion, very low dose anticoagulation with rivaroxaba. (2.5 mg bid) in addition to antiplatelet therapies, represents an effective strategy to reduce CV events in patients with a recent ACS. My strategy for post-MI patient is stroke prevention.
What is PHA’s stand?

“The Philippine Heart Association does not recommend SCT of any kind (from bone marrow, adipose tissues and non-human sources) as a standard of care to reduce cardiovascular risk in patients with heart disease (coronary heart disease and heart failure).”

“The PHA supports ethically conducted research studies that will help shed light on some of the uncertainties regarding this modality before it can be recommended as a standard of care in heart disease. This basically acknowledges that more studies with robust designs are needed to further elucidate on the role of SCT as a strategy for heart disease.”

PHA: ‘No’ to SCT for heart disease

Has yet to undergo extensive research

The PHA statement was issued by PHA President Dr. Saturnino Javier before mass media covering the every Tuesday Philippine College of Physicians (PCP) Health Forum on Feb. 5, 2013 at Anabel’s on T. Morato Ave., Quezon City.

In response to the heightened interest and curiosity in SCT because of testimonials on its being a breakthrough broad spectrum wonder therapy, particularly in degenerative ailments and the heart, the PHA conducted an Inter-Council Summit on Stem Cell Therapy in Heart Disease to gather and present objective data on this cell-based therapy in heart disease on Jan. 26, 2013 at the Manila Doctor’s Hospital Auditorium.

“This conclusion is basically aligned with the pronouncements of the Department of Health that such treatment should be considered “highly investigational for compassionate use,” added Javier.

PHA Vice President Dr. Eugene Reyes, concurrent chair of the PHA Research Committee, said that “although SCT is promising, the PHA cannot recommend its routine use in patients with heart disease. The PHA reviewed all the evidences regarding the effects of SCT in patients with heart disease. The data showed that it has no effect in mortality and morbidity and has modest effect on heart functions.”

The true indications of SCT, the diseases and conditions where they are proven effective are not clear to the public. One of the common claims of SCT is its effectiveness on patients with heart disease. Cardiologists all over the country are inundated with questions from their patients, whether it is effective or not. The PHA summit on SCT was dedicated to reviewing the evidences behind its efficacy in patients with coronary artery disease and heart failure. Three systematic reviews of SCT in patients with AMI were presented aside from the initial historical review of SCT, Reyes also said.

SCT is an intervention approach that introduces new adult stem cells into damaged tissue in order to treat a disease or an injury. The ability of stem cells to renew and give rise to subsequent generations with valuable degrees of differentiation capacities, offers significant potential for generation of tissues that can potentially replace diseased and damaged areas in the body, with minimal risk of rejection and side effects.
TMC does it as an innovative practice

At The Medical City, we use stem cell-based therapy not as standard of care but under the category of innovative practice. A stem cell is a special kind of cell that has a unique capacity to renew itself and to give rise to specialized cell types. Most organ systems of the body have a resident pool of somatic, tissue-specific stem cells for regeneration and repair. However, in many cases of traumatic injury or disease, the quantity and potency of endogenous stem cell populations are insufficient to regenerate compromised tissues. In these cases, exogenous or nontissue-specific stem and progenitor cell sources can be used for tissue repair and regeneration. Numerous studies have demonstrated that mobilization of endogenous stem cells or exogenous administration of a number of stem cell populations to injured ed tissues has resulted in structural regeneration of tissue as well as functional improvement. During the past decade, scientists discovered that a certain class of stem cells – adult stem cells, could be used in these different clinical scenarios.

The use of adult stem cells presents a promising and novel tool for cell therapy for many serious diseases and injuries. While stem cell-based treatments have been established as a clinical standard of care for some conditions, such as hematopoietic stem cell transplants for leukemia, and stem cell transplants for primary immunodeficiency diseases, the potential of stem cell-based therapies has expanded in recent years due to advances in stem cell research. Adult stem cells have been extensively tested and proven effective in preclinical studies for many disorders such as myocardial infarction, cardiomyopathy, stroke, neurodegenerative diseases (in particular for those that are fatal and difficult to treat, such as Huntington’s disease and amyotrophic lateral sclerosis), meniscus injury, limb ischemia, and graft-versus-host disease. There are currently approved clinical trials for these diseases. Also, given their ability to modulate host immune response, they have been proposed as a potential cellular treatment to combat autoimmune diseases such as diabetes, rheumatoid arthritis, Crohn’s disease, inflammatory bowel disease, systemic lupus erythematosus, autoimmune encephalomyelitis, systemic sclerosis and multiple sclerosis; for which and several Phase I and II clinical trials are currently ongoing.

These current evidences give good reason for using stem cell-based therapies as treatment for patients as innovative medical care, distinguishing it from direct clinical research. Historically, many medical innovations have been integrated into clinical practice even without a formal clinical trials process. In this case, the goals of innovative medical care and clinical research differ. Clinical research aims to produce generalizable knowledge about new therapeutic approaches; the individual patient’s benefit is not the focus. In contrast, medical innovations do not aim to produce generalizable knowledge but are aimed primarily at providing new forms of clinical care that have a reasonable chance of success for individual patients. Unlike clinical research, then, the main goal of innovative care is to improve an individual patient’s condition. These medical innovations however, are still subject to scientific and ethical review and proper patient protections – including a written plan for the treatment procedures (scientific rationale and justification), voluntary informed consent by the patients, full characterization of the types of cells being used, and a plan for clinical follow-up and data collection to assess the effectiveness and safety of the cell therapy.

At The Medical City, we recognize the potential of stem cell-based therapies as novel and innovative options for treating our patients. We likewise recognize the importance of our commitment as clinician-scientists to use these experiences with individual patients to contribute to the body of generalizable knowledge, as we continuously collect data from our patients and ascertain outcomes in a systematic and objective manner.

– Institute of Personalized Molecular Medicine, THE MEDICAL CITY ♥

SLMC: ‘Yes’ for bone marrow diseases

St. Luke’s on stem cell, gene therapy and other innovative therapies

St. Luke’s is abreast with the word in its pursuit of the clinical application of stem cells, gene therapy and other innovative treatments.

Our institution at this time will use stem cells as a standard treatment only when there is data to show its clinical outcome, its safety features.

At St. Luke’s we offer stem cell treatment as a standard of care for leukemias, lymphomas and other bone marrow diseases. To date, our staff has an accumulated experience of 56 stem cell transplants; 47 Allogenic (32 acute leukemia, 2 chronic myelogenous leukemia, 4 myelodysplastic syndrome, 2 NHL, T Cell Relapse, 2 multiple myeloma, 1 solid tumor (renal cyst), and 3 non-malignant hematologic disease (aplastic anemia, amegakaryocytic thrombocytopenia, thalassemia); and, 9 Autologous (5 multiple myeloma, 1 AML 1st CR, 1 AML 2nd CR, 2 Hodgkin’s Disease). Overall survival is as follows: Allogeneic 53% (25/47); Mortality 47% (22/47) (Relapse 15, infection 4, graft failure 1 and aGVHD 3); Autologous 55% (5/9). ♥
Experts address HPN burden, its complications

By Gynna P. Gagelonia

PASAY City, Feb. 8, 2013 – Did you know that four vital organs – the heart, brain, kidneys and endocrine glands are involved in the pathogenesis (or development) of hypertension? Once one of these organs is injured, the other organs are also damaged?

“A team of sub-specialists who looked into the connection of these major body parts afforded some 326 multi-disciplinary physicians, predominantly cardiologists, a better understanding of hypertension and its co-morbidities. We expect to address the hypertension burden better and manage the potential complications as well,” said Philippine Heart Association President Dr. Saturnino Javier.

A continuing medical education activity organized by the PHA Continuing Education Program Committee chaired by Dr. Raul Lapitan, the pearls of information shared by the speakers were sourced from their vast wealth of experience and theoretical know-how.

The “Hypertension Link: Managing Risks and Complications” Conference was held on February 8, 2013 at the Grand Ballroom of the Manila Marriott Hotel, in Pasay City.

The experts and their topics:
“Hypertension & Kidney Disease: Purely RAAS Business? Dr. Lynn

The speakers with their plaques, l-r: Drs. Chua, Mirasol and Gomez with the PHA Board
Gomez; Hypertension & Alzheimer’s Disease (AD): Is there a Link? Dr. Carlos Chua and RAAS (Renin Angiotensin Aldosterone System) and Insulin Link: Does it Exist? Dr. Roberto Mirasol.

PHA Vice President Eugene Reyes, a voracious researcher, encapsulated the very stimulating discussions:

Albuminuria is an important predictor of cardiovascular (CV) event and mortality, independent of blood pressure (BP) and is now a part of how we grade chronic kidney disease (CKD).

“Albumin in the urine is an indication of kidney disease and signals that the person may suffer a stroke or a heart attack. When hypertension and albuminuria co-exist, hypertension should be treated aggressively to levels lower than 130/80 using specific agents called ACE-inhibitors or angiotensin receptor blockers. In the absence of albuminuria, BP reduction is the key only to prevention,” said Gomez;

Hypertension can lead to dysglycemia (any disorder of blood sugar metabolism) and vice versa. Over activity of the renin–angiotensin–aldosterone system (RAAS) may result in insulin resistance and hyperglycemia (extremely high sugar levels) that may ultimately lead to full-blown diabetes mellitus;

“The RAAS regulates the blood pressure and water (fluid) balance,” said Mirasol who showed evidence that by blocking the RAAS, we can prevent or delay the onset of diabetes. Many studies showed that there is no evidence that targeting BP to less than 130/80 has the same effect as targeting BP to less than 140/90mmHg, however, the guidelines remain unchanged since the evidences are still weak to recommend allowing permissive hypertension.

High blood pressure (BP) or hypertension and too low BP or hypotension can both cause Alzheimer’s disease.

“Those who are in their midlife years (onset at the age of 45 to 65 years) who are hypertensive and the elderly (65 years old and above) with a systolic BP higher than 180 are susceptible to Alzheimer. Sixty-five year-olds and up who have too low BP are also at risk. This can be prevented by targeting BP goals using conventional drugs,” said Chua.

This CME endeavour of the PHA was made possible through a grant from Novartis.
PASIG CITY, Feb. 8, 2013 – Twice as inspired by the theme “Heart Health Wellness is a Family Business” and the numerous activities for children, Camp Brave 7 at the Fun Ranch was another day of worthwhile outdoor escapade.

This year’s theme is “Valiant Hearts: Little Warriors of Hope.” Just like the first time, every kid was enthusiastic to venture into another kind of fun and challenge. Every parent was as eager to witness how his/her post-op child would show his/her survival instinct, confidence and social skills.

Divided into five teams, each with 9-10 kids and 5 volunteers that was assigned to each team as the leader, they engaged in the different activities – games, artwork, display of and musical prowess.

They had to build blocks and bricks; they had to take on the smooth and bumpy rides; do the obstacle course; conceptualize well before using their painting paraphernalia. Each activity became more significant and relevant because of the message it conveyed: Be strong and resilient to survive; strive to succeed and make a difference in life. Every child has to be prepared for the real world.

A child who has had undergone open heart surgery...
needs emotional support and counselling with emphasis on his/her strength and on how to transform weaknesses into strengths. This was emphasized by lawyer Vera Malanyaon, a congenital heart disease survivor.

The presence of Kim Atienza, better known as Kuya Kim, a TV host, actor, and weatherman, who came with some of his zoo animals – like snakes, turtles, and lizards, deepened everyone’s know-how on the habits and oddities of wildlife. He told the kids to “take it easy and make up for lost time. There is a good life in store for you. I was in a similar situation”. Atienza has had congenital heart disease. He underwent an interventional procedure (amplatzer occlusion of PFO) as an adult. That near-death experience intensified his doggedness to make life more meaningful. He started to adopt a healthy lifestyle and influence his family to embrace it as a habit; put his whole heart into his craft while influencing people who watch his shows to respect their bodies and preserve the environment.

Dr. Marinella Francisco, chair of the Council on Congenital Heart Disease were part of the gig.

Dr. Jonas del Rosario, PHA director and concurrent Advocacy Committee chair, who has fostered Camp Brave Heart since year one, was gloating over the success of Camp Brave Heart 7. Cheers to everyone who was part of its feat – Drs. Francisco, Leah Arceo-Plucena, a pediatric cardiologist who has been an active Council member, the PHA Secretariat, the dynamic camp volunteers from the Philippine Society of Pediatric Cardiology and the Phi Kappa Mu Fraternity of the University of the Philippines College of Medicine. ♥
Heart Month 2013 makes it to 6 GMA7 programs

The more the merrier. It was an idea that worked wonders for Heart Month 2013. PHA Vice President Dr. Eugene Reyes, concurrent Heart Month 2013 chair and Dr. Jonas del Rosario, PHA Director and Advocacy chair decided to lump the PHA activities from the tail end of January to the first week of March.

February 2013 made waves for generating the biggest media value despite a fair mark in crowd attendance. Media were provided with a gamut of interesting pegs.

GMA7 thru Balitang Hali, 24-Oras, News On-Line, Unang Hirit, Pinoy MD and AHA, contributed extensive mileage, followed by DZMM Tele-Radyo and ABS-CBN.

The PHA stories made it to TV, print, radio and the Net multi media.

