



Incisions

The Newsletter of the Philippine College of Surgeons

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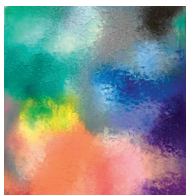
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Incisions, the PCS Newsletter, is a triannual publication of the Philippine College of Surgeons, 992 EDSA, Quezon City 1005, Tel. No. 928-1083. Comments and feedback indicating the writer's full name, address, contact numbers and e-address are welcome. Letters to the editor may be edited for reasons of clarity and space. E-mail to pcs_1936@yahoo.com.ph

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ON THE COVER



BURST OF HOPE
By DR. RICKY RIEGO DE DIOS

Dr. Ricky Riego de Dios or R2D2 as he is called by friends, is a General and Laparoscopic Surgeon from Mariveles, Bataan and currently practicing at La Consolacion University Hospital, ACE Medical Center Baliuag, Castro Maternity Hospital and Medical Center and Our Lady of Mercy General Hospital in Bulacan.

He is a visiting consultant at Bulacan Medical Center, a Diplomate of Philippine Board of Surgery, a Fellow of Philippine Society of General Surgeons, Philippine College of Surgeons as well as the American College of Surgeons.

He was a past President of PCS-Central Luzon Chapter. He is a member Board of Governors of PCS and is also in the Board of Directors of PSGS.

He is into abstract acrylic, watercolor and oil paintings which, according to him, he started as a hobby during the COVID pandemic lockdown. Title of his painting in this issue: *Burst of Hope*.

PCS 2024 MIDYEAR CONVENTION

50th

Philippine College of Surgeons
Philippine College of Surgeons Foundation Inc.
In collaboration with
Philippine Association of Thoracic and Cardiovascular Surgeons, Incorporated

GOLDEN MILESTONES OF PHILIPPINE SURGERY: *Lessons for the Future*

01-03 MAY 2024

CHAPTER HOST
Philippine College of Surgeons CORDILLERA CHAPTER

Online registration will open on March 1, 2024

SCAN ME

Baguio Country Club BAGUIO CITY

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FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



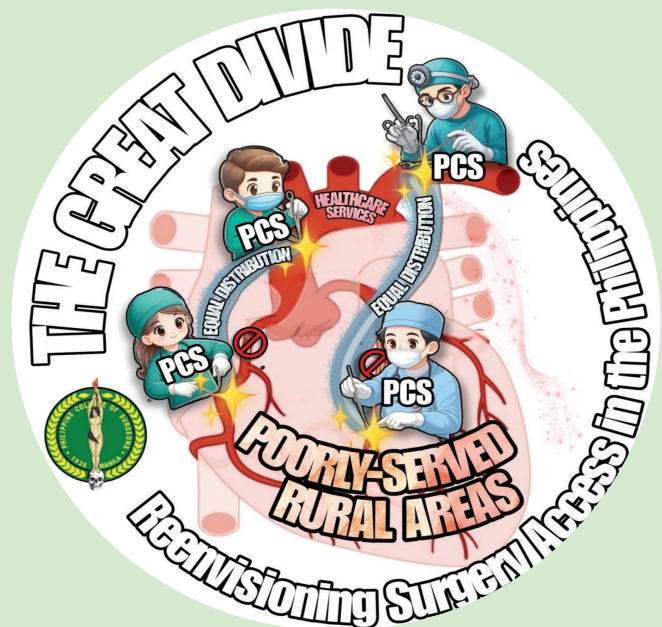
THE GREAT DIVIDE: Reenvisioning Surgery Access in the Philippines

In the vast diversity of Philippine healthcare, a stark divide looms: the gaping discrepancy in surgical services between urban and rural areas. This divide not only hampers equitable access to surgery care but also undermines the very essence of our national healthcare system. Over 50% of our rural populace grapples with formidable barriers to surgical treatments, underscoring the urgent need for action. While the Universal Health Care Act of 2019 lays the groundwork for healthcare inclusivity, its effective implementation at the grassroots level remains a daunting task.

The urban-rural divide presents multifaceted challenges across our healthcare landscape. With a population of 118.2 million scattered across 7,107 islands, approximately 53% residing in urban enclaves, achieving healthcare parity is an uphill battle. Pockets of political instability and insurgency further compound access issues, particularly in rural communities. Geographic barriers, compounded by natural disasters and environmental risks, exacerbate the plight of remote barrios and villages. Adding to this complex situation is the acute shortage and skewed distribution of healthcare professionals, with a disproportionate concentration in urban centers. A staggering 80% of our physicians are entrenched in urban areas, leaving the major share of public health needs unmet in rural settings. Vital surgical interventions, especially for trauma and cancer, are a rarity outside the cities, owing largely to financial incentives that favor urban surgery practice. Access to modern diagnostics and advanced surgical technologies remains a privilege

confined to adequately financed urban medical centers, further widening the chasm. While sporadic surgical outreach missions by private and non-governmental entities offer fleeting relief to underserved communities, their impact seems to remain peripheral and often lacks sustainable frameworks.

A paradigm shift is imperative for a cohesive Rural Surgery Plan at the national level, championed by legislative mandates and supported by concerted efforts from both national and local leaders. Collaborative endeavors involving the Department of Health and the Philippine College of Surgeons are essential to bridge the divide and ensure equitable surgical care reaches every corner of our nation.



FROM THE PRESIDENT

VIVENCIO JOSE P. VILLAFLOR III, MD, FPCS



Change Management

Change is a variable that implies the necessity for improvement and/or adaptation which requires a certain level of acceptance of the inadequacy of one's current situation. Without alluding to the failure to meet targets and to abide by expectations, change simply happens because no organization can afford to remain stagnant and stand still. There are simply always new challenges to meet and better ways of getting things done.

This is where change management comes in. This structured approach ensures changes are implemented thoroughly and smoothly with the end goal of achieving the desired impact. The central idea among the many models that are being used is that no change ever happens in isolation. Because change impacts the whole organization, a fundamental understanding of how this is implemented is key to embracing a new mindset and a new way of working.

That being said, let me revisit the proposal I made during my inaugural address last December that by recognizing diversity as a potential instrument in building consensus, we can be able to foster inclusivity in the College where different perspectives and ideas thrive. I believe that embracing this concept of working together will allow us to leverage individual strengths of our Fellows which in turn can be used to come up with innovative solutions that are both intuitive and inclusive. Collaboration should also not just be limited to members of the College as the utility of inter-sectoral partnerships with both the public and private sector have been proven to be effective strategies to achieve meaningful change.

Which brings me to the point about achieving change that is both participative and transformative. By espousing effective governance, the PCS Board of Regents proposes to balance adaptability with preservation of core values - accepting new trends and remaining resilient and relevant in an ever-changing healthcare environment.

With this in mind, the BOR assiduously worked on adapting the 4 core principles of change management as elucidated by Professor John P. Kotter of the Harvard Business School as a guide in goal-setting and action-planning activities that we undertook at the onset of our term. In summary, these principles included Understanding change, Planning change, Implementing

change, and Communicating change. These core principles will hopefully allow us to strategically navigate through periods of transition and transformation with the hope of achieving desired positive outcomes while minimizing resistance and disruptions.

For change to happen, there has to be a clear understanding first of what needs to be changed, how it will be achieved and why it needs to be done. The next step is planning which entails wider involvement and collaboration to identify buy-in opportunities. Carrying out the plan or the implementing phase requires proficiency with assessing competencies and addressing gaps to effectively carry out plans and programs. And finally, and possibly the most crucial step is to be able to communicate with everyone involved in the change management process to get them on-board and ensure each understands their respective roles.

Not three months into this fiscal year, I am pleased to report to you the products of our labor which I am sharing to all Fellows in the spirit of accountability and transparency, And while I acknowledge that much work lies ahead considering the lofty goals and aspirations that we intend to accomplish, I am grateful for the outpouring of support and enthusiasm from all fellows, subspecialty societies, and stakeholders that we had the privilege of engaging from the undulating hills of Malaybalay in the south to the hinterlands of Apayao in the north.

In the same vein, I remain hopeful that the coming months will bring us more opportunities to get more work done. And while my optimism is tempered by time constraints and the reality of differing priorities, I firmly believe that what we are doing right now represents a necessary initial step closer to reaching our goals and exemplifies the collective desire to deliver on the promises that we made at the beginning of our term. That notwithstanding the attendant challenges, we are all exactly where we are supposed to be.