STEM CELL THERAPY
Entity/Program: ABS-CBN Salamat, Dok
“Too early to claim that SCT is a boon for heart health/cure”
Date: 2/09/13
Interviewee: Dr. Saturnino Javier

Media entity: Phil. News Agency
“Stem cell therapy' efficiency, doubtful?"
Date: 2/05/13
Interviewee: Dr. Saturnino Javier

Media entity: www.remate.ph
“PHA statement on efficacy on stem cell therapy”
Date: 01/28/13
Interviewee: Drs. Saturnino Javier/EugeneReyes

MEDIA
Media entity: The Daily Tribune
“Awareness on heart disease stepped up”
Date: 2/17/13
Quotes from: Drs. Saturnino Javier/Eugene Reyes/Jonas del Rosario

Media entity: Whatchamacallit
mlgarcia@blogsite.com
“Adult and young have CV risks”
Date: 2/16/13
Quotes from: Dr. Jonas del Rosario

Media entity: PNA
“PHA advises families to keep Healthy Hearts Prevention starts at home”
www.Balita.ph
Date: 2/17/13

WEBSITE
www.Balita
“Doc urges kids to live a HL, not to smoke”
Date: 2/6/13
Image: Dr. Jonas del Rosario

CAMP BRAVE HEART
Entity/Program: GMA7/Pinoy MD
“CVD among the adult and young with 2 case studies”
Location shoot: Camp Brave Heart, Lungsood ng Kabataan, Makati Medical Center, Premiere Laboratory (was able to swing free 2-D echo of adult px, with Dr. AB Medrano’s help)
Date: 2/16/13
Interviewees: Drs. Raul Lapitan Jonas del Rosario

RADIO
Entity/Program: DZEC “Pambansang Almusal”
Date: 2/5/13
Interviewee: Dr. Eugene Reyes

Entity/Program: “News Break”
Date: 2/16/13

Entity/Program: “Health Watch”
Date: 2/17/13
Interviewee: Dr. Saturnino Javier

Entity/Program: DZME “Clinic Hour”
Date: 2/9/13
Interviewee: Dr. Raul Lapitan

Entity/Program: Radyo 5, 92.3 Live Report
Date: 2/16/13
Interviewee: Dr. Eugene Reyes

Entity/Program: UNTV
SPJ: I pasa ang Sin tax Bill
JDR: Pabata ng pabata ang may naninigarilyo
**MRO-LOBBIED**

**Entity/Program:** GMA 7 AHA  
“Sari-saring sakit at heart remedies” In the “Pacemaker” segment, Video used was from the PHA Council on EPS, courtesy of Drs. Gladys David & Clara Tolentino  
**Date:** 2/10/13, Credits - PHA

**Entity/Program:** DZMM  
*Dra. Bless @ Ur Serbis*  
“On Heart Month’s Heart Wellness is a Family Business”  
**Date:** Feb.17/13  
**Interviewee:** Dr. Raul Lapitan

**Entity/Program:** DZMM  
*Magandang Gabi, Dok*  
“Acquired & congenital heart diseases”  
(Heart Month plugging)  
**Date:** 2/29/13  
**Interviewee:** Dr. Magdalena Lagamayo

**Entity/Program:** DZMM  
*Magandang Gabi, Dok*  
“Most Common heart diseases among adults” (Heart Month plugging)  
**Date:** 1/4/13  
**Interviewee:** Dr. Ana Beatriz Medrano

**Entity/Program:** Net 25 Home Page  
“Heart attack and Hypertension”  
**Date:** 1/2/13  
**Interviewee:** Dr. Isabelo Ongtiengco ♥

**HEART FAIR**

**Entity/Program:** GMA News Online  
“Libreng Cardio, cholesterol at risk factor screening”  
**Date:** 2/16/13  
**Interviewee:** Dr. Eugene Reyes

**Entity/Program:** TV 5 Akyon WeekEnd  
“Know your risks”  
**Date:** 2/16/13  
**Interviewee:** Dr. Eugene Reyes

**Entity/Program:** GMA 7 24-ORAS  
“Nine out of 10 Filipinos has risk factors. One out of five adult Filipinos is hypertensive. According to the PHA, jumping rope is good for the heart and pocket-friendly, for the old & young”  
**Date:** 2/16/13  
**Interviewee:** Dr. Saturnino Javier/Asec Eric Tayag  
**Video:** Asec Eric Tayag and PHA Board dance Gangnam.

**Entity/Program:** PTV 4 WeekEnd News  
“PHA post-Valentine treat to the public: Heart Awareness Program” (CPR, Risk Factor Screenings)  
**Date:** 2/16/13  
**Interviewee:** Dr. Saturnino Javier/Dr. Eugene Reyes

**Entity/Program:** UNTV News  
“Stem Cell therapy’s efficiency still inconclusive”  
**Date:** 2/5/13  
**Interviewee:** Drs. Eugene Reyes/Jonas del Rosario ♥
OZAMIZ City, Feb. 15, 2013 – As mandated to all chapters, PHA Northwestern Mindanao held the Jump Rope Group Competition, the main activity in celebration of the Heart Month.

We had mixed feelings at first but with the good turnout, the happy faces and excitement of the high school students, our work paid off and we had fun. Physical activity was emphasized to the students to maintain a healthy heart and not to be a couch potato. There were five schools from Ozamiz City, Oroquieta City and Tangub City in Misamis Occidental that participated and all had an outstanding performance. PHA members present were Dr. Joji Saligan, Dr. Marie D Malinis, Dr. Kathleen Go-Echavez, Dr. Annabelle Genon and Dr. Jo Ann Lao-Go.

Inspired by the health benefits of chocolate that I learned while attending the 2011 ESC Congress in Paris, I suggested to my childhood friend and Rotarian to allow me to talk during their Rotary Club monthly meeting on February 13. According to a meta analysis presented at the ESC 2011, eating more chocolate about two pieces per week is associated with reduced risk of cardiovascular disease and stroke. Several previous studies – some funded by chocolate...
manufacturers -- have identified potential heart-healthy benefits of chocolate -- usually of the dark variety -- attributed to antioxidant, antihypertensive, anti-inflammatory, anti-atherogenic, and anti-thrombotic effects. This information is vital because our locality have abundant supply of cheap cacao product called “tableya” an unsweetened bar of chocolate that is used to make hot chocolate, a healthy drink.

Other than the chocolate benefits, cardiovascular disease statistics, risk factors and tips on heart healthy living were discussed that was well received by the 20 Rotarians present. Same talk was given on Feb. 28 to the Ozamiz City Health staff composed of doctors, nurses and midwives numbering 30. To impact to the city health staff, pictures of the CVD screening and medical mission during the Senior Citizen week last October 2012 were shown that drew response from the audience.

On Feb. 27 speaking in a case-based workshop on the management of complicated hypertensive patients with Diabetes, CKD and Stroke sponsored by Novartis and Ozamiz PMA medical society, I took the opportunity to make aware and challenge some 20 fellow doctors mostly GPs on the high prevalence rate of behavioural risk factors such as smoking and metabolic risk factors such as hypertension. This is how active Northwestern Mindanao chapter was during the Heart Month of February 2013.

Unmatched, action-filled

BAGUIO CITY, Feb. 23, 2013 -- PHA Northern Luzon marked an unprecedented action-packed Heart Month 2013 during the entire love month.

From the City of Pines, the Heart Month contagion spread to La Union and Pangasinan, kindling the advocacy spirit of the PHA members based up North and their colleagues from the Philippine College of Physicians and La Union Medical Society.

As early as Dec. 1, 2012, PHA Northern Luzon president Dr. Annie Urmaza-Olarte extended the Jump Rope Competition invitation to eight schools --St. Louis University Boys High, University of Baguio High School, Philippine Science High School, Pines City High School, Baguio City High School, Joseph de Mary Learning Center, Berkley High School, and Irisan National High School.

On Feb. 16, while the PHA NCR celebration was done at the Quezon Memorial Circle in Quezon City, PHA NL conducted the Jump Rope competition at the Notre Dame de Chartres Hospital parking lot.

Whittled down to three teams or 11 participants -- Baguio City High School (2 teams) and Pines City High School (1 team), adjudged as first prize was Pines City High School; while Baguio City High School got the 2nd and third prizes. The individual category winners were: Vergel Nepomoceno (1st prize); Belinda Gayo (2nd prize); and Derick Tindongan (3rd prize).

Simultaneously, the Aerobic Exercise and Lakad Puso in the same venue. Urmaza-Olarte led the Feb. 23 Medical
Tough but thrilling

By Monina G. Pasumbal, MD

DAVAO CITY, Feb. 16, 2013 – PHA Davao Southern Mindanao (DSM) Chapter celebrated Heart Month by holding the Synchronized Group Jump Rope Competition for High School students at Mahogany Hall, JICA Bldg, Southern Philippines Medical Center.

Four schools joined the competition and the first prize was bagged by Ateneo de Davao High School, 2nd prize went to MATS College of Technology High school, 3rd prize went to Davao City High School where cash prizes of P8,000, P6,000 and P4,000 respectively were given to the winners plus plaques and certificates. Consolation prize of P2,000 plus certificate were given to the non-winning school, Davao Jones Academy.

All the performances of the four schools were outstanding and everybody were excited and had so much fun. Judges for the competition were Amor Rey Puno, a dance choreographer, Rodolfo Enot, a certified Zumba Instructor and Dr. Sheldon Paragas, pediatric cardiologist. While waiting for the result of the contest, a short lecture on hazard of smoking and 2nd hand smoking in children and the family was given by PHA DSM president Dr. Monina Pasumbal.

After the lecture, Enot enjoined everyone to participate and everybody had a blast, including all the PHA members who were present during the activity, which included Drs. Reagan Cabahug, Zenny Peli, Fay Chua, Philip Valencia and Carl Franco. Peli served as the master of ceremonies, Chua delivered the invocation, Valencia was in charge of documentation, while Cabahug and Elfred Batalla made up the ways and means committee.

Another major activity of the chapter was the DXAB ABS CBN radio interview with four PHA members during the four Sundays of February: February 3- Dr. Franco,
CAVITE CITY, Feb. 15, 2013 – PHA Southern Tagalog Region made the most of their “heart dates” – Feb. 9 and 12, 2013. The simultaneous activities thrilled the audience to the max. The regular spectators believed it is the most vibrant of all Heart Months celebrations despite some snags in logistics.

The lunch symposium on Acute Coronary Syndrome for the consultants and residents at the De La Salle University Animo Hall lasted from noon till 5 pm. Dr. Ardith Dominguez Tan was the lecturer; jumping rope competition participated in by four schools – Alitagtag College Main, Alitagtag, Batangas, Panorama Montessori, Sta. Rosa, Laguna, Inusloban Maranoy National High School, Lipa City, Batangas and Lumil National High School, Silang, Cavite.

Notably, all the four schools' representatives did well as they displayed their unique choreography and zip in the group synchronized jumping rope competition. The speed jump winner in the individual category finished 345 jumps in three minutes.

Dr. Rex Palma was the anti-smoking lecturer for the students and accompanying teachers.

The first prize winner for the group synchronized jumping rope competition was Inusloban Maranoy National High School and the winner for the individual speed jumping category was Lumil National High School.

PHA Southern Tagalog Region president Dr. Lilibeth Maravilla said: many students decided to join because the activities this year do not require much of mental exercise.

Initially, a good number were students from public schools but some backed out. The reason cited by the principals was failure to comply with protocol due to lack of time. The PHA letter was supposed to be addressed to the DepEd regional head who has to approve and give the go-signal to the school principals.

Maravilla added logistics was also another setback. “It was more difficult this time because we had to bring a lot of students representing different provinces to one venue in order to compete. We took care of their transportation, taking into consideration the safety of the students and teachers. Initially, we wanted to do it per province, however, because of tedious preparations, most members decided to do it in one venue.”

**Vivacious & educational**

**Southern Tagalog**

**Unmatched... from Page 21**

Mission through the auspices of the Notre Dame de Chartres Hospital that offered free FBS, total cholesterol determination, ECG, ABI (ankle brachial index), dietary counselling, lay fora on “How to Avoid Heart Diseases and Stay Healthy” by Olarte and Smoking Cessation by Dr. Cosme Galasgas.

PHA NL and PCP jointly organized the Lectures on Hypertension and Atherosclerosis by Dr. Karla Rillera-Posadas at the Baguio General Hospital and Medical Center Cobalt Auditorium on Feb. 28, 2013.

For their part, Pangasinan heart doctors, represented by past PHA Northern Luzon president Dr. Efren Jovellanos and Dr. Art Pitargue, preached healthy heart practices via Dagupan’s local cable talk show (one-a-half-hour Doctor on Call) on Sky cable on Feb. 25, 2013. The discussion revolved around “How to Prevent Heart Attack”

La Union-based cardiologists (Drs. Nathaniel Cortez, Leah Sanglay and Stella Mabanag) teamed up with the La Union Medical Society in the every-Saturday of February free Cardiology Clinic that performed check-up, CBC, FBS and cholesterol tests, ECG and foot doppler.

On Feb. 16, 2013, the same heart doctors led over 300 participants in the Fun Run and Aerobics exercise dubbed “Takbo at Sayaw para sa Malusog na Puso” at the grounds of Thunderbird Resort in San Fernando, La Union. The Feb. 23 and 27 activities included a mini symposium at the Rosebowl Restaurant in Bauang, La Union and the lay Lecture for Barangay Health workers by Dr. Nathaniel Cortez. The speakers and topics were: Drs. Aurelia Gonzales (“Optimizing CVD Management among Filipinos”); Glen Fonbuena (“Mucosa on Gerd”); Nathaniel Cortez (“Common CVDs”).
Dealing with multi emergencies

By Neil Wayne C. Salces, MD

CEBU City, Feb. 7, 2013 – The Philippine Heart Association – Cebu Chapter recently held its 14th post graduate course at the City Sports Club in this city. This year’s theme was “S.O.S. from the Heart: Averting Disaster During Cardiovascular Emergencies.”

The activity started with a trivia game “Utokay” which was joined by representatives from the different training institutions in Cebu City. It was formally opened by the chapter president, Dr. Pilberito Chin.

During the said event, different topics on cardiovascular emergencies were thoroughly discussed. These included ACS treatment in the Philippines, which focused on improving outcomes in acute coronary syndrome with revascularization strategies in the Third World; atypical ECG changes in acute myocardial infarction, where the 2012 AMI criteria as well as ECG tracings of subtle ECG changes that are not diagnostic of AMI but may warrant further evaluation were presented; approach to pediatric cardiovascular emergencies; dysfunctional prosthetic valves, on

Middle of last year, the PHA – Cebu launched its Biggest Loser contest which was participated by cardiologists and cardiology Fellows of the chapter. This was done to show to patients that the people behind the practice of cardiology are not only adept with the knowledge on how to treat their patients, but rather, practice what they preached. The awarding of winners was also presented during the event. The day ended with a business meeting.

Indeed, the 14th post graduate course was a huge success! It did give the audience S.O.S. in warding off adversity during cardiovascular emergencies that emanated from the heart of PHA.

On the airwaves

CEBU City, Feb. 14, 2013 – Every physician has an opportunity to convey health information during every individual patient encounter, and most do so admirably

but the PHA Cebu Chapter members went a step higher with its mission of helping keep the public aware of what is possible in terms of treatment and healthy living through the utilization of mass-media outlets to regularly raise the awareness of millions of Cebuanos on the latest developments in health care.

Every week, a chapter’s member guests on a certain healthtalk radio station and discusses important cardiovascular health issues in a fast-paced, entertaining and informative style. During its initial telecast, it had Dr. Celine Aquino, one of Cebu’s top cardiologists, discussed on Preventive Cardiology.

For the first week of February, the theme was “Heart Healthy Family” where Dr. Giovanni Pinili and Dr. Robert Paul Cantoy emphasized healthy lifestyle practice as a family affair.

Radio is indeed a powerful mass medium to spread information and to reach out to our patients thereby saving time, energy, money and man-power and is an effective way of learning and learning is the beginning of health.
Well spent 10 years

By Cecile Cabias-Jaca, MD

CEBU City, Feb. 14, 2013 – Chong Hua Hospital Heart Institute (CHH- HI) gloriously celebrated a decade of saving lives and saving hearts. The Day of Hearts was spent uniquely by our cardiologists with their loved ones by engaging in the activities in commemoration of the CHH – HI 10th year anniversary. The celebration focused on the theme “On a Journey to Greater Heights.”

The activities were spearheaded by Dr. Ma. Rosan Trani, section head of the CHH Cardiac Rehabilitation Unit. The morning started off with an invigorating Zumba fest at St. Martin’s Café graced by the presence of Chong Hua Hospital Administrator, Dr. Helen Po and Chong Hua Heart Institute Director, Dr. Lerma Noval.

The participants included the ever energetic cardiac rehab and catheterization laboratory nurses and the dynamic cardiology fellows and cardiac rehab patients. It was followed by a comprehensive Lay Lecture on the Risk Factor Modification and the Role of Herbal Supplements on CAD patients. The Lay Forum was given by CHH- HI’s very own pride, Dr Mario Manus who belonged to the first batch of CHH – HI alumni. The morning program ended with an insightful message by Dr. Francisco Chio, section head of the Coronary Care Unit.

A glamorous fellowship night followed. It was held at the City Sports Club Cebu that was attended by the cardio consultants and their beloved spouses who were dressed in green and gold. This is in keeping with the Heart Institute’s desire to live for excellence. One of the highlights of the event was the launching of The Cardiac Chronicles— the maiden newsletter of CHH- HI of which the exemplary achievements and undertakings of the Heart Institute for the past 10 years were featured. This was made possible through the commendable efforts of Dr. Ellaine Gallardo and her editorial staff.

The launching of the CHH – HIAS which stands for Chong Hua Heart Institute Alumni Society was another principal feature of the gathering. The CHH HI alumni, considered as the Gem of the Heart Institute, elected the following. Drs. Honey Alcantara (president), Mario Manus (vice president), Oliver Boiser (secretary), Cecile Jaca (treasurer), Aileen Mae Lomarda, Karen Caudor and Bernadette Halasan (press relation officers). The night was kept alive by the presentation numbers of the cardio consultants, alumni and fellows.

In a nutshell, Chong Hua Heart Institute 10th year anniversary was a grandiose affair which ended meaningfully with a vision of keeping a continued journey to greater heights. This is with the help of the illustrious people behind Chong Hua Hospital - Heart Institute success. ♥
PASIG City, Feb. 14, 2013 – The Medical City (TMC), the Cardiovascular Center (CVC) Heart Week Year 9 celebration was a huge success. Inspired by the theme “Exploring the Human Heart”, the activities centered on the wonders and essence of a healthy heart.

Preparation process was tedious but it was worth it. A series of meetings ensued to pool ideas from the coordinators, headed by Dr. Raul Ramboyong; to conceptualize, outline, revise, and finalize the whole program.

We donned safari-inspired polo shirts during the week-long week festivity.

One week before the TMC Heart Week, the CVC family was off to Candaba, Pampanga for a photo safari. The fellows took pictures of God’s amazing creations and man’s engineering marvels, diverse scenes that stimulate the senses and define their perspective of a human heart.

It was indeed an adventure beyond our daily hospital routine, a rare chance to delve into every piece of God’s works. Completing our visit was a gastronomic treat. We sampled the exotic Kapampangan dishes of Everybody’s Café and savored the selections at Justine’s Restaurant Dampa Home Depot.

“The Heart Exploration Festival” at the TMC lobby was ushered in by the “Expedition to the Human Heart” exhibit. Showcased were: a safari tent with old cardiology books, vintage materials, and survival kits; a safari truck that carried brochures on cardiac catheterization, bypass surgery, angina, etc.; tarpaulins showing the anatomy and physiology of the CV system; highlights of the TMC CVC services; and the breathtaking photographs of TMC biggies: Drs. Eugene Ramos, Gregorio Martinez, Raul Ramboyong, Adriel Guerrero and Paolo Prado.

By their side are the equally impressive Candaba snapshots of the Cardio-Fellows. The traditional colorful heart parade was a sight to behold -- the Mr. and Ms. Heart contestants, thematic lantern entries made up of recyclable materials. The afternoon activity was an essay and poster-making tilt. Participated in by medical clerks, interns, residents, nurses, and other TMC staff, it was aimed at challenging creative thinking by the art-science merger.

The free lay activities were: Free screening cardiovascular risk factors and consultation at the outpatient department; vascular laser treatment for varicose veins at the CV laboratory; heart forum featuring Drs. Michelangelo Sabas, Rodrigo Santos, and Margaret Flores, who tackled heart risk advisories on coronary artery, peripheral arterial disease, and hypertension, respectively; a testimonial session (facilitated by Drs. Carlos Esguerra, Marisa Joson, Achilles Esguerra, and Rachel

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In a pre-celebration of Heart Month 2013, the UST Section of Cardiology, in cooperation with the members of the UST Medical Alumni Association of America Foundation (USTMAA), held its 9th “Save-a-Heart In-House Cardiology Mission”. Held from January 21-23, 2013, it is for indigent patients with coronary artery disease, that need percutaneous coronary intervention and arrhythmic disorders warranting permanent cardiac device implantation.

The USTMAA through its executive director, Dr. Primo Andres, a practicing international cardiologist in Indiana, USA; Dr. Milagros Yamamoto, USTH Cardiology Section chairperson; Dr. Wilson Tan De Guzman, USTH Cardiac Catheterization and Intervention Unit head; Dr. Eduardo Caguioa, USTH medical director and all the consultants completed a cast of doctors more than willing to help those in need.

Cardiology fellows with the guidance of the consultants, screened patients from the outpatient department and charity ward division, and came up with 15 deserving and eligible patients.

Patients who warranted the procedure and to whom the fellows have known through their clinic and ward rotations were chosen to receive the donations.

UST consultants shared their time amidst their busy schedule and expertise to provide the utmost care to the chosen patients.

The event was formally started with a program at the Heart House. The cases to be performed were presented to Andres, who, together with the UST consultants gave their opinion about the planned procedures to the patients. Present during the pre-operative conference were Drs. Sandra Dy, also a USTMAA member practicing in USA, Dr. Tan De Guzman, Milagros Yamamoto, Jose Yamamoto of the Section of Cardiovascular Surgery, and Marcellus Francis Ramirez, training officer. Primo also stressed the importance of individualized and complete cardiovascular care that should not just end with the invasive procedures alone.

All in all, nine patients underwent free coronary angiograms, two underwent free angioplasty with stenting, and two had free permanent pacemaker insertion. All of the procedures went well as planned. Primo and the other consultants, fellows, residents and interns on hand to greet each patient after each procedure.

Since it started in 2004, the Save-A-Heart Mission, which is held every January or February yearly as a project of the USTMAA and the Section of Cardiology, has benefited a total of 140 patients. This included 91 who availed of free coronary angiograms, 34 who underwent free angioplasty with stenting, 11 permanent pacemaker insertion, two implantable cardioverter defibrillator insertion, and two open heart surgeries for congenital heart disease.

All of the efforts and hardwork of the team were treated with warm smiles and world of appreciation from the patients and their loved ones. The team was thankful enough as well for being given the opportunity to help, share and give back for the blessings given to the Section and the foundation through the years... indeed another Thomasian legacy.
Year 2013 welcomed Dr. Zenaida Uy with a big promotion as medical director of the Cardinal Santos Medical Center (CSMC) that took effect on Jan. 1, 2013. Prior, Javier-Uy was head of the CSMC Cardiac Rehabilitation Section, a post she held for 25 years.

Wanting to be more well-versed about management, she finished her Master’s Degree in Business Administration in Health from the Ateneo Graduate School of Business in 2005.

Despite her hectic hospital pace, she manages to perform multi-tasks -- president, CSMC Medical Staff Organization; governor- Central Tagalog Region of Philippine Medical Association; president- San Juan Medical Society; and vice president- Cardiac Rehabilitation Society of the Philippines.

**What made you decide to accept the position as medical director?**

My passion -- when it comes to the relationship of the management with the medical staff. I am president of the Medical Staff Organization (MSO) and member of the management team. Maybe I can do better as the link between the MSO and management. Cardinal Santos Medical Center is my second home. It’s not a place of work for me. I always want that doctors should be considered as partners and they should embrace us as their partner.

**What are your plans for the hospital?**

Enhance the residency training program in all departments; increase the traffic of service cases so that our residents and fellows are trained well in handling patients. (This would entail huge costs so I will work with the foundation closely to finance the needs of service cases.); help the marginalized members of the society. (We plan to adopt poor communities in San Juan, in coordination with the City health office, hopefully by this year. The CEO is very supportive of these projects, wanting to have a MOA with San Juan City which has a lot of poor people. CSMC is located in San Juan.

**In terms of infrastructure?**

The infrastructure is planned by the management. I take care of the medical aspect. Currently, two structures are under construction -- the new catheterization lab which should be completed by July 2013 and the tower. A center of excellence, the tower will be a one-stop shop of specialties. Then there would be a Cardinal Institute of Learning ad Development.

**What are the plans for the cardiovascular institute and services of the cardiovascular section?**

In the pipeline are the renovation and expansion of the cardiac catheterization laboratory and the Coronary Care Unit for patients of the catheterization laboratory. By September 2013, the CCU should be operational. For the Services, focus on the Cath lab and the machine to be ready.

**Proposals for the Cardiology Section, for example in terms of pricing and packages?**

The package for bypass had been ironed out before. I was approached today for PCI and I will work that out. We should really look at how we can help the poor. Create angioplasty and angiogram packages for poor and service cases. At present, we have the same price for service and private cases except that service has no professional fee.

The CEO does not like bouncing patients. So I will sit down with finance to come up with rates that are affordable for the patient so that the patient stays with CSMC and will not go to another facility because it is affordable.

**As a training hospital, any changes or plans for the training?**

No additional training, but, it would be nice to have fellows in endocrinology and pulmonology. That will be in my agenda with the Director for Medical Education (DME). Seminars for the interns and residents which they have been doing will be retained. DME will have a strategic planning workshop this year to remain focused on our direction. I am in close communication with the DME to make things happen for our fellows, residents and even consultants. One proposal from the DME is if we could have an in-house MBA program for interested consultants. I am hoping I can do that and talk to the Ateneo Graduate School of Business because they did that in Medical City. It’s a 2-1/2-year program every Saturday. Hopefully, that would be realized to develop future leaders of this hospital. We need to learn how we can manage. We are excellent doctors but sometimes there are doctors who lack leadership and managerial skills. If we do MBA, it’s a dream come true.

The trainees are asking for a study room or library within the hospital. I would consider that. I can propose that in the tower. A library and research room provided with computer and wifi where people can sit down and study.

**What is your Vision for CSMC after your term? Your legacy?**

That the management would really 100% consider us as their partners in running this hospital. Cardinal Santos Medical Center becomes the hospital of choice not only of patients but also of the doctors.
The course aims to provide the basic must-knows in the interpretation of the ECG for nurses, allied professionals and general physicians, with focus on ECG abnormalities encountered in an emergency setting. The program consists of didactic basic and clinical lectures, step-by-step interactive workshop in ECG interpretation, interactive educational fora and skills evaluation.

In the same tradition as the first two postgraduate courses “First Blood: Simplifying Cardiac Emergencies” in Balanga, Bataan in 2011, then “Cliffhanger!: The Tools and Tactics in Dealing with Cardiovascular Emergencies”, in Legazpi City, Bicol in 2012, the UST Section of Cardiology and THESAA kept the custom of naming its events after titles of blockbuster Hollywood movies. Total Recall was a 1990 American science fiction action film starring Arnold Schwarzenegger, known for its visual effects, and remade in 2012.

“Every cardiovascular emergency always presents a difficult dilemma. The right clinical decisions need to be made immediately, and the healthcare provider needs to quickly recall his knowledge and skill in the diagnosis and management,” said Dr. Cindy Llarena, THESAA president and overall chair of the Organizing Committee.

“With Total Recall, we will present the participants with the essential tips that they can easily remember in the recognition of emergency ECGs.”

The Scientific Committee, led by course director Dr. Marcellus Francis Ramirez promises a day of learning new tips and tricks to recall and learn ECGs during emergency cases. Topics include a review of basic anatomy and physiology of the cardiac conduction system, basics of the ECG and basic ECG interpretation techniques, the Tips and Tricks in Bradyarrhythmias and Tachyarrhythmias, Cardiac Arrest and ACLS Rhythms, Ischemia and Myocardial Infarction.

For details on the ECG course, you may contact the Secretariat Luz Calapre at 09162172565; 7499738; Dr. JJ Vicera at 09273859451; Dr. Anina Domalanta at 09178303623; or e-mail: USTTHESAA@yahoo.com, Facebook: Thesaa Usth.

PHC ‘Cardiometabolic Summit’ slated for April 11

Another first for the Philippine Heart Center. As one of the leaders in cardiovascular health, the Preventive Cardiology Division of the Philippine Heart Center will have its first CARDIOMETABOLIC SUMMIT: Evidence-Based Solutions for Cardiovascular Protection. This will be held on April 11 and 12, 2013 at the Dr. Avenilo P. Aventura Hall. Registration is free.

This activity aims to provide clinicians with the confidence and knowledge to immediately impact lives by preventing the development of cardiovascular disease in patients at risk. This program is dedicated to translating clinical research on the reduction of the various cardiovascular risk factors into practical and targeted education that can easily be applied to the real world clinical scenarios.

Officers and specialists of different medical associations will lead the discussions. Commonly-encountered conditions that will necessitate immediate management and recognition will be tackled such as hypertension, dyslipidemias, diabetes mellitus, obesity and renal disease. Through several educational lectures and sessions on the best practice recommendations and guidelines, attendees will be well-educated and equipped with vital tools needed to combat the growing epidemic of cardiovascular disease.

Primary care physicians, internists, endocrinologists, nephrologists, cardiologists and other health care professionals who are part of the management of patients at risk for developing cardiovascular diseases are invited and are encouraged to attend this activity.

Still, the best approach when it comes to cardiovascular disease is prevention. Early recognition and management of risk factors, lifestyle modification and a change in attitude are essential elements towards a healthy heart. This is the belief of Dr. Gerald Vilela, program director, when he conceptualized and planned this event. This is a great opportunity that will help clinician in their everyday practice and will impact the lives and health of their patients.
Soto ... from Page 51

“Even while I was already in the US, I would fly to Manila to help them to do interventional procedures,” he said.

A dutiful PHA member, he was a regular at the PHA Conventions which acclaims a PHA pillar through the Dr. Rodolfo Soto Professorial Lecture every two years. The Soto lecture is an eternal testimony to his invaluable contributions to the field as an avant garde, academician, a clinician, and mentor. A professorial lecture in his name was the idea of a proficient patient who donated a hefty P2.5 million as seed money and for the sustenance of the Dr. Rodolfo Soto Professorial Lecture which started in 1990. The lecturer is a who’s who in the foreign CV scene.

“In the last five years I failed to attend the convention because May is very warm. I come here usually in January to visit family and colleagues. My son, a lawyer is RP-based. He graduated in the US but got the job here,” he said.

Soto acknowledged that Philippine cardiology has grown by leaps and bounds. It is headed for the best direction and by leaps and bounds. It is headed for the best direction and is after all totally worthwhile seeing the good fruit of our own labor.

His greatest fear is dementia. “I have seen patients who develop dementia. It is a very devastating disease. We don’t know why patients develop dementia. We don’t know the exact mechanism. People over 80 have a form of dementia in different shades – mild forgetfulness, Alzheimer’s which is lack of verbal communication and cognitive changes. It is a sad disease.”

Home is where the heart is. Retirement is around the corner. In 2015, the Sotos will fly back to Manila, for good. “Maybe, I will do some teaching. Wherever they want me. I am still a stockholder at Makati Medical Center.”

Dr. Rodolfo Soto has made an indelible mark in Philippine history. The Soto legacy is enduring.

Ramboyong, the man behind the success of TMC Heart Week 9. And so, Heart Week, a taxing event as it is, is after all totally worthwhile seeing the good fruit of our own labor.

Exploring... from Page 26

Orteza), wherein rehab patients imparted their worth-sharing experience; Basic Life Support lecture/demo, led by Drs. Ramboyong, Paolo Prado, and other members of PHA CPR council; and the “Healthy Heart Getaway” at the Barcelon Auditorium that gathered the top 5 TMC cardiologists – Drs. Gregorio Martinez (sports), Marcellus Ramirez (culinary and dining), Ramos (travel and adventure) Ramboyong (general tips for a healthy heart voyage) and Prado (recreational activities).