This same realization that we cannot accomplish everything enables us to do something and do it very well during the time given to us. And while this may be incomplete, it gives all of us a sense of liberation knowing that it still represents a step along the way and an opportunity for the Lord's grace to enter and do the rest.

ACROSS THE BOARD

Rodney B. Dofitas, MD, FPCS



1st BOARD OF REGENTS MEETING January 20, 2024 (Saturday); 8am GT Singian Board Room, PCS Building

Part I

- Induction of New Fellows (under the Simplified Application)
- PCS BOR & PCSF BOR Group Picture Taking
- Recording of the PCS Hymn and National Anthem

Part II - Action Plans 2024

Part III - BOR Meeting Proper

1. The meeting was called to order at 2:00 pm with Dr. VJP Villaflor III presiding, followed by an Invocation led by Dr. DS Aison. Dr. Villaflor, PCS President, welcomed the Regents to the 1st Board of Regents meeting. The adoption of the Agenda, as well as the minutes of the previous meeting dated November 18, 2023, were APPROVED.
2. Matters Arising from the Minutes
 - 2.1. 50th Midyear Convention – May 2-3, 2024 (Thursday & Friday); Baguio Country Club, Baguio City;
Theme: Golden Milestones
Host Chapter: PCS Cordillera Chapter
3. 2023 Endorsements
The following were endorsements submitted by immediate past President, Dr. Maria Concepcion C. Vesagas:
 - 3.1. Amended By-laws –
 - 3.2. National Surgical Plan in the light of Universal Health Care and DOH programs (as mentioned by Sec. Herbosa to Dr. CCVesagas)
 - 3.3. Trauma Collaborations
 - 3.4. SURE Collaborations: To collaborate with the ACS Project H.O.P.E.
 - 3.5. Invite of Prof. Cheng-Har Yip (President) to join the International Society of Surgeons
 - 3.6. Global Surgery Disparities: Global broadcasting program –

PRESIDENT'S UPDATE

1. Composition – Executive Committee
In addition to the four (4) Officers, the other members are: Dr. Maria Luisa D. Aquino, Dr. Renato R. Montenegro and Dr. Dures Fe E. Tagayuna
2. PhilHealth Meeting – January 10, 2024 – Stakeholder's Engagement Meeting
3. Meeting with some industry partners – January 19, 2024 (Pfizer, The Cathay Drug, Storz and Johnson & Johnson)
4. Meetings attended
 - i. PhilHealth Meeting – January 10, 2024 – Stakeholder's Engagement Meeting

- ii. Meeting with some industry partners – January 19, 2024 (Pfizer, The Cathay Drug, Storz and Johnson & Johnson)
- iii. Meeting with PCS Chapter Presidents – January 16, 2024; via Zoom Platform
- iv. Kapihan sa Manila Hotel – January 17, 2024; Manila Hotel
 - Media to help the PCS disseminate its programs
 - c/o Com. on External Affairs & P.R.
- v. SURE Commission meeting w/ SPSA Officers – January 29, 2024; GT Singian Board Room
- vi. PAHPBSI Induction – January 30, 2024; Seda Hotel, BGC

TREASURER'S REPORT

Dr. Joselito Mendoza reported on the current financial status of the PCS funds including investments of the College.

PROPOSED COMMITTEE MEMBERSHIP 2024

The list of the proposed Committee Members for 2024 was reviewed. The Committee Chairs and Regents-in-charge were given a free-hand in choosing their members.

CLINICAL ADVOCACIES

- Surgeons Against Pain
- Nutrition
- Wound Healing
- Surgical Infection
- Hemostasis

PCS ADVOCACIES 2024

- Governance
- Fellows Assistance
- Resource Gen
- Equitable Surgery
- Surgical Leadership Program – Target audience: Consultants & surgical residents

COMMITTEE REPORTS (They were Presented and discussed)

- A. Internal Audit
The Report by the committee was discussed, matters were for information.
- B. Committee on Conventions
 1. The PCS 50th Midyear Convention is scheduled on May 2-3, 2024, at Baguio Country Club, Baguio City with the theme Golden Milestones of Philippine Surgery: Lessons for the Future. This will be hosted by PCS Cordillera Chapter. Collaboration with PATACSI for the 50th MYC was also APPROVED by the Board.
 2. The 51st Midyear Convention is scheduled on May 1-2, 2025, at City State Asturias Hotel, Puerto Princesa, Palawan, with PCS Metro Manila Chapter as the Chapter Host. The Committee was recommended to identify the co-host society on or before the MYC.

> 6

- C. Committee on Surgical Education
The Board APPROVED the scientific program for the 50th Midyear Convention on May 2-3, 2024, at Baguio Country Club, Baguio City;
- D. Trauma
 1. ATLS Global Symposium, Chicago, IL, USA March 8-9, 2024; The Chicago Hilton Downtown, Chicago, IL. To be attended by Dr. Raymundo Resurreccion as ATLS National Director and Dr. Warren Roraldo as ATLS Educator with an approved budget.
 2. Handbook on Burns
The Board APPROVED reprinting 200 copies for sale during the 50th Midyear Convention.

2nd BOARD OF REGENTS MEETING
February 17, 2024 (Saturday); 10:00am
GT Singian Board Room, PCS Building

Part I - Presentation on Leadership as a Regent led by PCS President 2004, Edgardo R. Cortez, MD, FPCS

Part II - Induction of New Fellows (Simplified Application for Subspecialty Members)

Part III - BOR Meeting Proper

1. The meeting was called to order at 10:02 am with Dr. VJP Villaflores III presiding. The Invocation was led by Dr. OO Ocampo followed by the APPROVAL of the agenda and the minutes of the previous meeting (January 20, 2024).

PRESIDENT'S UPDATE

1. MOA Signing - PALES-PCS-ORNAP regarding Joint Declaration on Patient Safety was held last January 24, 2024 at Nasugbu, Batangas
2. PCS-SPSA-ORNAP Meeting – January 29, 2024; GT Singian Board Room
3. PAHPBSI Induction – January 30; Seda Hotel, BGC
4. Chapter Inductions attended:
 - a) Cordillera Chapter – January 26, 2024; Fortune Restaurant, Baguio City (also met the Chapter to discuss 50th MYC)
 - b) Southern Tagalog Chapter – February 3, 2024; Lima Park Hotel, Malvar, Batangas
 - c) Northern Luzon Chapter – February 10, 2024; Sabina Restaurant, Leisure Coast, Dagupan City
 - d) Northern Mindanao Chapter – February 16, 2024; Loiza's Hotel & Restaurant

TREASURER'S REPORT

Dr. Joselito Mendoza reported on the current financial status of the PCS funds including investments of the College as of January.

BOARD OF GOVERNORS

The Governors had their first meeting last February 1, 2024. The PCS President enumerated the 2024 programs/activities. Elected were the following:

- Chairman – Dr. Ferdie Syfu
- Vice Chair - Dr. Karl Morales
- Secretary -Dr. Lauralee Samonte

COMMITTEE REPORTS

Cluster A – National Programs

- A. Trauma
The Board APPROVED the following recommendations:

- Creation of a Subcommittee on Surgical Critical Care and Nutrition composed of the following:
Chair: Kevin R. De Asis, MD
Members: Albert Gumarao, MD
Jeff Inciong, MD
- TIBCC
 - o Rehabilitation Cluster headed by Col. Dominador V. Acoba Jr. (AFP)
 - o Trauma Systems Cluster headed by Dr. Jeremy Cordero (PCEM)
 - o Hospital Care Cluster headed by Dr. Esther A. Saguil (PSST)
- Re-printing 500pcs of the Burn Handbook Manual (Acute Management of Burn Injuries)

- B. Cancer: Items For Information
 1. The 5th Philippine National Cancer Summit with the theme: Advancing Integrated Cancer Care Systems for the Filipino, will be held on February 29 -March 1, 2024, at Novotel Cubao, Quezon City.

- C. SURE & Community Services: For Information
 1. Society of Philippine Surgeons in America (SPSA) Meeting - January 29, 2024 at the G.T. Singian Board Room
 2. Romblon Rural Surgery Outreach Program. Deployment will start on March 1, 2024, at the Romblon District Hospital, Romblon, Romblon.