We take pride in being doctors who take time to expound on healthy heart practices in lay language.

“The Conclusion” was a big ceremonial celebration of a wonderful journey. The program consisted of musical dance numbers, including the presentation of the incoming first year cardiology fellows. The finale was a surprise tribute to Dr. Raul Ramboyong, the man behind the success of TMC Heart Week 9. And so, Heart Week, a taxing event as it is, is after all totally worthwhile seeing the good fruit of our own labor.

Borromeo ... from Page 55

feeling of wanting in undertakings. She has long carved a niche in her profession, in society and in her home. If she were to live her life again, she is bent on re-living it the way she has had it.

“I cannot ask for more. My children are all professionals. I have a supportive husband, Dr. Emil Borromeo, an ophthalmologist. I am a strong woman. My greatest strength is being able to balance my work between my family and profession; and also being successful in raising my three children to be decent and God-fearing.”

Definitely, here greatest accolades are her children – Anne Christie, a UERMMMC medical graduate, who wants to try her luck in the US, is currently reviewing for her US Medical Licensure Exam (MLE).

Anne Cathryn, a licensed occupational therapist, is married to a Fil-Am nurse and will soon settle in the US.

Christian Leo who just finished his medical degree this year at UERMMMC, also looks forward also to breezing through the USMLE.

Anne Christie, a UERMMMC medical graduate, who wants to try her luck in the US, is currently reviewing for her US Medical Licensure Exam (MLE).

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Christian Leo, a medical graduate who just finished his medical degree this year at UERMMMC, is currently reviewing for her US Medical Licensure Exam (MLE).
QUEZON City, Jan. 26, 2013 – St. Luke’s Heart Institute Alumni Association (SLHIAA) conducted another BLS-ACLS course at the Commonwealth Hospital and Medical Center (CHMC). Forty-five participants came, mostly nurse trainees who are required by the hospital to be BLS-ACLS certified, and a few doctors. The two-day course started with a prayer and singing of the national anthem led by past president Dr. Reynaldo Neri, after which, program coordinator Dr. Malou Bunyi welcomed the participants and introduced the course.

The very enthusiastic young audience sat through the lectures attentively, and was even more enthusiastic during the workshops. Most interesting for them was the familiarization with the manual defibrillator and automated external defibrillator and how it works, the experience at intubation, and the challenge of recognizing the arrhythmias which arrhythmia specialist Dr. Clara Tolentino expertly handled.

Critical care expert Dr. Susan Garcia tackled the post resuscitation care. The other lecturers were Drs. Roland delos Reyes who is also a past president, Jay Bernardo, Johnel Candava, Ma. Luisa Afable, Malou Bunyi and current president Freman Cerezo.

The second day started with a lively review and summary followed by the written examination. The day was spent for workshops, written examination, and megacode.

The participants’ interest were displayed in the different workshop stations as each excitedly tried their best to get as much as they could from the experience. Topnotchers were awarded limited edition t-shirts and special prizes. Pedracio and wife gamely joined the class picture for posterity.

The cool breeze at the hospital’s roof deck, a sumptuous buffet breakfast and lunch, and morning and afternoon snack from industry friends, and a required red attire for the speakers added to a joyous ambiance of the Heart Month celebration.
A 67-year old male with metabolic syndrome was made to undergo a Bruce protocol treadmill stress test when he began having exertional chest pains. Tracing A, which is the patient’s pre-exercise 12-lead ECG shows sinus rhythm at 62bpm.

Tracing A

Tracing B recorded midway through stage 5 shows the development of more than 2 mm horizontal downslowing ST segment depression with marked T wave inversion towards the latter half of leads V4 to V6. The observed repolarization changes are highly suggestive of lateral wall ischemia. Associated with these STTW abnormalities are obvious changes in the morphology of the QRS complexes such as increased duration from 0.10 to 0.16 sec., loss of the relatively tall R waves in lead V1, appearance of QS pattern in leads V1 to V3, disappearance of small q waves in lead V6 and increased R wave amplitude in leads V4 and V6 with notched upstrokes barely inscribing an RSR’ pattern. These QRS abnormalities, however, do not form part of the criteria for a positive stress test. They are, in all likelihood, the manifestations of an acceleration-dependent LBBB appearing and persisting at heart rates above 150 bpm. Although the patient had no complaint of chest pain, the stress test was terminated at the end of stage 5. Subsequently, there was slowing of the heart rate and normalization of the QRS complexes and STT waves. Although not universal, there is a positive association between coronary artery disease (CAD) and exercise-induced aberrancy more often seen with the LBBB than with the RBBB morphology of aberrant QRS complexes. The fact that CAD more commonly involves the LV than the RV could explain the apparent disparity.

Considering the patient’s symptoms, multiple risk factors and the stress test that was suggestive of CAD, coronary angiography was performed. The findings of angiographically normal coronary arteries effectively ruled out the presence of CAD and negated the role of myocardial ischemia in the genesis of LBBB at rapid heart rates.

What appear to be isolated wide QRS complexes (marked by *) with inferior axis seen at the beginning and end of the limb leads in tracing B could also be rate-related aberrant QRS complexes.

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

See Page 35
The second aspect of labor laws that is the most common cause of litigations is that which concerns termination of employment. Most doctors have only medical secretaries as their employees, although some, especially those performing procedures have other staff. What makes the employer-employee relationship between a doctor and his secretary differs from that of other service providers is the trust that we give our medical secretaries that is of course inherent to their jobs. They see our patients first, make them comfortable, chat with them, receive our professional fees and sometimes even deposit the same to the bank. Practically, they are our extensions, performing duties that we should have performed had we have enough time. Thus what is inherent in the relationship is the trust and confidence we repose to them.

The employer cannot terminate the services of a regular employee except for a just cause (attributable to the employee) or when authorized (attributable to the employer) by the Labor Code. An employer may terminate an employment for any of the following just causes: (a) Serious misconduct or willful disobedience by the employee of the lawful orders of his employer or representative in connection with his work; (b) Gross and habitual neglect by the employee of his duties; (c) Fraud or willful breach by the employee of the trust reposed in him by his employer or duly authorized representative; (d) Commission of a crime or offense by the employee against the person of his employer or any immediate member of his family or his duly authorized representatives; and (e) Other causes analogous to the foregoing. Remember however, that such causes should be properly documented since all the same must be proven in court and the burden of proof that such just cause exists lies on the employer. Any doubts as to the evidence presented will be constructed in favor of labor as mandated by the Labor Code. To be legal, even if due to a just cause, termination of an employee must follow the prescribed procedural due process what we call in legal parlance as the “Twin Notice Rule”. First, the first written notice to the erring employee must be served with the same containing the specific ground or grounds for termination and a directive that he is given the opportunity to submit his written explanation within a reasonable period of time. Second, after serving the first notice, the employer should schedule and conduct a hearing or conference where the employee will be given the opportunity to explain and clarify his defenses to the charge against him, to present evidence in support of his defenses and rebut the evidence presented against him. During this conference the employee is given the chance to personally defend himself with the assistance of a representative or counsel of his choice. Also, during the hearing, both parties are given the opportunity to make an amicable settlement. In a recent case decided by the Supreme Court however, the hearing or conference is no longer mandatory. It is enough that the employee is given an opportunity to be heard, which could be through submission of position papers or other evidence to his favor.

Third, after determination of the employer that the termination is justified, the employee is served a second written notice of termination indicating all the circumstances involving the charge have been considered and the ground or grounds have been established to justify the severance of the employment. Failure to comply with this “Two Notice Rule” makes the dismissal illegal and subjects the employee to pay an indemnity of thirty thousand pesos (P30,000.00) to the dismissed employee. This is the Agabon Doctrine.

A regular employee may likewise be terminated for causes authorized by law which include installation of labor-saving device, redundancy, retrenchment to prevent losses, closure due to serious business losses and disease. Just like termination for just causes, certain procedures are also required to make the dismissal legal. First, the employer must serve a written notice to the employee at least one month or 30 days before the intended date of termination to inform the employee of the impending loss of his employment so he could at the earliest opportunity look for other jobs. Second, serve a written notice on the DOLE at least one month or 30 days before the intended date of the termination in order for the DOLE to determine the validity of the dismissal and to intervene for possible conciliation or mediation. Third, a separation pay must be given to the employee. In case of termination due to the installation of labor-saving devices or redundancy, the worker affected thereby shall be entitled to a separation pay equivalent to at least his one (1) month pay or to at least one (1) month pay for every year of service, whichever is higher. In case of retrenchment to prevent losses and in cases of closures or cessation of operations of establishment or undertaking not due to serious business losses or financial reverses, the separation pay shall be equivalent to one (1) month pay or at least half (1/2) month pay for every year of service, whichever is higher. A fraction of at least six (6) months shall be considered one (1) whole year. No such payment is needed if the closure is due to severe financial losses. An employer may also terminate the services of an employee who has been found to be suffering from any disease and whose continued employment is prohibited by law or is prejudicial to his health as well as to the health of his co-employees: He must be paid however a separation pay equivalent to at least one (1) month salary or to one-half (1/2) month salary for every year of service, whichever is greater, a fraction of at least six (6) months being considered as one (1) whole year. If the following procedures are not
Juan: Kalokohan! Di ako naniniwala! Walang taong ganun kataba!
Anna: S’an ang balitang yan?
Juan: Dito sa dyaryo. Sabi; ‘British tourist lost 2000 pounds.’

Pasyente: Magkano ang facelift?
Doktora: Complete treatment ay P145,000.
Pasyente: Mahal!!!
Doktora: Heto tsupon, P20 lang!!

“Hindi lahat ng party ay masaya.”
** 3rd Party (ngeeek)
“Hindi lahat ng 13 ay malas…”
** 13th month pay (yeah)
“Hindi lahat ng negative nakakalungkot”
** Pregnancy Test (whew)
“Hindi lahat ng positive ipinagsasaya”
** HIV

Pedro: sori 3
Foreigner: what are you sorry for?
Pedro: (kala mo bobo ako ha!) sori 5
Foreigner: i think you are sick!
Pedro: hahahaha! sick daw, seven sunod!

American guy named Paul challenged a Filipino:
American: Use my name 4 times in a sentence!
Pedro: Paul, be carePaul, you might Paul in the swimming Paul...

(Jokes compiled from the internet)

Dr. Carlo Jose S. San Juan is a nuclear medicine specialist and a professional cartoonist and voice actor. While he was in medical school and in specialty training, he managed to churn out comic strips.

His Callous Comics began in 1996 in The LaSallian, the official student newspaper of De La Salle University – Manila. He penetrated online publishing in 1997, continued in Medyaryo, the medical student newspaper of De La Salle University - Health Sciences Institute; launched www.callouscomics.com in 2009; and began as a regular comic strip in the Manila Bulletin in September 2012.

Currently, he practices at the Cardinal Santos Medical Center, University of Sto. Tomas Hospital, Philippine Heart Center and the University of Perpetual Help - Dr. Jose G. Tamayo Medical Center. He completed his residency at the CSMC - Section of Nuclear Medicine in 2010.
An employee may also terminate without just cause the employee-employer relationship by serving a written notice on the employer at least one (1) month in advance. The employer upon whom no such notice was served may hold the employee liable for damages. He may also put an end to the relationship without serving any notice on the employer for any of the following just causes: serious insult by the employer or his representative on the honor and person of the employee, inhuman and unbearable treatment accorded the employee by the employer or his representative, commission of a crime or offense by the employer or his representative against the person of the employee or any of the immediate members of his family and other causes analogous to any of the foregoing.

An employee who is unjustly dismissed from work shall be entitled to reinstatement without loss of seniority rights and other privileges and to his full backwages, inclusive of allowances, and to his other benefits or their monetary equivalent computed from the time his compensation was withheld from him up to the time of his actual reinstatement. The only exception to reinstatement as a rule in case of illegal dismissal is when there is already a strained relationship between the employer and the employee and the same relationship is important in the work of the employee such as that of a medical secretary.

Finally I would like to summarize the things that we doctors as employers should know in our dealings with our employees so we can avoid suits or win them should one is filed against us.

First, we should know the labor standards as mandated by law and follow the same, if possible to the letter. Second, an employment contract should always be done stipulating all the terms and conditions of employment. Third, a Code of Conduct or an Employees Guideline should be made that would regulate the conduct of the employees and the same should be made known to the employee at the start of employment. Violation thereof by an employee will be made a basis for his termination. And fourth, and I cannot over-emphasized this, always put everything in writing – warnings, violations, etc. Always remember that oral evidence is not accepted in courts. It will be your word against the word of your employee, and almost always, the law would favor them. My last words though, is these. Just be a good employer. Give your employees their due. Give them at least the minimum benefits and standard working conditions provided by law, allow them to exercise their rights as workers, and always exercise good faith and fairness in dealing with them. For after all, we benefit from them and they benefit from us. Though we exercise caution, we must not also forget the human factor in every relationship.
The guidelines emphasize that coronary artery reperfusion with either primary percutaneous coronary intervention (PCI) or fibrinolytic therapy should be given to all patients with acute STEMI (See Tables on PCI and Fibrinolytic Therapy indications ) PCI is the preferred method for reperfusion.

Within the past year, both the European Society of Cardiology and the American College of Cardiology Foundation/American Heart Association have come out with major revisions to the ST Elevation MI Guidelines. This article discusses what's new and what is emphasized with the new guidelines. Both bring primary PCI to the forefront in the management of acute STEMI and also emphasize what is acceptable with regards to time delays and and the importance of institutional quality control.

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**Management of ST Elevation MI:**

What’s new with the 2012, 2013 Guidelines

By Gregorio S. Martinez, Jr., MD
Head, Section of Cardiovascular Medicine
The Medical City Cardiovascular Center

### Acute Coronary Syndrome

**Source: ACCF/AHA STEMI Guidelines 2013**

**Acute Coronary Syndrome**

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The guidelines emphasize that coronary artery reperfusion with either primary percutaneous coronary intervention (PCI) or fibrinolytic therapy should be given to all patients with acute STEMI. (See Tables on PCI and Fibrinolytic Therapy indications) PCI is the preferred method for reperfusion.
preferred method of reperfusion when performed in a timely manner by experienced operator. Ideally it should be performed within 90 minutes of presentation (<60 minutes in the ESC guidelines). The concept of “door-to-balloon time” or “door-to-needle time” is replaced with the concept of “first medical contact” (FMC)-to-device time. This concept emphasizes the importance of initial medical contact (frequently in western societies by the EMTs in ambulances), efficient triaging and early intervention, and the fact that balloon dilation is often no longer the initial treatment in patients undergoing primary PCI.

The ESC, but not the ACCF/AHA guidelines, come out favoring radial artery access, but only if the operators have had a large caseload using this access. This is not surprising given that the U.S. lags behind the rest of the world in radial access usage. In the large RIVAL trial comparing radial and femoral access in nonSTEMI and STEMI patients, radial access significantly lowered the primary outcome of Death, MI, Stroke, and Non-CABG Major Bleeds in high volume radial centers and in STEMI.

If the patient presents in a hospital without PCI capability, or if it is anticipated that PCI cannot be performed within 120 minutes of presentation (<90 minutes in ESC), then fibrinolytic therapy preferred. Studies have shown that when delays related to transfer for primary PCI exceeded 120 minutes from FMC, the survival advantage of PCI over thrombolytic therapy was negated. Patients presenting with STEMI in a non-urban hospital (or urban non PCI capable) in our setting likely benefit with thrombolytic as the default therapy given the logistical nightmare of transport to the Metro-Manila area (for example). While the new guidelines recommend giving fibrinolytic therapy if the patient presents up to 12 hours of the start of symptoms, the benefit of fibrinolysis is greatest when therapy is given within the first four hours after the onset of symptoms. The standard espoused by the new guidelines is to initiate thrombolytic therapy within 30 minutes of FMC.

Patients presenting more than 12 hours (to 24 hours) after chest pain onset and still having symptoms or signs of ongoing ischemia should still be considered for reperfusion therapy. In patients in cardiogenic shock, PCI is the preferred mode of reperfusion, irrespective of time of presentation.

Importantly, while a great deal of research has been devoted to comparing primary PCI, facilitated PCI, and fibrinolytic strategies of patient management, the STEMI guidelines again emphasizes that “the appropriate and timely use of some form of reperfusion therapy is likely more important than the choice of therapy.”

In patients who receive thrombolytic as primary therapy, both guidelines state that it is reasonable to do routine coronary angiography and possible PCI even in the absence of spontaneous or provoked (by testing) ischemia. This is preferably done within 24 hours (but not earlier than 3 hours) of the thrombolytic therapy (Class IIa). There is still benefit to doing this later (.34

### Indications for Fibrinolytic Therapy when there is a >120-minute delay from FMC to primary PCI

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**Source:** ACCF/AHA STEMI Guidelines 2013

See Page 49
The practice of Clinical Lipidology, once seemingly straightforward, is now proving to be a challenging field. No longer is the simplistic thinking of if low-density lipoprotein cholesterol (LDL-C) and triglycerides are high, lower them; if high density lipoprotein cholesterol (HDL-C) is low raise it applicable. Recent clinical trials continue to dispute the simplicity of these practices teaching us that nature is more complex than we give her credit for. Now we come to realize that it matters how LDL-C is lowered and that triglyceride lowering may not always materialize into hard cardiovascular endpoints. But more frustrating, substantiated by a number of clinical evidence, that raising HDL-C may not necessarily lower risk for cardiovascular disease as previously believed.

The first unexpected disappointing news in the series of HDL-C trials was the Atherothrombosis Intervention in Metabolic Syndrome with Low HDL Cholesterol/High Triglyceride and Impact on Global Health Outcomes (AIM-HIGH) study.¹ AIM-HIGH was designed to examine whether raising HDL-C, using extended-release niacin in patients already on statin therapy, would provide incremental residual cardiovascular risk reduction. It enrolled 3,414 participants with a history of cardiovascular disease, low HDL cholesterol, and high triglycerides, on simvastatin randomized to either high-dose, extended-release niacin in gradually increasing doses up to 2000 mg per day or placebo. The study was halted prematurely, 18 months ahead of schedule, with extended-release niacin offering no additional clinical benefit beyond statin therapy in patients with LDL-C < 70 milligrams per deciliter, despite significant improvements in HDL-C and triglycerides.

Further confusion is afforded by trials in cholesterol ester transfer protein (CETP) inhibition. CETP serves as a shuttle to facilitate the transfer of triglycerides for cholesteryl ester between ApoB containing lipoproteins and HDL-C, and its inhibition results in an elevation of HDL-C.² Unfortunately, despite increasing HDL-C levels, they failed to demonstrate cardiovascular benefit in large clinical trials. In the latest addition to the list of CETP trials, the Effects of Dalcetrapib in patients with a recent acute coronary syndrome (dal-OUTCOMES) enrolled 15,871 patients with recent acute coronary syndrome randomized to dalcetrapib or placebo.³ Although dalcetrapib raised HDL-C by about 30%, the trial was terminated for futility after a median follow-up of 31 months. The primary endpoint - a composite of death from CHD, nonfatal MI, ischemic stroke, unstable angina, or cardiac arrest with resuscitation - occurred in 8.3% of dalcetrapib recipients and 8.0% of placebo recipients. Dalcetrapib treatment resulted in mean increases of 18% in CRP levels and 0.6 mmHg in systolic blood pressure, effects which may have accounted for its disappointing results. Two other promising CETP inhibitors, evacetrapib and anacetrapib are currently being tested in large phase 3 morbidity and mortality trials. It is with high hopes that we await what these trials will produce.

Adding to the conundrum in HDL-C is the large Medelian randomization study published last year in the Lancet showing no consistent relationship between individuals with genetically high HDL and a lower risk of myocardial infarction.⁴ This finding defies the concept that raising plasma HDL-C will uniformly translate into decline in cardiovascular risk.

The latest in the saga lies in the results of the largest-ever study of niacin, the Heart Protection Study 2-Treatment of HDL to Reduce the Incidence of Vascular Events (HPS-Thrive).⁵ This trial used an extended-release niacin combined with anti-flushing laropiprant (Tredaptive), in the setting of statin use in 25,673 patients at high risk for cardiovascular disease. In recognition of her excellence, she occupied academic appointments during her training years in hospitals in New York, Malaysia and in the Philippines. From 1991 to 2011, she bagged the following citations; 2011 Young Investigator Award, National Lipid Association, New York; 1991 Top 15 Outstanding Interns, Department of Ophthalmology, UP-PGH; 1999 Top 15 Outstanding Interns, Department of Rehabilitation Medicine, UP-PGH; Top 15 Outstanding Interns, Department of Pediatrics, UP-PGH; 1998 Top 10 Outstanding Clerks, Department of Pediatrics, UP-PGH; 1994 Member, Biological Honor Society; 1994 College Scholar, BS Biology, University of the Philippines, Diliman, Q.C.; 1991 University Scholar, BS Biology, University of the Philippines, Diliman, Q.C.
events. After a median follow up of 3.9 years, the combination of niacin and laropiprant was not found to further reduce the risk of the combination of coronary deaths, non-fatal heart attacks, strokes or revascularizations compared to statin therapy. Even more troubling was the statistically significant increase in the incidence of some types of non-fatal serious adverse events in the group that received extended-release niacin/laropiprant. This led to the withdrawal of the niacin/laropiprant combination (Tredaptive) as regulatory authorities claim the benefits of taking the medicine no longer outweigh its risks.

This leads us back to the drawing board in approaching good cholesterol. Our understanding of low HDL-C as a risk factor is sound but has not translated into raising HDL-C numbers based on recent evidence. The struggle to measure HDL-C functionality carries on. In the meantime, we continue to be baffled by the enigma of HDL-C and sit back to watch the drama unfold.

5 http://clinicaltrials.gov/show/NCT00461630

CEBU City, Jan. 25, 2013 – Specialists in echocardiography, cardiac anesthesiologists and thoracic and cardiovascular surgeons gathered to witness the newest technology in 3D-echocardiography. iE33xMATRIX Echocardiography System by Philips Medical Systems was introduced. 3D-echo is not new in the Philippines.

Several companies manufacturing 2D-echo machines have also 3D-echo capabilities. Older echo machines use separate transducer to acquire 3D images. Mostly, 3D transducers are bigger and much heavier than the standard transducers used in acquiring 2D images. With the new technology of Philips, acquiring images from 2d to 3d is much easier with the same transducer. It has the ability to acquire high-resolution 2D images and can switch to 3D imaging at the touch of a button to quickly integrate volume imaging into routine exams. Aside from the 3D transthoracic transducer, 3D transesophageal echo probe is also available. This provides clinicians and surgeons a more accurate anatomy of the heart especially during intraoperative procedures.

iE33xMATRIX Echocardiography System can also automate stress echo exams. It uses iRotate Stress Echo. It can acquire 2-chamber, 3-chamber and 4-chamber 2D images without rotating the transducer. This provides a less stressful post-exercise image acquisition, faster and more consistent result that will benefit echosonographers and patients.

What is xMATRIX technology all about? xMATRIX technology uses elements smaller than human thus can provide volume acquisitions of the beating heart with a high image quality. It harnesses the power of 150 computer boards. PureWave crystal technology is used that improves penetration and can reveal fine structures.

After a series of lectures on 3D echo and live demonstrations, attendees were given a chance to have a hands-on experience in 3D image cropping, slicing, volume, dimensions and ejection fraction measurements.

3D-echo especially 3D transesophageal echo is a breakthrough in echocardiography. It can show cardiac structures and function in a beating heart in a new perspective. It can show more aspects of the heart including the surgeons’ view which is very helpful to the surgeon in pre-operative planning of the surgery. A more precise quantification of the mitral valve can be done. It can help cardiologists diagnose and plan for the best treatment. It can show images that cannot be seen in 2D studies. Device implantation in cases of atrial septal defect (ASD), left atrial appendage (LAA) and ventricular septal defect (VSD) closure will be easier for the interventional cardiologists. The aortic annulus anatomy can be fully studied prior to transcatheter aortic valve replacement. Among congenitally malformed hearts, it has the ability to slice the virtual heart.
A heart that beats is a heart that lives. How true! With the tremendous progress of medicine in the past half century, more exactly in the past decade, a heart that has even stopped to beat can yet be revived and life can continue. Cardiac or heart surgery has progressed to the extent that a heart can be stopped while the surgeon repairs a hole in the heart and the same heart can be started to beat again in full force just by merely flushing the heart of the substance with which it was made to stop.

The normal heart—where is it?

The heart is located normally in the left chest. A few persons may be born with their hearts on the right side of the chest. This is called dextrocardia. “Dextro” means right and “cardia” heart. Some of these hearts placed on the right side of the chest may be normal hearts, structurally and functionally; others less fortunate may be accompanied by severe congenital heart defects or anomalies. Very rarely, a baby may be born with the heart outside the chest.

The heart is a pump

In function, the heart serves as the central pumping station of the whole circulation. It is hollow muscular organ divided into four chambers. There are two smaller less muscular chambers called the right and the left atria, both of which receive blood from the periphery. The right atrium (singular from of atria) receives the blood returned to the heart by the big veins of the body, the superior and inferior vena cavae. The left atrium receives blood from the lungs. The two bigger and more muscular chambers are called the right and the left ventricles. These are the pumping chambers of the heart. The right ventricle pumps blood into the pulmonary artery. The latter carries blood to the lungs for oxygenation. The left ventricle pumps blood to the aorta, the biggest artery in the body, carrying blood through its many branches to all parts of the body that every single cell may be nourished with life and substance.

As a mechanical pump, the heart is provided with valves. There are four main valves. They separate the four chambers of the heart. The two smaller chambers are separated from the two bigger chambers by two valves, one in the right and one in the left heart. The two other valves are located at the origin of the pulmonary artery from the right ventricle in the right heart, and at the origin of the aorta from the left ventricle in the left side. When these valves function properly, they prevent effectively any backflow of blood from one chamber to another and at the same time they open completely in a way as not to obstruct forward flow of blood to the succeeding or receiving chamber. Once the above function or functions are not met, then the valves are said to be diseased and the total efficiency of the heart as a pump will be compromised.

To be continued
Dabigatran etexilate

*Simply superior stroke prevention*

Twin Stars

for **Power** and **Protection**

Telmisartan

Amlodipine besilate
mended hearts

A patient does not solely need an eminent doctor. He wants a physician with a big heart, who lends his ears and uses gentle hands. For most doctors, one of the hardest parts of being one is when the patient is a family member and a colleague.

Cardios with mended hearts

When the doctor is the patient

Suddenly, the doctor-patient lets out his weakness. Beneath the detached facade and unruffled character, is his very human side. Knowledgeable of his susceptibility and mortality, he is in a panic mode. The cardiologist is a difficult patient. In PHA history, not a single member with a heart condition has ever turned his back from his profession. Their identifiable fortitude to be a full-fledged heart specialist reigned even while in pain. For a well-balanced news and views, the attending doctor and the doctor-patient were given equal space.

It is Heart Month, PHAN salutes the cardiologists with mended hearts. ♥

(GPGagelonia)

A privileged life

Illness has a way of controlling every earthly mortal. It is a battle that one must fight, thus coming down with it becomes a succumbing. Not so for a Dr. HB Calleja. This man has diminished illness to nil.

Asymptomatic in 1992, he had an abnormal stress test from a routine check up. A coronary angiogram revealed the need for a bypass surgery. He called on the man he had appointed as chief of cardiac surgery of the then recently established St. Luke’s Heart Institute, Dr. Estan De Castro, to operate on him. He could have gone back to Cleveland Clinic where his colleagues were, advised by many friends. But he chose to have it done in the center he had built, displaying his full trust in its staff. “You die anywhere,” declaring his belief that life is mapped out by providence. Prior to his surgery, the weight of the responsibility of doing it had begun to manifest in Dr. Estan. HB learned that his surgeon wasn’t doing any surgery for a week already. He called his trusted surgeon and advised him to continue doing his usual thing. “I have full trust in you. I made you chief of cardiac surgery,” he affirmed. And so HB went through the surgery matter of factly, and being the rare breed that he is, again did his out of the ordinary thing.

He stayed in the recovery room for 2 days and opted to go straight to a regular room instead of staying in the CCU first. His fellows offered to wheel him in to his room but he chose to walk. This doctor patient is over and above this major surgery.

Ask HB what his heart ailment has done to him and you do not get any dramatic, arresting, or life-changing answers. Discovering his heart condition, he did the most logical thing—approach the expert who can help him get out of that condition. No time was spent on introspection regarding how the past has contributed to the illness, or how the future can be affected by it. Life went on in exactly the same manner as before he was briefly interrupted by a bypass surgery.

As if testing his hardiness, fate would again interrupt him big time with a rhabdomyosarcoma on his right arm. Not only was the enemy big, as if taunting him, it zeroed in at his golfing appendage making sure it cripples a man by destroying his passion. But HB remained unshaken with the dastardly way of the Goliath of all illnesses. Reason again dictated that he go to the right person who could help him with his condition. This patient defied the psychology of grief that comes with the illness—there was no struggling through the stages of shock, denial, bargaining, anger, depression, and acceptance. There were no why’s and what ifs. He peacefully embraced the fortune that heaven has assigned to him, a mark of his unwavering faith in a God who has full control of everything. Cancer interrupted his journey for a while but did
not knock him out. Life went on in the same manner as before he was interrupted by a rhabdomyosarcoma. Even the golf remained.

Still failing to score a knockout, HB’s radiation exposure recently gave him hematuria. The blood clot inside his urinary bladder would cause him so much pain when urinating. Go through the pain, he did, as he submitted himself to the expert’s care to help him out of his condition. Now he goes through a regular 4-hour hyperbaric therapy. Even the patience of this man of mettle was tested by the pain and long hours of treatment, not to mention the interruptions from pneumonia. Throughout all these, HB was uncomplaining.