- D. Surgical Infections
The Board APPROVED payment for the research assistant of the committee

- E. Learning Management System
The upload of two (2) instructional videos on Hand Hygiene and Gloving and Gowning in the LMS was APPROVED by the Board.

Cluster B – Surgical Education

- A. Convention Updates:
 1. Midyear Convention: The Board APPROVED that May 1, 2024 (Wednesday) Day 0 - be identified as DAY 1 instead to provide PRC-CPD units to the program conducted that day and to justify sponsorship of the delegates (accommodation; transportation).
 2. Annual Convention : The Board APPROVED the following:
Similarly, Day 0 will be identified as Day 1, hence the Annual Clinical Congress will be from November 30-December 4, 2024.
Orientation & Induction of New Fellows – Day 1 - November 30, 2024 (Saturday); The Marquee Tent, Edsa Shangri-La Hotel
 3. The Asia Pacific Surgical Infection Society will conduct their convention in Palawan; possibly collaborate during the 51st MYC on May 1-2, 2025, at City State Asturias Hotel, Puerto Princesa, Palawan. Chapter Host will be PCS Metro Manila Chapter.

- B. Committee on Surgical Education
 1. The Board APPROVED:
 - a. The scientific program for the 50th Midyear Convention on May 1-3, 2024, at Baguio Country Club, Camp John Hay, Baguio City.
 - b. The theme and additional member for the 81st Annual Clinical Congress in December 2025

Theme: Surgical Synergy: The Fusion of Classic Mastery & Modern Technology

C. Surgical Research

1. The plans and update of the committee were presented for information
2. Participation for this year's Annual Clinical Congress
 - Champion of Champions
 - Fellow's Free Paper Presentation
 - Session for Surgical Innovation and Technology

D. Surgical Training

1. The plans and update of the committee were presented for information.
2. The committee will be responsible for monitoring webinars, postgraduate courses and conventions of all cutting specialties to avoid overlapping of said educational activities.

Cluster C – Membership Development

A. Membership

1. Mem. Comm. Members should evaluate and confirm the veracity of the submitted documents.
2. Induction for new fellow will be done during the ACC (December) for Regular Fellows. Scheduled Inductions (during BOR Meeting) will be applied for Simplified Applicants. Other options include Induction during the MYC and ACC.

B. Administrative Concerns

The Vice President presented the results of the 2023 Performance Evaluation of the PCS employees.

Cluster D – External Affairs

- A. External Affairs & P.R. presented items for information 1) Kapihan sa Manila Hotel: Guest was Dr. Teodoro J. Herbosa (Secretary of the Dept. of Health) 2) Partnership with Manila bulletin and other media partners 3) Cooperative: A meeting was held last February 8, 2024 at the Manila Hotel with Mr. Sergio Herrero, senior cooperative specialist.

B. Publications

The Board APPROVED the following:

- PCS NEWSLETTER (INCISIONS) additional editorial staff member: Rey-An Niño L. Garcia, MD, FPOA, FPCS
- Printing of 1st Issue for 2024 of PCS Newsletter (Incisions) – 750 copies to be distributed during the Midyear Convention in Baguio City)

C. SICT

The Board APPROVED the following:

- Early ONLINE REGISTRATION to enjoy the advantage of discounted fees and to avoid congestion on-site.

D. Patient Safety & Quality Assurance

The following were APPROVED by the Board:

- How to start a Quality Surgical Improvement Program with an approved budget
- The QSIP Proposal

Cluster E – Socio-economic Matters

A. Finance

- List of the 2024 Finance Committee Members:
Chair: Napoleon B. Alcedo, MD
- Advertising Packages for the Website/ Mobile Application
- Land/Property Acquisition to be a priority this year. There is a previous Board resolution in acquiring for a property

B. PCS Building

- The Board Approved the following :
 1. Reasonable escalation rates for implementation.
 2. Implementation of 2024 approved projects
 3. The purchase of 3TN Midea floor mounted aircon
 4. The Fire drill for the PCS Building in cooperation with the Bureau of Fire Protection

C. Hospital Standardization & Accreditation

The Committee's tasks for the year were discussed

3. Other Matters

- 3.1 A MOA regarding the inclusion of the PJSS to CENTRAL's roster (Centralized Electronic Roster of Philippine Medical Journals).
- 3.2 The Board APPROVED the meal allowance is Php500.00 per attendee in PCS meetings.

3rd BOARD OF REGENTS MEETING
March 8, 2024 (Saturday); 1:00 pm-5:00 pm
Hong Kong Room, Marco Polo Plaza Hotel
Cebu City

MINUTES OF THE MEETING

1. The meeting was called to order at 1:14 pm with Dr. VP Villaflor III presiding. Dr. Villaflor welcomed the Regents to the Queen City which coincides with the Tripartite Conference of the 3 Visayas Chapters, namely: Cebu-Eastern Visayas Chapter (Host), Negros Island Chapter and the Panay Chapter.

The Invocation was led by Dr. MLD Aquino followed by the APPROVAL of the agenda and the minutes of the previous meeting (February 17, 2024).

PRESIDENT'S UPDATE

1. Calapan Mission (February 19-22) with WSF and Dr. Domingo Alvear's group of Fil-Am surgeons
2. Preparatory meeting to Consolidate PCS initiatives on Rural Surgery (February 24, 2024, at MK Tan Hall, Unilab Bayanihan Center; with the theme "Crafting of a National Surgical Program: Ensuring Access to Safe and Equitable Surgery in the Advance of UHC"
3. Tzu Chi Cataract Mission (February 21) as per invitation of Dr. A.S. Say & Dr. R. Sy.
4. Meet and greet with Pfizer regional managers (February 21)
5. Global Initiative for Children's Surgery V; Manila Hotel; hosted by PSPS (February 25)
6. PMA-Committee on Professionalism Meeting (February 29) –
7. DZRH Radio guesting (March 3) about PCS and what it takes to become a surgeon.
8. Chapter Inductions:
 - a) Northern Mindanao – February 17, 2024; Malaybalay, Bukidnon.
 - b) Bicol Chapter – March 2, 2025; Villa Caceres, Naga City.
9. Professorial Chair Lecture of Prof. Rodney B. Dofitas – Gene expression Profiling Breast Cancer
10. PAFP 63rd Anniversary & Annual Convention – Reception Hall, PICC

COMMITTEE REPORTS

Cluster A – National Programs

A. Trauma: For Information

- Participation in the 80th Annual Clinical Congress with the theme "THE PCS' LEAP INTO THE FUTURE" and attendance to conferences abroad

COMMITTEE APPOINTMENTS, 2024

COMMISSION ON ELECTIONS:

Chair: Ponciano M. Bernardo Jr. MD
Commissioners: Vicente Q. Arguelles, MD
Roman L. Belmonte Jr., MD
Willie N. Lagdameo, MD
Francisco Y. Arcellana Jr., MD

CLUSTER A: NATIONAL PROGRAMS

(Trauma, Cancer, Outreach Services, Infection Control)

Head: Vivencio Jose P. Villafior, III MD

COMMITTEE ON Third Party Payors

(HEALTH MAINTENANCE ORGANIZATION (HMO and PHIC))

Chair: Fernando L. Lopez, MD
Co - Chair: Edmundo R. Mercado, MD
Members: Joselito M Mendoza, MD
Abdel Jeffri A. Abdulla, MD
Mary Geraldine B. Remucal, MD
Jose Christopher Sanchez, MD
Carlos E. Ejercito Jr., MD
Anthony Laurence P. Escovidal, MD
Jardine S. Lua, MD
Society Representative: Richard John C. Pecson, MD (POA)
ENT Rep
Regent-in-Charge: Alberto P. Paulino Jr., MD

Tasks:

- To re-negotiate the RVS with PAHMOC and AHMOPI
- To lobby with PhilHealth to implement 2023 RUV

COMMITTEE ON UHC:

Chair: Enrique T. Ona, MD
Co-Chair: Maria Concepcion C. Vesagas, MD
Members: Jose Antonio M. Salud, MD
Antonio S. Say, MD
Ramon S. Inso, MD
Esperanza R. Lahoz, MD
Ramoncito C. Magnaye, MD
Joselito M. Mendoza, MD
Teodoro J. Herbosa, MD
Rey Melchor F. Santos, MD
Enrico P. Ragaza, MD
Jose Rhoel C. De Leon, MD
Roberto A. Chacon Jr., MD
Rodney B. Dofitas, MD
Regent-in-Charge: Vivencio Jose P. Villafior III, MD

Trauma Commission

Commission Director Atty. Joel U. Macalino, MD

Pre Hospital Cluster
Hospital Cluster

COMMITTEE ON TRAUMA (NATIONAL TRAUMA PROGRAM)

Chair: Jorge M. Concepcion, MD
Co-Chair: Maria Cheryl L. Cucueco, MD
Members: Chandler E. Andrade, MD
Andrew Jay G. Pusung, MD
Aireen Patricia M. Madrid, MD

Gene Gerald SJ. Tiongco, MD
Warren M. Roraldo, MD
Halima M. Romancap, MD
Joseph T. Juico, MD
Edgar M. Palacol, MD
Maria Benita T. Gatmaitan, MD
Rolando Gerardo F. Dela Cruz, MD
Ma. Adela Nable-Aguilera, MD
Esther A. Saguil, MD
Albertson R. Gumarao, MD

Regent-in-Charge: Orlando O. Ocampo, MD

SUB-COMMITTEE ON ATLS

Program Director: Raymundo F. Resurreccion, MD
Members: Jorge M. Concepcion, MD
Warren M. Roraldo, MD
Andrew Jay G. Pusung, MD

SUB-COMMITTEE ON BEST

Program Director: Halima M. Romancap, MD
Members: Aireen Patricia M. Madrid, MD
Edgar M. Palacol, MD
Andrew Jay G. Pusung, MD
Maria Benita T. Gatmaitan, MD

SUB-COMMITTEE ON BETTER

Program Director: Aireen Patricia M. Madrid, MD
Member: Joseph T. Juico, MD
Edgar M. Palacol, MD
Andrew Jay G. Pusung, MD
Maria Benita T. Gatmaitan, MD
Rolando Gerardo F. Dela Cruz, MD

SUB-COMMITTEE ON CRITICAL CARE & NUTRITION

Chair: Jesus Fernando B. Inciong, MD
Members: Alexander S. Quilaton, MD
Eduardo C. Ayuste Jr., MD
Joseph T. Juico, MD
Romarico M. Azores Jr., MD
Aireen Patricia M. Madrid, MD
Danilo C. Del Rosario, MD
Kevin R. De Asis, MD

SUB-COMMITTEE ON BURNS and WOUND CARE

Chair: Ma. Adela Nable-Aguilera, MD
Members: Edmundo R. Mercado, MD
Maria Redencion B. Abella, MD
Gene Gerald SJ. Tiongco, MD
Nikki Eileen S. Valencia, MD
Kathrina Victoria B. Angeles, MD
Lora Mae A. De Guzman, MD
Leo Angelo D. Doble, MD
Gerald Marion M. Abesamis, MD
Trishalyn Mae M. Correa, MD
Glenn Angelo S. Genuino, MD

Regent-in-Charge: Jose Joven V. Cruz, MD

CANCER COMMISSION (NATIONAL CANCER PROGRAM)

Commission Director: Manuel Francisco T. Roxas, MD

COMMITTEE APPOINTMENTS, 2024

COMMITTEE ON CANCER

Chair: Ralph Lazarus R. Rapacon, MD
Members: Robert B. Bandolon, MD
Ida Marie T. Lim, MD
Jose Modesto B. Abellera III, MD
Alex S. Sua, MD
Arturo S. Mendoza III, MD (BOG rep.)
Aldine Astrid A. Basa, MD
Catherine S. Co, MD
Anthony Q. Yap, MD
Catherine SC Teh, MD
Bennie Dick C. Catangay, MD
Gerald T. Alcid, MD
Marie Dione P. Sacdalan, MD
Jose Rhoel C. De Leon, MD
Lauralee L. Samonte, MD
Ma. Dulce L. Consuegra, MD
Rose Belle E. Suggang, MD
Alfred Phillip O. De Dios, MD
Shalimar C. Cortez, MD

Regent-in-Charge: Jose Ravelo T. Bartolome, MD

COMMITTEE ON SURE AND COMMUNITY SERVICES (National Program on Outreach Services)

Commission Director: Beda R. Espineda, MD
Chair: Rhoderick C. De Leon, MD
Co-Chair: Rouel Mateo M. Azores, MD
Members: Enrique Hilario O. Esguerra, MD
Miguel C. Mendoza, MD
Vincent Paul C. Olalia, MD
Raymund Andrew G. Ong, MD
Eric SM. Talens, MD
Rodolfo G. Tuazon Jr., MD (BOG rep)

Regent-in-Charge: Dures Fe E. Tagayuna, MD

Tasks:

- To Participate in formulation of National Surgical Plan
- To create a Missions Coordination Office (with DOH)
- To study the implementation of the Adopt-A-Hospital Program
- To continue the National Surgical Outreach Program
- To implement the PCS-SPSA Scholarship Program

Ad-hoc Committee on National Surgical Outreach

Chair: Ramon S. Inso, MD
Members: Ferdinand Y. Syfu, MD (BOG Chair)
Andrea Joanne A. Torre, MD (PSGS)
Henrique Samuel S. da Roza, MD (PSA)
Rosario G. Dumangon, RN (ORNAP President)
Rhoderick M. Casis, MD
(Committee on External Affairs Chair)
Rouel Mateo M. Azores, MD (SURE Local
Affairs-Ways and Means Committee Chair)

Adviser: Vivencio Jose P. Villaflores III, MD

Regent-in-Charge: Dures Fe E. Tagayuna, MD

COMMITTEE ON SURGICAL INFECTIONS (National Infection Control Program)

Chair: Esther A. Saguil, MD
Co-Chair: Miguel Gary D. Galvez, MD
Members: Maria Cielo G. Ampuan, MD (PSCRS)
John Melden M. Cruz, MD
George Robert L. Uyquiengco, MD
Eduardo T. Aro Jr., MD (PSTS)
Justine Andrea P. Molina, MD (PAPRAS)
Nilo T. Paner, MD (Ortho, By Invitation)
Gabriel F. Naig, RN (By Invitation)
Maria Venus L. Quinsay, RN
(ORNAP President)

Regent-in-Charge: Renato R. Montenegro, MD

Tasks:

- To create and implement a PCS National Infection Advocacy
- To collaborate with Pfizer on the Surgical Infection project in coordination with the surgical specialty societies

CLUSTER B: SURGICAL EDUCATION

Head: Jose Rhoel C. De Leon, MD

COMMITTEE ON CONVENTIONS

Chair: Jose Rhoel C. De Leon, MD
Members: Joselito M. Mendoza, MD
Rodney B. Dofitas, MD
Ma. Luisa D. Aquino, MD (CSE-RIC)
Alfred Phillip O. De Dios, MD
(CSE & Physical Arrangements)
Julyn A. Aguilar, MD
(Publications & Documentations)
Ferdinand Y. Syfu, MD (Socials & Sports)
Maria Cheryl L. Cucueco, MD (MYC 2024)
Alfred Q. Lasala II, MD (ACC 2024)
Raymond Joseph R. Manzo, MD
(MYC 2025)
Omar O. Ocampo, MD (ACC 2025)

COMMITTEE ON CONTINUING SURGICAL EDUCATION

Chair: Alfred Phillip O. De Dios, MD
Members: Andrei Cesar S. Abella, MD (Primary Care)
Maria Cheryl L. Cucueco (MYC 2024)
Alfred Q. Lasala II, MD (ACC 2024)
Raymond Joseph R. Manzo, MD (MYC 2025)
Omar O. Ocampo, MD (ACC 2025)
Maria Rica M. Lumague, MD
(Postgrad Course)
Jeffrey Jeronimo P. Domino, MD
(Regular member)
Leonardo O. Ona III, MD (Regular member)

Regent-in-Charge: Ma. Luisa D. Aquino, MD

Tasks:

- To coordinate with the Sub-committee on Website
- To create content from the convention to the LMS

COMMITTEE APPOINTMENTS, 2024

SUB-COMMITTEE ON MYC 2024:

Chair: Maria Cheryl L. Cucueco, MD
Co-Chair: Racel Ireneo Luis C. Querol, MD
Members: Nicola Raphaela R. Tison, MD
Jan Andrew D. Bueno, MD
Billy James G. Uy, MD
Francis M. Roque, MD
Edmund Cedric A. Orlina, MD
Raymond Joseph R. Manzo, MD
Robin Augustine Q. Flores, MD

Michael M. Lawenko, MD
Raymond Joseph R. Manzo, MD
Aireen Patricia M. Madrid, MD
Peter S. Quiaoit, MD
Fernando A. Melendres, MD
Gerald Marion M. Abesamis, MD
Joy Grace G. Jerusalem, MD
Christine G. Fausto, MD
Banny Bay C. Genuino, MD
Jose Modesto B. Abellera III, MD
Halima M. Romancap, MD
Shiela S. Macalindong, MD
Karen B. Latorre, MD
Shiela Jane Lampa-Garcia, MD
Deejay Pacheco, MD
Christelle Anne M. Almanon, MD
Orlando O. Ocampo, MD

SUB-COMMITTEE ON ACC 2024:

Chair: Alfred Q. Lasala II, MD
Co-Chair: Helen B. Amo, MD
Members: Ferdinand Y. Syfu, MD
Roel C. Peña, MD
Raymond Joseph R. Manzo, MD
Joan S. Tagorda, MD
Joy Grace G. Jerusalem, MD
Billy James G. Uy, MD
Jose Paolo C. Porciuncula, MD
Omar O. Ocampo, MD
Rannie R. Baguiran, MD

Regent-in-Charge:

JOINT ACCREDITATION COUNCIL

Chair: Jose Y. Cueto MD
Co-Chair: Edgard A. Baltazar MD
Members: Alfred H. Belmonte, MD
Robert C. So, MD

Regent-in-Charge:

Orlando O. Ocampo, MD

Sub-specialties

Chairs of Accreditation Committee

SUB-COMMITTEE ON MYC 2025:

Chair: Raymond Joseph R. Manzo, MD
Members: Richard T. Mallen, MD
Helen B. Amo, MD
Arturo S. Mendoza III, MD
Joyce Hazel C. Chua, MD
Francis M. Roque, MD
PSIS Representatives: Esther A. Saguil, MD
Miguel Gary D. Galvez, MD
George Robert L. Uyquiengco, MD
Renato R. Montenegro, MD

COMMITTEE ON SURGICAL RESEARCH DEVELOPMENT

Chair: Joy Grace G. Jerusalem, MD
(For Surgical Research Development)
Co-Chair: Jose Modesto B. Abellera III, MD
Members: Clarence Pio Rey C. Yacapin, MD
Esther A. Saguil, MD
Jose Benito A. Abraham, MD
Mayeen D. Fernandez, MD
Ida Marie T. Lim, MD
Raymond Joseph R. Manzo, MD
Jennifer Ann C. Mercado, MD
Maila Rose L. Torillo, MD
Apple P. Valparaiso, MD
Francis M. Roque, MD
Anthony R. Perez, MD
Vilma Jane S. Yacapin, MD
Gemma Leonora B. Uy, MD
Marie Dione P. Sacdalan, MD
Carmella Caballero, MD
Ma. Concepcion L. Cruz, MD (By Invitation)

SUB-COMMITTEE ON ACC 2025:

Chair: Omar O. Ocampo, MD
Members: Romulo R. Cabantac III, MD
Chester C. Tan, MD
Victor R. Tatco, MD
Katherine M. Panganiban, MD
Jon Paolo C. Chua, MD
Bernice C. Navarro, MD
Aireen Patricia M. Madrid, MD
John Paul S. Gonzalez, MD
Gilbert C. Oporto, MD
Hannah Angela D. Acosta, MD

Regent-in-Charge:

Jose Joven V. Cruz, MD

SUB-COMMITTEE ON PRIMARY CARE SURGERY FOR FAMILY PHYSICIANS

Chair: Andrei Cesar S. Abella, MD
Members: Maria Cheryl L. Cucueco, MD
Alfred Q. Lasala II, MD
Leonardo O. Ona III, MD
Alfred Phillip O. De Dios, MD

Tasks:

- To embark on the creation of the PCS ERB/national research center
- To update the National Surgical Manpower Study

COMMITTEE ON LEARNING MANAGEMENT SYSTEM (LMS)

Chair: Warren M. Roraldo, MD
Members: Marie Dione P. Sacdalan, MD

SUB COMMITTEE ON ETHICS REVIEW OFFICERS – ERB SOP TEAM

Joy Grace G. Jerusalem, MD
Bayani B. Tecson, MD
Jose Modesto Abellera, MD

COMMITTEE APPOINTMENTS, 2024

Vivencio Jose P. Villaflor, MD -
(Dagupan Doctors Hospital)
Mr. Jimmy U. Tan – (St. Peregrine Hospital
Surgical and Cancer Care)
Manuel Francisco T. Roxas, MD -
(Healthway Cancer Care Hospital)
Esperanza R. Lahoz, MD
Anthony Laurence P. Escovidal, MD
Gemma Leonora B. Uy, MD
Beverlee Verona L. Mante, MD
Patrick H. Tuliao, MD
Maila Rose L. Torillo, MD
Ramon L. De Vera, MD
Eleanor R. Mercado – Non-Institutional/
Lay Person
Gayle M. – Assistant Administrative
Officer for ERB (Temporary)

SUB-COMMITTEE ON SURGICAL INNOVATION and Technology (including Robotics)

Chair: Anthony L. Dofitas, MD
Members: Catherine S. Co, MD
Deogracias Alberto G. Reyes, MD
Rafael C. Bundoc, MD
Philip B. Fullantes, MD
Alvin B. Marcelo, MD
Eric SM Talens, MD

COMMITTEE ON SURGICAL TRAINING

Chair: Andrew Jay G. Pusung, MD
Co-Chair: Jesus Fernando B. Inciong, MD
Members: Ma. Amornetta J. Casupang, MD
Joel C. Celaje IV, MD
Janix M. De Guzman, MD
Natasha E. Elazegui, MD
Genevieve P. Evangelista, MD
Raymund Andrew G. Ong, MD
Hilda M. Sagayaga, MD
Plus: Vicente Francisco Q. Firmalo, MD
(PAPRAS)
Joy Grace G. Jerusalem, MD (PSGS)
Alexandra Monica L. Tan-Gayos, MD
(PAPRAS)
James Ronaldo A. Claveria, MD (PUA)
Orlino C. Bisquera Jr., MD (SOSP)
Rannie R. Baquiran, MD

Regent-in-Charge: Domingo S. Bongala, Jr., MD

Task:

- To share best practices in surgical training
- Explore training activities common for all including the NOTSS program
- Strengthen Surgical Curriculum on Post Graduate internship

CLUSTER C: MEMBERSHIP DEVELOPMENT

Head: Rodney B. Dofitas, MD

COMMITTEE ON ETHICS & JUDICIAL MATTERS

Chair: Alfred H. Belmonte, MD

Members: Ramon L. de Vera, MD
Ma. Rica D. Mirasol-Lumague, MD
Gabriel L. Martinez, MD
Jose Vicente T. Prodigalidad, MD
Alejandro C. Dizon, MD
Atty. Jesus M. Disini Jr. (by invitation)
Regent-in-Charge: Vivencio Jose P. Villaflor III, MD

COMMITTEE ON BY-LAWS AND AMENDMENTS

Chair: Emmanuel D. Loyola, MD, LIB
Members: Teresita R. Sanchez, MD
Hector M. Santos Jr., MD
Servando Sergio DC Simangan Jr., MD
Roy Joseph T. Trinidad, MD
Darius R. Pariñas, MD
Nelson S. Bambalan, MD (BOG Rep)
Atty. Jesus M. Disini Jr. (by invitation)
Regent-in-Charge: Rodney B. Dofitas, MD

Ad-hoc Committee on Professional Integration

Chair: Esperanza R. Lahoz, MD
Members: Maria Concepcion C. Vesagas, MD
Rodney B. Dofitas, MD
Ramon S. Inso, MD
Jaime Lagunilla, MD
Ma. Luisa D. Aquino, MD
Orlando O. Ocampo, MD
Rex A. Madrigal, MD
Dures Fe E. Tagayuna, MD
Anita C. Tarectecan, MD

Task: To formulate the IRR in connection with the amendments in coordination with the Committee on Membership.