He lived high above the all too common reactions of analyzing the past and speculating about the future when confronted with illness. He practiced present-moment living, stopping on interruptions, then gets on as the road clears. “Faith is the balance that levels all differences,” he says, for to him all life becomes simpler in the eyes of faith. He not only diminished illness to its nothingness but upgraded it to a privilege for physicians. He says a physician who encounters an illness becomes a better physician because he gets to see things from a different perspective, that of the patient. Taking illness as a privilege may be the reason why he comes out of it unscathed - because no fighting happens. You don’t fight a privilege. You roll with it. Now there is no succumbing to a disease. There is just a frailty of the human body which HB understands so well.

**Dealing with a finite heart**

By Malou Bunyi, MD

While most hearts perform its life-giving design in an uninterrupted manner, Dr. Marie Simonette Ganzon’s is customized to be different. She was around 1 year old when her father died of sudden unexplained cardiac death. At a very young age, she developed fever, and was discovered to have irregular heart rhythm.

During most of her childhood, she was asymptomatic but she was told that her case had been presented in several case conferences, some in the presence of foreign resource doctors. “Maybe I had viral myocarditis,” she says, recalling that she looked odd because of her very dark skin and chubby appearance during her elementary years, suspecting that she must have developed Cushing’s syndrome from steroids. She was told that she practically lived in the hospital, but she never recalls having being symptomatic. She was denied some of the joys of childhood because she was never allowed to play and was always exempted from PE classes. She went on to college and decided to be a little bit daring and enrolled in swimming and jazz classes, climbed a mountain, and was totally asymptomatic and unaware of the consequences of her acts. She continued to College of Medicine and went through toxic duties till she became a resident in Internal Medicine and got married in her first year. Things started to change when she got pregnant. Her usual heart rate of 50-60 was now in the 80s. On her 2nd trimester, she had easy fatigability and this worsened to the point that she had to be carried and put on a chair and be bathed. She had 4-pillow orthopnea, and even combing her hair was giving her shortness of breath. She was in congestive heart failure from her complete heart block. Through these, she carried the pregnancy to near term, in complete bed rest. She gradually improved with medical management. By choice she stopped residency to take care of her child. She went back to residency after 3 years but now started to feel some amount of easy fatigability. She providentially got the favor of a ‘terror’ cardiologist during her training, and eventually developed keen interest in the field. She attended a postgraduate course on arrhythmia during her residency, and that was where she had clear knowledge of her condition. She went to Dr. William Chua, introduced herself as a doctor, and declared that she needed a pacemaker.

Carrying the burden of an illness throughout most of her life was never easy for Monette. She had felt she was a factory defect, but knowing well the Owner of the factory made her accept her lot. She has learned to look at it like St. Paul’s “thorn in the flesh” and knew very well that it has a purpose.

Monette was instantly good with the pacemaker and realized that things could have been a lot easier had she had it implanted earlier. But easy, it was not, for she would learn later on that her bionic heart was as finite as her organic heart. The next phase of this bionic life, she would encounter problems with the pacemaker. In 2009, she started to have near syncopal episodes. After thorough evaluation and much discussion, she apparently had a fractured lead, and on the setting of previous problems with her pacemaker, would require pulling out the electrodes one by one. She was now a cardiologist at that time, and well aware of the danger of a ventricular eversion or a cardiac rupture. Putting an epicardial lead which would require open thoracotomy was decided. The thought of being opened up was not easy for Monette the patient, but Monette the cardiologist, was convinced that she had to go through it. She wrote a letter to her only daughter, a litany of instructions from a mother who might leave and declare that she needed a pacemaker. In 2009, she started to have
mended hearts

numbered by God,” she says. She believes that nothing happens by accident. “The omnipotent and omniscient God is my father,” she utters, revealing her source of comfort. Now she deals with patients with so much compassion, making an effort to introduce them to her comforter. Monettenow views life serenely, standing with a finite heart before her Infinite Maker and Designer.

Coming to terms with reality
By Ardith Dominguez-Tan, MD

Dr. Romeo Ariniego, the first cardiologist at the De La Salle University Medical Center in Dasmarinas, Cavite, first had an acute myocardial infarction towards the end of October 2005.

As he was scheduled to undergo an elective angiography he developed an ischemic stroke in early November 2005. When these events happened he was not devastated and it actually opened his mind to the fact that unlike his younger years he was also vulnerable to the same conditions as the patients he sees on a daily basis. He came to a realization that life can be taken away anytime.

The De La Salle Health Sciences community rallied around him during these critical times with a “prayer brigade” that made him feel cared for. He subsequently underwent angiography and single vessel angioplasty. While being at the receiving end of medical treatment he remained confident that he would survive and become much better health-wise. Post-angioplasty, he remains busy with his practice although his diet consists more of fish and vegetables.

Having been a patient himself he continues to help others, patients or otherwise, in any way he can. His advice to fellow cardiologists who may find themselves in the same situation is to “accept your illness and from there do what is necessary to become better.”

Prayers, docs saved his life
By Ana Beatriz R. Medrano, MD

“For one minute, walk outside, stand there. In silence, look up the sky, and contemplate how amazing life is” – Unknown. This is how Dr. Jose Villaroman, Jr. perceives his world and existence as a whole. With his upbeat personality and optimism, this adorable cardiologist makes every waking moment worthwhile. He is blessed by a loving wife, two amazing children and three beautiful grandchildren. He has reached a peak in his career that not all doctors were able to do.

Surrounded by faithful comrades, esteemed by his colleagues and valued by his patients, this respectable doctor has everything a man could have wished for. Life was indeed a bed of roses.

To some hardly acquainted to this gallant man, his life seemed to be impeccable. Yes, it was a bed of roses. But all roses have thorns. Unknown to many, his health is full of twists and turns. 2006 was the beginning of a string of events. This year, he underwent pituitary surgery for prolactinoma. Fretful, coupled with trepidation, he expressed words of parting written in his own handwriting. With heaven’s mercy, the surgery was uneventful. The year after, he faced another ordeal. He needed to be under the knife once more for herniated disc worsened by schwannoma. Though treatment was a success, the after-pain was agonizing that made him dependent on a wheelchair. It was in Prague where a miracle took place. The God-fearing doctor humbly beseeched the Creator’s healing grace before the statue of the Infant Jesus. The Almighty sent his angels disguised as handicapped men. Bizarre as it may seemed, one man with a tracheostomy and a female with Down syndrome voluntarily assisted him and his son in their travel. This is quite an odd gesture from Czechs. Upon his arrival to the Philippines on the 9th of September, after Mother Mary’s birthday, the pain was entirely gone and he was able to walk once more. Enlightened, he realized that the two he met in Prague were divine beings sent from above telling him to have faith. For miracles still happen to those who believe. The last torment was a thyroid surgery in 2009. Then again, under the sanctuary of angels, he was kept sheltered throughout the procedure.

Being a heart doctor, Villaroman lived a healthy lifestyle. He occasionally pampers himself with delectable cuisines especially when he is on out-of-town trips. Once in a while, he stretches and plays golf. He was a smoker in his medical school days but stopped in 1985. When Jose Villaroman, Sr., joined the Creator, the task of supervising their farm in Bulacan was a heavy load passed on to his shoulders. Faced with intricate negotiations with the tenants and unending land disputes, his blood pressure became erratic necessitating a hospital admission. Despite these complications, he was living his life to the fullest. But things took a different turn in early 2012. The first manifestation happened April while he was in Korea. It was a slight chest discomfort that one can even ignore. This recurred the month after when he was in Canada set for a picture-taking. The escalating frequency of his symptoms led to coronary angiogram. The verdict was coronary artery bypass surgery. Much as he wanted to wake-up in what seemed like a nightmare, the obedient
doctor accepted his fate and obeyed his cardiologist. Protected by prayers of people who cares for him and strengthened by his faith in God and his colleagues, the perioperative was unremarkable and recovery was swift.

It is an irony for a physician to undergo several operations, much more for a cardiologist to have a cardiac surgery. Life is how one perceives it. Life is a bed of roses. Every person has a choice of smelling the flowers or remain wretched to the pricks of its thorns. Villaroman chose to appreciate the roses. He never doubted the will of God nor did he felt betrayed. Instead, he considers himself very fortunate to be alive and be with his family and friends despite all his ailments. Guided by the memories and teachings of his father, driven by the unconditional love and care of his family and inspired by the magnificence of his life, he was able to triumph over all his battles. These strengthened him even more. This valiant doctor is yet to face another surgery soon, a cataract extraction. Armed with his faith he is equipped to face another crusade. Behind the armor of this great crusader is an armament more formidable than anything else - his unfathomable devotion to God and a strong will to live.

**A walking bomb but clueless**

By Joselito Atabug, MD

I like disco dancing and playing golf. In February 2006, in one of those out-of-town lectures, I was surprised to have gotten tired only after about 10 minutes of dancing to the tune of the invited band after a symposium.

I didn't mind it, the typical doc attitude, I just rested. We proceeded to the other city venue which was a three-hour van ride the following day. Nothing recurred, and in fact, I forgot about it. I only remembered about it when four months later, on the first hole of a golf course while going uphill to putt on the green, I had palpitations and shortness of breath which again disappeared as fast as it appeared. We finished the 18 holes eventufully. Don’t wonder now, I always take a cart in mountain courses which is mandatory in some courses. This time, like a good doctor, I thought that it was time for a work up but I never did.

I had time to procrastinate as I had an out-of-the-country lecture. I enjoyed the trip but on the last day while walking on the elevated grounds of the hotel felt some shortness of breath, relieved by resting at the lobby. I went home safely, then played golf again and felt something similar the first time around. Reproducible, that's it, I told myself. I definitely need a work up. I finished the game again, thanks God!, of course with a golf cart.

My 2-D Doppler showed Concentric lvh, EF 77%. Good LV function, had a Independence Day family weekend in Mimosa Golf and Country Club in Clark, planning to play golf with a patient that didn't push through, instead I prepared for my Capitol Medical Center Anniversary Lecture for the coming Thursday. Since Monday was still a holiday, I went to my favorite past time, SPA. I took six flights of stairs, slowly. I felt nothing. The day after, I got these findings – early positive Treadmill test of a Stress Thallium with no discernible perfusion defect, THE PERFECT CAVEAT. I had my coronary angiogram Thursday morning at UST then cancelled my CMC lecture for that day.

Wednesday was time for the Lord, I heard mass and ask for a special blessing from our village parish priest. Going home had a double set up -- packing of bags one for a UST confinement and another for a Helsinki European Society Congress trip, hoping that my angiogram would be insignificant.

To cut this long story short, I had a six-vessel CABG in June 2006, living precariously with a 90-percent occlusion of the left main coronary artery, very uneventful and a fast recovery.

Mwah to all. Special thanks to my dearest wife Les and 9 children, to Dr. Wilson Tan De Guzman, my able angiographer; Dr. Nelson Lee, my excellent surgeon and my pain-free anesthesiologist Dr. Gil Simeon. I never had any post-surgical pain at all. The fact that I didn’t have an MI, the very successful cardiac surgery and not suffering any pain at all and living today with family and with you guys, able to play golf again and making a hole in one in June 2011 I call and believe the MIRACLE in my LIFE!

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**TIPS vis-à-vis realities**

1. You can’t choose your parents. I was a post-MI baby. I was conceived after my dad had an inferior wall MI at age 48. The classic history of a premature CAD in the family.

2. Don’t dismiss metabolic syndrome. You know what I mean.

3. The above (1&2) are compounded by a bad lifestyle including stress.

4. Friends will be there but your family will always be there.

5. Doctors are the worst patients not until something happens.


8. Pray hard, or get a prayerful spouse.

9. Experience is the best teacher, I’m now a better doctor to my patients.

10. Doctors are not invulnerable.

11. Practice what we preach.

12. Be prepared psychologically, spiritually, physically and financially.

13. Don’t backslide.

14. From my 98 y/o patient (alive & kicking!). Don’t smoke, drink moderately and with meals (food), don’t bring home bad girls and SMILE!

— J. Atabug, MD
mended hearts

I’m no superman after all
The typical doctor that he is, who wears many hats, he takes the fast lane. Fifteen years of training – from medical school to training institutions fortified Dr. Andrew Carreon’s fortitude to attain his other pursuits.

His profession as a cardiologist keeps him busy. At the same time, he is also a businessman embarking on new ventures.

Loving and enjoying what he does, he is indefatigable, and determined. He thought he was “superman”. But he has always known that his physique is not made of steel. He has bad genes with a strong family history of coronary artery disease.

To put CVD at bay, he maintains an active lifestyle and healthy diet, making sure that his practice does not get in the way of his regular exercise routine – jogging, tennis and badminton.

Conscientious with his diet, his staple consists of vegetables and fish. No meat and he rarely eats rice.

Despite healthy habits, Carreon still had a significant CAD.

One day, while playing badminton, he felt fatigue midway in the first game. This was unusual for him as he was used to playing two to three intense badminton games.

Alarming. It was his first time to experience such a symptom and this made him uncomfortable. An angiogram showed a totally occluded mid LAD artery.

Without qualms, he subsequently had an angioplasty.

His father died of ACS due to totally occluded mid LAD artery while his brother had an angioplasty of the same vessel three months prior his own angioplasty.

With his new lease on life, Carreon made a pact with himself – to be twice as conscious about practicing a healthy lifestyle.

He now realizes that a true healthy life means keeping a balance between the physical, emotional, “I’m no superman after all”, he said.

I knew it
By Arvisminda Fernandez-Ladiao, MD and Cecile Cabias-Jaca, MD

By all indication, Dr. Victor Gonzalez, Dr. VG or Tatay VG, as his colleagues and students fondly call him, saw it coming. For the longest time, he has come to terms with reality that sooner or later, he would have to undergo an interventional procedure to regulate his heart beat.

“It was a God-given event. I don’t think any risk factor is responsible for the arrhythmia to occur,” he said.

During his pre- and post-op days, he would radiate the same aura – a sunny disposition induced by a munificent heart who welcomes a new blessing and challenge each single day.

The typical cardiologist who welcomes and embraces multi-duties with ardor, the only time that Dr. VG had to slow down a bit was when he would feel the symptoms.

“I stopped in between rounds due to complaints of light headedness that was not anymore noted after the ablation. So everything is basically the same. I still do the same load of daily activities,” he said.

He underwent Ablation for AVNRT at Perpetual Succour Hospital, Cebu City in 2010. The procedure was performed by Dr. Gertrude Ong-Cordovez, “at a time when most advised him to have it done in an institution that does ablation often, I purposely chose to have it done in Cebu because I believe that we already have the capacity for this intervention.”

The procedure didn’t change much of his perspective, whatsoever. Not even in the way he handles his patients. Not necessarily a difficult patient, he considers himself “interactive even if I may not be a 100-percent compliant patient. I guess it’s my nature as a doctor.”

During his stay in the hospital, he realized that he cannot stand the day just staying in bed, thus, immediately after the procedure, he made rounds, that resulted in hematoma at the punctured site.

His heart-y tip to his colleagues: “Well, there is no better advice than for a cardiologist to listen well to his own heart.”

Currently, Dr. Victor L. Gonzalez is the chairman of the Cardiology Fellowship Training in Perpetual Succour Hospital Heart Institute, and an active medical staff at different hospitals in Cebu City. He is a well-respected cardiologist specializing in Electrophysiology and is the ECG and arrhythmia guru of Cebu.

When a patient has the clinical eye

The sight of a V-tach brings shivers to any careful cardiologist. The story becomes different when the cardiologist sees the V-tach on the cardiac monitor attached not to his patient but to himself.