COUNCIL OF SURGICAL SUBSPECIALTY BOARDS OF THE PHILIPPINES

Chair: Hermogenes J. Monroy, III, MD (PBCRS)
Vice Chair: Nilo C. De Los Santos (PBS)
Secretary: Catherine Y. Asedillo, MD (PBPRAS)
Members: Jose Benito A. Abraham, MD (PBTS)
Isagani Garin, MD (PBOrtho)
Pedro L. Lantin III, MD (PBU)
George A. Sy, MD (PBNS)
Jose Modesto Abellera, MD (PBPS)
Aquileo Rico, MD (PBTCVS)
William Lim, MD (PBOto)
Prospero Ma. Tuaño (PBOphtha)
Gerald Alcid, MD (PBSO)
Regent-in-Charge: Orlando O. Ocampo, MD

COMMITTEE ON NOMINATIONS

Chair: Jose Antonio M. Salud, MD
Members: Antonio S. Say, MD
Ramon S. Inso, MD
Maria Concepcion C. Vesagas
Ferdinand Y. Syfu, MD
Vivencio Jose P. Villaflor III, MD

COMMITTEE ON MEMBERSHIP

Chair: Anita C. Tarectecan, MD

COMMITTEE APPOINTMENTS, 2024

Members: Renato R. Montenegro, MD
Paul Anthony L. Sunga, MD (PCSMCC)
Apollo D. Trinidad, MD (PSGS)
Chris Ryan R. Cruz, MD (PAO)
Samuel Vincent G. Yrastorza, MD (PUA)
Peter S. Quiaoit, MD (POA)
Ronald Allan D. Cruz, MD (AFN)
Robin Augustine Q. Flores, MD (PATACSI)
Lora Mae A. De Guzman, MD (PAPRAS)
Carlo Angelo C. Cajucom, MD (PSCRS)
Darwin S. Salonga, MD
Melito Antonio P. Ramos, MD (POA)
Diosdado C. Limjoco, M.D (PUA)
Eric Dennis C. Legaspi, MD (AFN)
Nelson D. Cabaluna, MD (SOSP)
Karlos Noel R. Aleta, MD (PATACSI)
Leonardo O. Ona III, MD (PSGS)
Rodolfo G. Tuazon Jr., MD (PSPS)
Marc Paul J. Lopez, MD (PSCRS)
Rose Marie O. Rosete-Liquete, MD (PSTS)
Gene Gerald SJ. Tiongco, MD (PAPRAS)
Christine Joy S. Arquiza, MD (FPSO-HNS)
Mary Ellen A. Sy, MD (PAO)

Regent-in-Charge: Rodney B. Dofitas, MD

Tasks:

- To enhance recruitment of members and find ways of avoiding delisting of members
- To come up with programs that will make the members feel the relevance of the PCS.
- To improve communication among Fellows

COMMITTEE ON AWARDS (one per decade) 7 members, term 3 years

Chair: Alfred H. Belmonte, MD
Members: Jose Antonio M. Salud, MD
Josefina R. Almonte, MD
Eduardo R. Gatchalian MD
Jaime B. Lagunilla, MD
(BOG Representative)
Enrico P. Ragaza, MD

Regent-in-Charge: Vivencio Jose P. Villafior III, MD

Task:

- To review/re-visit criteria for the Outstanding Chapter and Outstanding Subspecialty Society and Outstanding Affiliate Society

SEARCH SUB-COMMITTEE

Chair: Jaime B. Lagunilla, MD
(BOG Representative)
Members: Raymond Joseph R. Manzo, MD
Ma. Rica M. Lumague, MD
Harry G. Longno, MD

COMMITTEE ON ADMINISTRATIVE CONCERNS

Chair: Jose Rhoel C. De Leon, MD
Members: Vivencio Jose P. Villafior III, MD
Joselito M. Mendoza, MD
Rodney B. Dofitas, MD
Jose A. Solomon, MD
(Chair, PCS Building Com.)
Atty. Jesus M. Disini Jr. (By invitation)

CLUSTER D: EXTERNAL AFFAIRS

Head: Domingo S. Bongala Jr., MD

COMMITTEE ON EXTERNAL AFFAIRS & PUBLIC RELATIONS

Chair: Rouel Mateo M. Azores, MD
Members: Emmanuel D. Loyola, MD, LIB
(Legislative Liaison)
Edgar M. Palacol, MD (Rep from STC)
July A. Aguilar, MD (Chair, Publications)
Eli Paulino F. Madrona, MD
Dale C. Avellanosa, MD
Neil C. Mendoza, MD (Foundation Day)
Rhoderick M. Casis, MD (Media Liaison)
Marcus Jose B. Brillantes, MD
Roel C. Peña, MD
Ricardo DL. Riego De Dios, MD
Raymund Andrew G. Ong, MD
Edwin P. Villanueva, MD
Robert B. Bandolon, MD
Apollo D. Trinidad, MD
Carlo Angelo C. Cajucom, MD
Omar O. Ocampo, MD
Rolando M. Reyes, MD
Domingo S. Bongala Jr., MD

Regent-in-Charge: Domingo S. Bongala Jr., MD

Task:

- Presence of PCS in conventions of other societies
- To engage and partner with another or the other subspecialty society/ies in its activities. Examples: For March –Colorectal Cancer awareness month – partner with the PSCRS; June – Prostate – partner with PUA; August – Lung, partner with PATACSI in the form of advocacies, education or SURE Activity.
- To engage with

SUB-COMMITTEE ON LEGISLATIVE LIAISON

Chair: Emmanuel D. Loyola, MD, LIB
Members: Cong. Maricel Natividad-Nagaño, MD –
Ophtha (By invitation)
Rodolfo G. Tuazon Jr. MD
Eli Paulino F. Madrona, MD
Benedict Edward P. Valdez, MD
Benedicto S. Joson Jr., MD

SUB-COMMITTEE ON MEDIA LIAISON

Chair: Rhoderick M. Casis, MD
Members: Christopher C. Cheng, MD
Rouel Mateo M. Azores, MD
Benjamin G. Herbosa, MD
Dale C. Avellanosa, MD

SUB-COMMITTEE ON PCS FOUNDATION DAY

Chair: Neil C. Mendoza, MD
Members: Dennis H. Littau, MD
Rhoderick M. Casis, MD
(PCS-MMC External Comm.)
Briccio G. Alcantara, MD
George Byron L. Ferrer, MD
Joselito G. Tantoco, MD
(Representing PCS CLC)

COMMITTEE APPOINTMENTS, 2024

Froilan U. Dacumos, MD
(Representing PCS STC)
McArthur Conrado A. Salonga Jr., MD
(Representing PCS CEVC)
Hannah Angela D. Acosta, MD
(Representing PCS DSMC)
Jennifer Cristy C. Lorenzo-Broqueza, MD
Emmanuel M. Esteban, MD
Maria Glenda D. Zilmar, MD
George Vincent D. Habacon, MD

SUB-COMMITTEE ON ASEAN SUMMIT & INTERNATIONAL RELATIONS

Chair: Maximo H. Simbulan Jr., MD
Members: Shirard Leonardo A. Adiviso, MD
Jose Y. Cueto Jr., MD
Rolando M. Reyes, MD
Alfred H. Belmonte, MD
Jose Antonio M. Salud, MD
Enrico P. Ragaza, MD
Alejandro C. Dizon, MD

COMMITTEE ON PUBLICATIONS

Chair: Julyn A. Aguilar, MD
Members: Marcus Jose B. Brillantes, MD
Joy Grace G. Jerusalem, MD
Karen B. Latorre, MD
Rhoderick M. Casis, MD
Tamarah P. Cristobal, MD
Domingo C. Sampang Jr., MD
Regent-in-Charge: Rodney B. Dofitas, MD

PCS NEWSLETTER

Editor-in-Chief: Marcus Jose B. Brillantes, MD
Members: Rhoderick M. Casis, MD
Karen B. Latorre, MD
Vietrez PD. Abella, MD
Joy Grace G. Jerusalem, MD
Jose Benito A. Abraham, MD
Domingo C. Sampang, Jr., MD
Gene Gerald SJ. Tiongco, MD (BOG Rep)
Tamarah P. Cristobal, MD
Rey-An Niño L. Garcia, MD