Dr. Ramon Roces

woke up at 4 o’clock in the morning with an epigastric pain. He brought himself to Sta. Teresita General Hospital and got an EKG which showed non-conclusive changes. An abnormal cardiac enzyme made him decide to call the ambulance to bring him to St. Luke’s Medical Center. While in the cathlab, breathing was suddenly difficult, and he got the scare of his life when he saw V tach on the monitor. At that instant, it dawned on him that he may never see his family again. That was the last moment he could remember. He had a heart attack.
heart and a sharper clinical eye. is now a far better doctor with a patient’s crisis, and more appreciative of life. Mon and closer to his God and family whom he in the same clinic is also more grateful very dark hours of illness. The new doctor for his patients, having been there in those developed more compassion and empathy on other people,” he intimated. He has is ill, he is helpless and totally dependent humbling experience because when one from where he has been. “It was truly a cardiac patients, well aware of the fight he was on intraaortic balloon pump, on maximum inotropes, and that one artery was not successfully stented. There was no need to explain anything to this doctor patient. While other patients would hold on to a ray of hope behind the words that they do not fully understand, Mon would have to take things at fully disclosed though unspoken face value. As he lie in bed, his helplessness and total dependence on the nurses added to the physically discomfiting and long hours inside the CCU. Identity shift for this doctor was suddenly complete. Instead of being a doctor in command, he was suddenly a patient in need of much help. While he lost control of the condition he is most familiar with, his clinical eye stayed, and that made things far more difficult for him. The agony is multiplied a thousand times when you see and understand things but is totally out of control of the situation. The gloom was interrupted from time to time by visits of family members and friends. For Mon, there is no underestimating what encouragements can do. There is tremendous ease when burden is shared. A surge of hope came as he was transferred out of CCU. Things were getting brighter. His recovery period however was denied the promise of brightness as his brother succumbed to a heart attack 3 weeks after his own. He was unable to fully comfort family members, and to shield his fragile heart from further blows, he had to take tranquilizers. Now, Dr. Mon Roces is back in his clinic. The clinic address and schedule are the same but the doctor is different. Mon is bent on putting his diabetes in control and now minds his diet carefully. He spends 30-40 minutes in his treadmill daily. “I realized that doctors get critically sick too. We are not superheroes,” he says. He has become more aggressive in managing cardiac patients, well aware of the fight he needs to put up to keep his patients from where he has been. “It was truly a humbling experience because when one is ill, he is helpless and totally dependent on other people,” he intimated. He has developed more compassion and empathy for his patients, having been there in those very dark hours of illness. The new doctor in the same clinic is also more grateful and closer to his God and family whom he considers as key elements in surviving the crisis, and more appreciative of life. Mon is now a far better doctor with a patient’s heart and a sharper clinical eye. ♥

Cardios who take charge of a colleague’s heart

A one-on-one interview with Dr. Ariel Miranda and Estanislao de Castro, an interventional cardiologist and cardiovascular surgeon, respectively on their personal thoughts and experiences in taking care of their colleagues.

MIRANDA:
To be a cardiologist’s cardio is the most difficult and most rewarding of undertakings.
I have taken care of seven colleagues, all of whom I know, which makes it very personal and, of course, doubly difficult, emotionally.
The first consult always generates complex feelings. You sense and share in their denial, disbelief, reluctance and indecision, and finally, acceptance. Even a cardiologist will cease to be objective when he, himself, becomes a patient who must go under the knife. Add to his dilemma knowledge of the natural history of the disease, diagnosis and management options with attendant risks and benefits, and the more-than-a-dozen conflicting opinions he must have received.
I find myself asking silently, “How is he coping?” “Which option will he choose?”
And then you realize that the tables could be easily reversed! You, too, become acutely aware of your own vulnerability and mortality.
Even if you emphasize that a favorable outcome is expected in >95%, the fear of that very low 1% chance of complications is quite palpable. I’m not superstitious. However, we all know there is a pervasive myth that complications tend to befall practitioners of the healing art and their relatives.
There have been light moments, though. A colleague once asked “when was your last complication?” To which I replied “99 patients ago!” Also, he prepared to deftly par the endless calls from colleagues and unsolicited opinions. Divulge little no matter how hard they coax you!

Do you handle the procedure any differently?
Cardiologist-patients come in all types. There is the cardiologist who is deathly afraid of sedation and going to sleep, needing constant reassurance that everything is alright as the procedure progresses. There is the control type who wants to be widely awake and to be in the loop, blow by blow. Some want to be totally sedated and to wake up to receive the good news.
Always, before I start I find myself subconsciously saying a short prayer-for wisdom, guidance, and discernment. I remind myself the dictum of primum non nocere, first do no harm. And then, I just surrender myself and let my decisions and my hands be guided. As the procedure nears completion you feel a great weight being lifted from your shoulders, a “Thank-you-Lord moment!” It’s always a great feeling to be the bearer of good news to the patient, his family and colleagues.
Since problems will arise when you let your guard down, post-procedure care is man to man for the next 24 hours to ensure the successful procedure has a happy ending. Just like any post-op patient, cardiologists also need frequent reassurance. There is always that vague chest discomfort at rest, that sudden shortness of breath, a twitching sharp discomfort that requires a gentle reassurance that it’s OKAY.
mended hearts
Cardios who take ... from Page 47

What does it feel like when it’s over?
I’m fortunate that all my cases were successful and without complications. I can’t begin to imagine how devastating it would be to the patient, the family, the cardiology community, and to myself if the outcome had turned out differently.

Taking care of our colleagues has been emotionally and professionally rewarding since it is an affirmation of their trust and confidence in you. It is probably the highest accolade to indeed be the cardiologist of cardiologists, as you have put it. It is most gratifying that through you, they have been given the gift of a second life. And that they, in turn, will continue to heal hearts and save the lives of others.

DE CASTRO:
Estanislao De Castro, MD is a bearer of the Traveling Fellowship Award which honors the Outstanding CV Surgery Fellow at the Texas Heart Institute on the basis of knowledge, technical performance and professionalism. De Castro received his award in 1983 which qualifies him to serve as an ambassador for this society and the Texas Heart Institute where he trained. Little did he know that when he got back to the Philippines after his training, he would meet the challenge of being the surgeon of choice of many doctors, among which is Dr. Homobono Calleja, founder and director of the St. Luke’s Heart Institute. Calleja is one of De Castro’s trophies that taught him valuable lessons that he abides by to this very day.

In preparation for Calleja’s bypass procedure, De Castro was said to take a week off work. Calleja hence summoned De Castro so as to grant him encouragement and advice that there was complete trust in him and that he should not regard him as a special patient but as an ordinary case.

Twenty years forward, De Castro remains the surgeon of choice of many. In an ambush interview, the cool De Castro afforded PHAN staff the privilege of seeing his heart for his wounded colleagues.

How do you deal with doctors/cardiologists as your patients on and off the operating room table?
I offer a prayer and deal with each one equally regardless of name and stature. I detach myself from the name and focus on doing my best at mending their broken hearts. Undeniably, there is pressure on me but I have managed to deal with that by surrendering myself and the team to the Almighty. ❤

Life after a CV event:
Cardiac rehabilitation is crucial
By Helen Ong-Garcia, MD

Being a cardiac patient with multiple issues is never easy. An acute cardiac event is all the time devastating and persistently debilitating that the compleat management is never accomplished nor achieved. Granting that all recognized standard of care algorithms are implemented, the improvement of the condition does not necessarily indicate a betterment of overall functionality and disposition. Thus the evolution of the necessity of cardiac rehabilitation as a discipline has been determined.

The mechanisms of benefits are multifaceted; a number of factors can contribute to the benefits of exercise rehabilitation, including improvements in the lipid profile, reduction in blood pressure, and prevention and treatment of type II diabetes. Thus having said so, implementing cardiac rehabilitation is a challenging, systematic, disciplined routine of which all modes of education have to be undertaken. First and foremost, the art of convincing comes into play. Not only do we have to initiate confidence upon the primary physician into the importance of secondary prevention, we need to prove through results and outcomes that cardiac rehabilitation is indeed essential. Having the gift of communication is definitely a big plus factor.

To become an effective cardiac rehabilitation specialist, one must have the knack of discourse and explanation. The key word in this act is Partnering. Not only with the primary physician, but with the family, the care providers, the paramedical personnel in charge of the patient’s recovery and most especially the patient himself. The next key word would be perseverance. Repetition instill recall. Preventive education for better understanding of the risk factors can only be achieved with persistence and dedication to institute change.

Studies involving cardiac patients especially pertaining to changes in clinical functional parameters and quality of life measures have indicated that cardiac rehabilitation, whether in an exercise based cardiac rehabilitation or a comprehensive risk factor preventive program (which remain to be the contentious issue ) have significant beneficial improvements.
Exercise rehabilitation with and without risk factor education and counseling effected greater reductions compared with control populations in total cholesterol, triglycerides, systolic blood pressure, and self-reported smoking, without significant differences in LDL-C or HDL-C levels. Quality of life improved similarly with cardiac rehabilitation and with usual care, though some studies showed a better trend in cardiac rehabilitated patients.

As of March 2006, the U.S. Center for Medicare and Medicaid Service concluded that cardiac rehabilitation is reasonable and necessary after acute MI (within the prior 12 months), CAGB surgery, stable angina pectoris, PCI with or without stenting, heart valve repair or replacement, and heart or heart-lung transplantation. Despite this, enrollment remained low and the discipline underutilized. Its also been documented that an earlier enrollment stand to give greater benefit to patients with cardiovascular disease. This conclusion is basically aligned with the DOH pronouncements that such treatment should be considered “highly investigational for compassionate use”.

Nevertheless, PHA supports ethically conducted research studies that will address some of the uncertainties regarding this modality before it can be recommended as a mainstay strategy of therapy in heart disease. This basically acknowledges that more studies with robust designs are needed to further elucidate on the role of SCT in heart disease. 

What’s new ... from Page 37

hours) in stable patients with a patent but significantly stenotic infarct related artery (class IIb).

Institutions providing PCI for STEMI should be monitoring and periodically reviewing their performance particularly with respect to time delays in triage (door to ecg), door to device , and door to needle (thrombolytic initiation) times.

Taking into account the growing body of evidence on the benefit of therapeutic hypothermia (TH) with respect to clinical outcomes, both guidelines advocate TH in comatose patients with STEMI with resuscitated cardiac arrest from pulseless VT or VF (Class 1B).

Recommendations regarding adjunctive antiplatelet therapy establishes as alternatives to clopidogrel the two new antiplatelet agents, prasugrel and ticagrelor. The latter two are preferred over clopidogrel in the ESC guidelines.

In the subgroup of patients with STEMI referred for primary PCI in the TRITON-TMI 38 study, prasugrel was associated with a 32% relative risk reduction (RRR) of the primary combined endpoint (cardiovascular death, myocardial infarction, or stroke) after 30 days (6.5% vs. 9.5%, p=0.017), which still was 19% after 15 months (10.0% vs. 12.4%, p=0.022) as compared to standard therapy. Prasugrel should however not be given to patients with a history of TIA or stroke and was not shown to be beneficial in patients more than 75 years of age or those weighing less than 60 kg, due to an increased risk of bleeding.

In the 7,544 patients with STEMI referred for primary PCI in the PLATO study, the effects of ticagrelor were consistent with those seen in the overall PLATO trial. Ticagrelor reduced the primary combined efficacy endpoint by 13% (9.4% vs. 10.8%, p=0.07) and the rate of a recurrent myocardial infarction was 19% lower compared to clopidogrel (4.7% vs. 5.8%, p=0.07), in both instances, however, not to a significant extent. In STEMI patients, major bleeding complications were not significantly affected by ticagrelor when compared with clopidogrel.

As with prior guidelines, the use of numerous pharmacotherapies that have been shown to decrease morbidity and mortality are discussed and emphasized, including anticoagulation, beta-receptor blockers, ACEI inhibitors and ARBs, aldosterone antagonists, and statins. The initiation or continuation of high-intensity statins is recommended (class I) in all patients with STEMI. Posthospitalization care is similarly emphasized, including smoking cessation and cardiac rehabilitation, and lifestyle changes.

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likewise warns the public to be wary about SCT promoted through media or word of mouth where testimonials and anecdotal observations are the only basis for efficacy.

Therefore, in the light of all these data, the PHA concluded that it does not recommend SCT of any kind (from bone marrow, adipose tissues and non-human sources) as a standard of care to reduce cardiovascular risk in patients with heart disease (coronary artery disease and heart failure). This conclusion is basically aligned with the DOH pronouncements that such treatment should be considered “highly investigational for compassionate use”.

Nevertheless, PHA supports ethically conducted research studies that will address some of the uncertainties regarding this modality before it can be recommended as a mainstay strategy of therapy in heart disease. This basically acknowledges that more studies with robust designs are needed to further elucidate on the role of SCT in heart disease.

A new perspective... from Page 39

in infinite planes in an anatomically appropriate manner to better understand the anatomy.

Overall, the experience was worthwhile. The place was exquisitely marvelous along with the other breathtakingly picturesque sceneries of Cebu. Most importantly, it was a moment of learning and discovery. In this time that the technology is far more advanced, there are still new innovations that are emerging. As specialists already in their own fields, attendees were still amazed what echocardiography has still to offer. Medicine as a whole is continuously evolving, more breakthroughs are discovered and much more are left to be unraveled. 3D echo is just one of these, giving a new perspective at echocardiography.
Firebird 2™
Rapamycin-Eluting Coronary CoCr Stent System

- L605 Cobalt-Chromium super alloy laser-cut stent
- Crossing profile 0.039"

Feel Strength
Feel Flexibility
Dr. Rodolfo Soto is one of Philippine Cardiology’s legends. He is a visionary and a trailblazer, a clinician and an academician through and through. Assiduous and dedicated to his profession, he built himself an illustrious name. An impression that would be etched in the minds and hearts of his peers, students, patients and the succeeding generations of heart doctors.

When he came back from his US training in 1969, the local cardiovascular setting was at a languid pace. With Drs. Homobono Calleja, Avenilo Aventura and Ludgerio Torres, they formed a clique that planted the seeds of development of the field and the evolution of the Philippine Heart Center (PHC). PHC came into existence in 1975.

Through the years, the group succeeded. The whole medical world watched the Philippines with admiration as the tiny country in the Far East shined and became a spot that landed on the international cardiovascular map. Foreign patients sought medical intervention at the most-vaulted PHC, the first heart specialty hospital in Asia.

“Heart surgery, cardiac catheterization and treatment of all sorts of coronary heart disease and rheumatic heart disease were done at PHC. We performed almost a thousand cardiac catheterization cases a year,” he said.

Soto was the first head of the PHC CV Hemodynamic Lab (1975 to 1980). He did the first coronary angiography in the Philippines – at the Makati Medical Center, using an old cine angiogram in 1970. He taught his Fellows bedside cardiology and made rounds with his residents.

Among the Fellows trained by the PHC think-tank and leaders were Drs. Romeo Saavedra, Edna Garayblas Monson, William Chua, Jose Villaroman, Marcelito Durante and Rogelio Yebes and a lot of more, who became CV biggies just like their mentors.