PHILIPPINE JOURNAL OF SURGICAL SPECIALTIES

Editor-in-Chief: Theodor S. Vesagas, MD
Co-Editor: Catherine S. Co, MD
Associate Editors: Ma. Luisa D. Aquino, MD
Ida Marie T. Lim, MD
Adrian E. Manapat, MD
Jose D. Quebral, MD
Ricardo Jose T. Quintos, MD
Gemma Leonora B. Uy, MD
Alfred Phillip O. De Dios, MD
Editorial Consultants: Edgar A. Baltazar, MD
Sir Emmanuel S. Astudillo, MD
Jose Ravelo T. Bartolome, MD
Charo A. Coloma, MD
Ma. Cheryl L. Cucuenco, MD
Rogelio G. Kangleon, MD

Mark R. Kho, MD
Stephen Sixto Siguan, MD
Maria Concepcion C. Vesagas, MD
Carlo Angelo C. Cajucom, MD
Manuel Francisco T. Roxas, MD
Jose Fernando C. Syquia, MD
Jose Modesto B. Abellera III, MD
Alvin B. Caballes, MD
Arnold S. Angeles, MD
Francisco C. Manalo, MD
Ferri David Paloyo, MD
Eduardo R. Gatchalian, MD
Regent-in-Charge: Rodney B. Dofitas, MD

COMMITTEE ON PCS SICT (external)

Chair: Michael F. Mapalad, MD
Co-Chair: Ronan Chris J. Inso, MD
Members: Narciso F. Atienza, Jr, MD
Marwin Emerson V. Matic, MD
Katherine M. Panganiban, MD
Leonardo O. Ona III, MD
Anthony L. Dofitas, MD
Banny Bay C. Genuino, MD
Ivan Clark E. Flores, MD
Ernest Solomon L. Estanislao, MD
Jose Paolo C. Porciuncula, MD
Regent-in-Charge: Rodney B. Dofitas, MD

Task:

- To set-up on-line learning for Fellows and rural surgeons
- To oversee e-transaction, mobile app, etc.

Subcommittee on Internal Processes

Mr. Mike Villanueva
Mr. Alvin Jalimao
Rodney B. Dofitas, MD

COMMITTEE ON PATIENT SAFETY AND QUALITY ASSURANCE

Chair: Jorge M. Concepcion, MD
Members: Gaudencio I. Abratique, MD
Sir Emmanuel S. Astudillo, MD
Jeffrey Jeronimo P. Domino, MD
Raymund Joaquin F. Erese, MD
Albertson R. Gumarao, MD
Jose Ravelo T. Bartolome, MD
Mark C. Berces, MD
Jon Paolo C. Chua, MD
Romualdo G. Cacas Jr., MD
Robert B. Bandolon, MD

Liaisons from the Subspecialty Societies:

Euvin Paul G. Lagapa, MD (AFN)
Marcelino T. Cadag, MD (POA)
Brian Christopher U. Ang, MD (PAPRAS)
Joseph Roy F. Fuentes, MD (PSCRS)
Ma. Rebecca Abes-Servera (PAO)
Marcus Lester R. Suntay (PSPS)
Eduardo T. Aro Jr. (PSTS)
Regent-in-Charge: Rex A. Madrigal, MD

COMMITTEE APPOINTMENTS, 2024

SUB-COMMITTEE ON QUALITY SURGICAL IMPROVEMENT PROGRAM

Chair: Jeffrey Jeronimo P. Domino, MD

Structure & Governance Members:

1. Jose Ravelo T. Bartolome, MD
2. Rex A. Madrigal, MD
3. Ivan Clark E. Flores, MD
4. Danilo S. Castro Jr., MD
5. Leonardo O. Ona III, MD
6. Ida Marie T. Lim, MD
7. Darwin S. Salonga, MD –
(Group Coordinator)

Training & Research Members:

1. Raymund Andrew G. Ong, MD
2. Catherine SC. Teh, MD
3. Miguel C. Mendoza, MD
4. Alfred Q. Lasala II, MD
5. Omar O. Ocampo, MD
6. Joy Grace G. Jerusalem, MD
7. Banny Bay C. Genuino, MD –
(Group Coordinator)

Quality & Outcomes Members:

1. Alejandro C. Dizon, MD
2. Roberto A. Chacon Jr., MD
3. McArthur Conrad A. Salonga Jr., MD
4. Raymund Joaquin F. Erese, MD
5. Carlos E. Ejercito Jr., MD
6. Andrea Joanne A. Torre, MD
7. Gilmyr Jude G. Marañon, MD–
(Group Coordinator)

CLUSTER E: SOCIO-ECONOMIC MATTERS

Head: Joselito M. Mendoza, MD

COMMITTEE ON FINANCE

Chair: Napoleon B. Alcedo, MD

Members: Rouel Mateo M. Azores, MD
Jose A. Solomon, MD
Narciso F. Atienza Jr., MD
Vivencio Jose P. Villaflor III, MD
Siegfried James T. Yap, MD
David T. Endriga, MD
Mr. Jose Patricio "JP" Casas (By Invitation)

Regent-in-Charge: Joselito M. Mendoza, MD

Tasks:

- To set up the eFAP application; policies on PW and online payments; study other options (multi-system)
- To create programs - for the welfare of /which will benefit the PCS members across all Specialty societies – example – Expanded FAP
- To find sustainable source/s of funding for these challenges or assistance to the fellows with some financial participation from the fellows

SUB-COMMITTEE ON PCS BUILDING

Chair: Jose A. Solomon, MD

Co-Chair: Jose Ravelo T. Bartolome, MD

Members: Ricardo D. Riego De Dios, MD
Vermie L. Garcia, MD

Regent-in-Charge: Dexter S. Aison, MD

Tasks:

- To increase bandwidth of internet; implement biometrics for admin and security guards.
- To update the guidelines on the use of the College's motorcycle
- To oversee the training of the PCS staff on the use of the AED

COMMITTEE ON INTERNAL AUDIT

Chair: Maria Cheryl L. Cucueco, MD

Members: Alfred Q. Lasala II, MD
Alfred Phillip O. De Dios, MD
Leonardo O. Ona III, MD
Ida Marie T. Lim, MD

Regent-in-Charge: Dexter S. Aison, MD

Outsourcing of an internal auditor- more frequent monitoring of financial operations of the College

COMMITTEE ON SOCIALS & SPORTS

Chair: Ferdinand Y. Syfu, MD

Co-Chair: Noel C. Evangelista, MD

Members: Dale Avellanosa, MD
Roel Peña, MD
Raymond Joseph Manzo, MD
Vincent Paul C. Olalia, MD
Ronald M. Yutangco, MD
Raquel Caroline D. Malimas-Labro, MD
Rafael H. Dizon, MD

Regent-in-Charge: Andrea Joanne A. Torre, MD

COMMITTEE ON FELLOWS' ASSISTANCE PLAN

Chair:

Members: Julyn A. Aguilar, MD
Roberto M. De Leon, MD
Josefino C. Qua, MD
Emmanuel F. Montaña Jr., MD
Erwin Emeterio L. Isla, MD
Roy Joseph T. Trinidad, MD

Regent-in-Charge: Joselito M. Mendoza, MD

Task:

To create programs - for the welfare of /which will benefit the PCS members across all Specialty societies – example – Expanded FAP

COMMITTEE ON HOSPITAL STANDARDIZATION AND ACCREDITATION

Chairman: Alejandro C. Dizon, MD

Members: Rey Melchor F. Santos, MD
Alvin B. Marcelo, MD
Gavino N. Mercado Jr., MD
Orlando O. Ocampo, MD
Jose Ravelo T. Bartolome, MD
Vivencio Jose P. Villaflor III, MD
Mark Berces, MD
Alyses E. Villaluz, MD

Regent In-Charge: Rex A. Madrigal, MD

SUB-COMMITTEE ON DOCUMENT MANAGEMENT SYSTEM

Alejandro C. Dizon, MD

COMMITTEE APPOINTMENTS, 2024

Alvin B. Marcelo, MD –
Proposed Members
Vivencio Jose P. Villaflor III, MD
Rey Melchor F. Santos, MD
Orlando O. Ocampo, MD