The PHA, under his leadership from 1979 to 1980 marked milestones. His journey as PHA director and eventually, as president was very enriching, but the most significant and unforgettable experiences he recounted were – the fund-raising and lay education symposia; trips to the Congress to lobby for the smoking ban in public places (because smoking is one of the causes of heart diseases); the first out-of-town annual PHA Convention that was held at the tony Puerto Azul Resort in Cavite, that had foreign cardiologists as guest speakers. A high-end resort down south of Manila, Puerto Azul catered to an elite clientele.

In 1980, while he was at the peak of his career, the Sotos (his OB-Gyne wife, Dr. Fortunata Espiritu and two children) opted to migrate to the US. “My wife and I thought our children would have a better future in the US”, he said.

Apparently, he left half of his heart in the Philippines. Love for his roots and the specialty transcends boundaries. Notwithstanding his stature and the countless feathers to his cap – a lucrative career as a clinician in three prestigious hospitals and as an academician in a leading training institution all in San Francisco City, – he has kept his feet grounded. While benefitting from the strides made by the US thru CV advancements in the form of landmark trials and technological breakthroughs, this unassuming and altruistic man endeavoured to bring these innovations to the Philippines.

DeKADA

PHAN gives more room for past presidents who are in their sixties. Dekada is devoted to PHA leaders who have magnanimously poured their time to their beloved organization all these years.
A soothsayer and stalwart leader, he has woven a trail of remarkable feats as a physician, researcher, teacher and a civil society leader.

Sheer mention of the name Dr. Rody Sy echoes integrity, dignity and eminence in the cardiovascular sphere. The diligent and modest teacher that he is, his passion for the field surpasses frontiers of interest. The astute researcher and businessman has unselfishly shared his expertise to the Philippine Heart Association (PHA) from the day he took on its rudder in 1991 to this day.

The Sy legacy lives on. He believes that the fountain of knowledge is bottomless and he enthusiastically welcomes breakthroughs and innovations. His love for research and teaching is ceaseless and gets its full measure of his energy from students who love to learn. It saddens him though when he sees students who forget to hone the basics of a good history and physical exam over what technology offers. He says that this is the start of the deterioration of clinical cardiology.

To this day, Sy continues to inspire young cardiologists to pursue education in the less trodden paths of cardiology. He dreams of the young and upcoming cardiologists to love research and learning over mere earning and be PhD’s in fields of clinical cardiology.

Being a global scientific leader in the field of lipidology, he has spearheaded many completed and ongoing research work on lipids and related topics. The bottom-line of his extensive research works redound in improved patient care and the medical profession.

Though Dr. Sy made it to the Who’s Who in Medicine and Healthcare 7th Edition 2009-2010, he prides not himself of these accolades but of being able to treat his patients well and being able to impart a bit of his knowledge and flare to the next generation of cardiologists.

Not only does he have unquestionable impact in the training and education of the young, he is also a leading light of the 1st Food and Nutrition Research Institute study that resulted in future studies and sub-studies on the epidemiology of risk factors for CVD.

An outstanding student, he gained an excellent reputation of the Filipino doctor while undergoing training in different institutions -- at the UP-PGH, Mary Johnston Hospital, Cumberland-Brooklyn Jewish Medical Center and Memorial Bellevue Division, Cornell Medical School, as a research fellow of the New York Heart Association and Rockefeller Foundation. As a Research Fellow in New York, he contributed immensely to diagnostic exercise electrocardiography because his pioneering research became the basis of the present-day exercise stress testing: The 8th Golden Heart Awardee 2012 Dr. Sy’s ardor goes beyond the cardiovascular domain. Colleagues and peers acknowledged his significant contributions to cardiology and medicine in general through the Philippine Medical Association 2009 Jose P. Rizal Award for Outstanding Clinical Practice.

As the 40th PHA president, Sy was one of the youngest to hold such an esteemed position, and hard working and dedicated at that. Though the years of being in the PHA board robbed him of time from his family and patients, he recalls those years as still best shears in his life as a cardiologist, despite many odds. Those years taught him a lot and further harnessed his full potential. Above all, he says it taught him humility and “pakikisama” so as not to lose sight of the PHA goals. He continues on to share that though his year of presidency had many snags, he found it a very enriching one. He recounts many problems from organizational issues brought about by many projects and international symposia first organized during his time to pressures from within the PHA Board as cardiology training institutions started to rise and different personalities wanted a piece of the pie. Yet in the end he says, every pain had a much deserved gain.

As a community leader, he is deeply involved in local community as chairman of the Sagip Buhay Medical Foundation and Pusong Pinoy Foundation.

An embodiment of a versatile physician with a big heart, he is a clinician, teacher, researcher and community leader. Currently, he heads the Department of Medicine, UP College of Medicine and a Professor of the Section of Cardiology. He is the past head of the Cardiovascular Institute, Cardinal Santos Medical Center.
Sibulo is a man that is not too easy to read. His covers show a cool, fun-loving, carefree persona. At first glance, he is a happy-go-lucky guy, and dressing up with flair has a lot to do with the image. Flip on this well decorated book jacket, go through the pages of his life, and you see the substance of the man in whose hands would be entrusted the simultaneous care of 3 highly esteemed cardiology groups. It started with focus. At a very young age when play rather than work should occupy one’s mind, he had already set his heart on becoming, not only a doctor, but a cardiologist, an influence from his cardiologist father. He grew up to be one, and his keen observation of things may well be an ingredient to the destiny he had to take. “As a young practitioner in the early 1980s, we saw factionalism at its height. It may probably be the reason why the young cardiologists then in us decided to get involved with PHA affairs to institute change.” The politics that harbored mistrust among members which he witnessed and experienced was to him the most frustrating thing in PHA.

He sees himself as an introvert and contrary to his carefree image, this man is a workaholic. He takes on tasks with so much passion enough for an HB Calleja to notice and nominate him in 1982 as his most outstanding fellow and to invite him in 1986 to take part in the ambitious dream of establishing the St. Luke’s Heart Institute. The confidence built on the trust given to him by highly esteemed mentor HB made him work harder when he rose to the position of Director of St. Luke’s Heart Institute. In 1998, he was ripe for the triad of responsibility. “The 12th ASEAN Congress of Cardiology was our greatest challenge in 1998 since economy was down in the region and there was political turmoil in the government,” narrating the weight of the burden he had to carry that time. A most rewarding moment for him was a recognition from a mentor and past PHA president who expressed pride in seeing a former student very much grown up and independent in carrying out a difficult task of organizing an international conference. He had displayed good time management and excellent organizational skills as he juggled the trilateral assignments while maintaining a busy practice, attending to 3 meetings in a day, and blocking off his entire calendar with activities.

His career doesn’t show any signs of easing up. He continues to be blessed with new patients, an indication of a robust practice not far from that of younger cardiologists on the rise. Dig deeper through the pages of his life and you see beyond a very active practice is a man tempered by the times. He has become very careful with his words, very cautious not to step on others’ toes, or hurt anyone. “I do not talk if I don’t have anything good to say,” he intimates. He values his friendship with Drs. Romeo Saavedra and William Chua who also played roles in taming him while they were young cardiologists, getting wise instructions from them on how to relate with people despite differences in opinion. “I’ve been through a lot,” he confesses, describing how all his experiences shaped his character, and how his family has acted as his source of strength.

Knowing how blessed he is with a good professional practice and how hard he had built it, there is no end to the advises he can give to the young doctors—“Be honest with your patients. Try to feel what your patients feel during consult. Make it worth their time. It is such an effort to see you. Show genuine concern for them. Be engaging during conversations.” He adds that young doctors should love and embrace their work no matter how tiring it could get lest they regret it when it is gone. Lastly, he says, “Let nature take its course. Don’t be in a hurry to succeed in terms of recognition and financial matters.”

He believes that “the PHA now is right on its track in accordance with its mission and vision.” He is happy also that politics have died down significantly and hopes that it doesn’t come back.

This man who describes himself as colorful has truly added color to the PHA. In recognition of all his contributions, he received the PHA Golden Heart award in 2003, revealing what his heart is made of. Indeed, the colors of Dr. Antonio Sibulo cannot be diluted. This man is known to be an impeccable dresser but the inner man in him has real style and individuality.
Dr. Edgardo Ortiz’s reputation epitomizes excellence for constantly blazing a trail of brilliance. A clinician, academician, researcher, and advocate of Healthy Lifestyle, professor of pediatric and pediatric cardiology at the University of the Philippines Manila, 1992 Ten Outstanding Young Men (TOYM) Awardee for Medicine, he was the 4th pediatric cardiologist to hold the PHA baton from 2001-2002.

In no doubt, it was by God’s design as it came about on the PHA’s 50th year. Ortiz seized the opportunity of commemorating the organization’s golden year with double significance. He painstakingly left no stone unturned to be able to mark two big milestones that would bring the PHA to the fore.

He was an instrument in the signing of the joint Philippine Heart Association-Department of Health accord on the 10-year Comprehensive Healthy Lifestyle Advocacy and Health Promotion Campaign in the Prevention of Cardiovascular Diseases (CVD) and Related Chronic Diseases, that assumed the “Mag-Healthy Lifestyle” tagline; and the Declaration of 2002 as “National Year of the Heart” and 2002 to 2012 as “Decade of Cardiology” by Malacanang during the tenure of President Gloria Macapagal-Arroyo.

Right after the PHA-DOH joint project signing in early 2002, he mobilized 44 government and non-government organizations to embrace the Healthy Lifestyle project; and embarked on a Tobacco Control Advocacy, with the DOH and the Philippine College of Chest Physicians and 30 other organizations as allies. Rallying and calling on their espousal was among the most difficult and challenging times of the campaign’s groundwork.

These Mag-HL Tayo and the Malacanang declarations are considered among the PHA’s golden heritage in 2002. What makes the past president grin with pride is the Healthy Lifestyle legacy lives on.

Succeeding PHA leaders have recognized the value and marketability of the Healthy Lifestyle peg, made Mag-Healthy Lifestyle Tayo as the PHA’s pivotal campaign call, flagship or banner Advocacy project.

As partners, the DOH and PHA made sure that their lifestyle activities were in harmony with the DOH-led Philippine Coalition on the Prevention and Control of Non-Communicable Diseases.

The HL tagline has gone beyond its Advocacy fibre. Entrepreneurs have capitalized on the HL’s viability but Ortiz shares the point of view of most PHA key officers that duplication or imitation is the best form of compliment.

Understandably, being one of its architects, the Rheumatic Fever/Rheumatic Heart Disease Registry and Control Program remains close to Ortiz’ heart.

His unconditional love for the PHA and the field of pediatric cardiology knows no borders. Ten years after his PHA presidency, one year after leaving the Specialty Board of Pediatric Cardiology, and his being a PHA Fellow for 25 years, he renewed his pledge to serve the PHA with unbridled passion. He will never be weary of doing these significant roles because they keep him going.

According to Ortiz, “an organization has to be relevant at all times, not only to its members but more so with the community. The Philippine College of Cardiology is the head and the Philippine Heart Association is the heart. Both of them should continue to exist together and work hand in hand.”

Acknowledging the performance of the different PHA leaders, he said “we have made great strides in terms of cardiovascular disease control. We have aroused the consciousness of our population. PHA should continue to be the most influential medical organization.”

For today’s young cardiologists, his piece of advice is: “Be on top of your specialty. Practice with passion and compassion. Ethics should be your guiding principle.”

Dr. Edgardo Ortiz
Philipine Heart Association
President - 2001-2002

By Gynna P. Gagelonia
Dr. Annette Borromeo is a standout and a very accomplished woman in a cardiovascular domain that has been traditionally-reigned by males.

Blessed with a strong and charismatic persona that blends well with her astuteness and leadership flair, she fulfills her multi-roles as a clinician, lecturer, teacher and mother and wife with ease and aptness.

Her peers and pupils admire her for her infectious dynamism and inimitable approach in teaching and motivating them to excel and espouse patient care.

As a member of the PHA Board of Directors, and PHA leader in 2002, she made a distinction for relentlessly pursuing ambitious projects and initiatives as well as instituting reforms.

“My induction as President is very rewarding in every sense of the word. After years of serving my beloved association, finally, I assumed the highest post, and my family was a testimony to my crowning glory”.

Her term (2002-2003) saw major accomplishments – successful Culmination of the PHA 50th year; active Department of Health-PHA collaboration that included the series of the PHA-led Advocacy workshops that paved the way for the Mag-HL Tayo branding and DOH-led massive Mag-HL Tayo launch at the Luneta in February 2003; support of PD 137 declaring 2002 as National Year of Cardiology and 2002-2012 as the Decade of Cardiology; intensified Research Endeavours/Initiatives (National Heart Failures Registry Program, National Nutrition and Health Survey, NHES-ECG Substudy, the local guidelines in the Management of Dyslipidemia and its sub-study, the Lipid Assessment Project, Bangungot Study, Project Revival, and the establishment of the long-awaited cardiovascular registries/survey projects, among others; Advocacy Projects — (the PHA made a stand by accepting the reconciliation efforts by the Health Maintenance Organization, arriving at an equitable deal for the doctors, patients and HMOs); took the Medical Malpractice Bill and other pressing issues to the media battlefield; collaboration with the Framework Convention on Tobacco Control Alliance of the Philippines; Purkinje Network and Beam Project; Beefing up of the PHA NewsBriefs; Restructuring of the PHA Secretariat; most of which, served as the catalyst of change in the PHA operations.

These make up the Borromeo legacy.

“My contributions cannot be reflective of my own, they are a product of collective efforts”, she said.

You cannot put a good woman down. You cannot kill the spirit of a leader with a burning desire to chase her dream and serve with a marked difference.

The tail-end of her term, a month shy of the Convention date was twice as memorable. It gave her extreme emotions, from excitement to distress over the hacking of the PHA's electronic files. Remedial measures and racing against time were the only options.

“There was an internal problem among the PHA Secretariat. Some were not obliging. Some were vicious. God is good, despite the odds, through the kindness of people, we mounted a successful convention,” she said.

An outside team led by a computer whiz, Dr. Peter San Diego and his wife, Dr. Rica San Diego, with a few loyal staff, worked double time to complete the editorial work.

“Emerging from this gruelling moment was a vindication, she quipped.

Retirement is remote in her lexicon. “I am still productive and precious, so I will be active in my practice and in public service as acting department manager of the Ambulatory and Emergency Care of the Philippine Heart Center. Nothing beats the gratification of attending to the less-fortunate cardiac patients at the center,” she said.

As a young practitioner, she knew that PHA would make it to the international cardiology map. Then, it was already an acknowledged highest body of leadership and education in cardiology.

PHA has to remain resolute in its ideals. She urged the incumbent leaders to stay steadfast in calling on cooperation among the members, particularly the inactive ones; maintain a proactive stance in public health education especially in far-flung areas; and in convincing more members to practice in the province. The metropolis is saturated with cardiologists. Spreading our resources in the remote areas, to reach out to the less-fortunate cardiac patients is crucial.

Her message to the young PHA Board: “Keep up the good work. Your children’s children will reap the good seeds that you sowed. To the younger generation: Spare time for the PHA. Don’t be too focused on becoming financially stable.

She refused to comment on the achievements made by her predecessors. “Our tenure varies from the others because of diverse factors, so I prefer not to pass judgment on the PHA leadership by decades,” she said.

Coming to terms with reality, she has no fears, nor