Ad-hoc Committee on Internal Governance

Chair: Jose Ravelo T. Bartolome, MD
Members: Rowena Muñoz, MD
Vivencio Jose P. Villaflor III, MD
Jose Rhoel C. De Leon, MD
Joselito M. Mendoza, MD
Regent-in-charge: Jose Rhoel C. De Leon, MD

Ad-hoc Committee on Surgical Leadership Program

Chair: Miguel C. Mendoza, MD
Members: Carlos E. Ejercito Jr., MD
Manuel Francisco T. Roxas, MD
Esther A. Saguil, MD
Cenon R. Alfonso, MD
Jose Rhoel C. De Leon
Rodney B. Dofitas, MD
PCS Liaison Officers: Maria Concepcion C. Vesagas, MD
Ramon S. Inso, MD
Esperanza R. Lahoz, MD
Resource Generation: Joselito M. Mendoza, MD
Adviser: Edgardo R. Cortez, MD
Regent-in-Charge: Vivencio Jose P. Villaflor III, MD

ACROSS THE BOARD... from page 7

- Disaster Preparedness Program: Tabletop exercise during the Twilight Symposium on May 2, 2024 (Thursday) at Ambassador FVR,
 - STOP the Bleed Activity - The official date for National Simultaneous STOP the Bleed Course moved to every September 11.
- B. SURE & Community Services: The Board APPROVED the following:
- New Member of the SURE Commission: Hon. Justice Geraldine Faith A. Econg
 - PCS SURE: Explore Art Fund Raising: Art Exhibit called “Opera-Art at Pinto Art Museum” from June 23 to July 16, 2024
 - Surgical Missions: Romblon Rural Surgery Outreach Program with Jian Zafra, MD (General Surgeon) and Ma. Reccia Andres, MD (Anesthesiologist).
- C. Surgical Infections
- The Board has APPROVED the payment for the 3 Research Assistants and for a statistician.

Cluster B – Surgical Education

- A. Conventions_ Follow ups were reported for
- 50th Midyear Convention
 - 80th Annual Clinical Congress
 - o The Board APPROVED the proposed revised Congress theme: “Leap into the Future: The Filipino Global Surgeon”
 - o Finance: Additional Budget for the airfare of foreign faculty. This matter will be endorsed to the PCSF.
 - o Orientation and Induction of New Fellows – December 1, 2024 (Sunday)
- B. Surgical Education _ Follow up reports on
- 50th Midyear Convention
 - 80th Annual Clinical Congress . A number of prominent Filipino Surgeons abroad were shortlisted for possible speaker invitation.
- C. LMS
- Reports for information about the Landing page and content were given

Cluster C – Membership Development

- A. Nominations
1. The Board APPROVED the recommendation of the Committee to appoint Dr. Nelson D. Cabaluna as Chair of the Search Subcommittee.
 2. Tasks: The Search Subcommittee is tasked to recommend at least 25 nominees based on the nominees submitted by the Chapter and subspecialty societies; the Subcommittee may add nominees should the list be less than 25.
 3. Policies on nomination were discussed

Cluster D – External Affairs

Matters for information under this cluster were discussed

Cluster E – Socio-economic Matters

- A. Finance: BOR Approved a Budget submitted by the Com. on External Affairs & PR
- B. Hospital Standardization & Accreditation: BOR approval of the Ambulatory Surgery Guidelines Updates
1. The meeting resumed at 1:50 pm with Dr. VJP Villaflor III presiding. The Report was presented on PCS’s Stock Market Investment and Audited restricted funds.

COMMITTEE REPORTS

Cluster D – External Affairs & Public Relations: The following items were approved:

- A. SURE Commission
1. Concept Proposal on the Creation of the Philippine College of Surgeons S.U.R.E. Referral Hub and Ambulatory Clinic
 2. National Surgical Outreach Day
 3. Plans and Activities for PCS 88th Foundation Week Celebration: Same program as last year with the proposed budget
- B. Committee on Socials & Sports: Plan to conduct various activities were presented.
2. Aside from Committee Reports, letters of request to the College were received and discussed accordingly.

Dr. GT Singian Memorial Lecture

• **Hon. Teodoro J. Herbosa, MD, FPCS, FPSGS, FPSST** •
Secretary of Health

Dr. Vesagas, the President of the Philippine College of Surgeons, Dr. Villaflor, our overall Chairman of the 79th Annual Clinical Congress. Dr. Panching Lahoz for introducing me to the rest of the Board of Regents, other invited guests, distinguished speakers, fellows of the Philippine College of Surgeons, residents, ladies and gentlemen, a pleasant good morning to all of you.

I'd like to present to you my journey from surgery to leadership in health systems. To the young surgeons in the audience, Dr. Gregorio Torres Singian was born on May 9, 1872 in San Fernando, Pampanga. He finished a Bachelor of Arts in 1889 at San Juan de Letran Colegio.

He finished his Doctor of Medicine as a summa cum laude in 1895 at the University of Santo Tomas Faculty of Medicine and Surgery. He became known as the father of Philippine Surgery. During the revolution, he volunteered to serve as a battlefield physician, maybe a trauma surgeon.

And one of his patients was the famous Manuel L. Quezon, who he treated for Malaria. He returned in the 1900 to the University of Santo Tomas to teach medicine. He also founded the Singian Hospital in 1903 and became the first Filipino Associate Professor of Surgery of the Philippine Medical School in 1907.

The Philippine Medical School eventually became the UP College of Medicine after the University of the Philippines was established. He was also the editor of *Revisita Filipina de Medicina y Farmacia* and traveled European countries visiting various clinics and was called by the name *El Mago del Bisturie*, the Magician of the Scalpel. With one of our former presidents, Dr. Basilio Valdez, who introduced the system of operating rooms for clean and septic cases.

He also donated 200,000 pesos worth of Radium for Cancer treatment of Filipinos. He became director of the San Juan de Dios Hospital in 1920 and made that an affiliate clinical practice of the Department of Surgery of the University of Santo Tomas and started surgical residency program in the Philippines. He established the Philippine College of Surgeons in September of 1936. He died in Hong Kong in January 29, 1939 at the age of 64.

I follow a similar journey as a surgeon. I took up surgical residency and after residency was tasked to develop a new program, the UP-PGH Trauma Division and Fellowship Program.



With that, I extended myself to looking at pre-hospital care, emergency medicine, and disaster medicine and continued on to international and global government service leadership roles. And most recently, I was appointed as chairman of the Philippine College of Surgeons Trauma, Injury, and Burn Care Commission, one of three commissions created by the Philippine College of Surgeons as we continue to work with non-surgeons in fields like trauma, burns, cancer, and in underserved areas. Let me quote my good friend, Atul Gawande, who I worked with when we developed the World Health Organization Safe Surgery Checklist.

Atul Gawande, an endocrine surgeon, and wrote his second book entitled *Better*. And in this book, he said, we look for medicine to be an orderly field of knowledge and procedure, but it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time, lives on the line.



There is a science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists, and this gap complicates everything we do.

* **Delivered during the Opening Program of the 79th PCS Annual Clinical Congress, December 4, 2023 at the EDSA Shangri La, Mandaluyong City**

This is a photo of my medical class in 1983.



This was the year the human immunodeficiency virus was also discovered. I can no longer find myself in the photo, and that was how many years ago this photo was taken. During surgical residency, I went from 1985 to 1989 at the Department of Surgery at the Philippine General Hospital.

Because HIV was already prevalent, our practice in terms of sepsis and antisepsis using recycled needles and syringes was actually thrown to the trash bin. We were now doing mostly disposable because of the threat of this pandemic, the HIV-AIDS. Also, during my residency in second year, we were overwhelmed with the people power of EDSA, and our teams, our medical teams were ready and on standby in case of any mass casualty incidents that could have happened.

This was followed by an economic downturn that affected our healthcare system, making patients pay for usually free laboratory tests that used to be available to everyone, and even antibiotics and medicines. But that era of my residency was also a time when I trained with great surgeons of the Philippine College of Surgeons. To name a few, there was our chairman, Dr. Antonio Limson, Dr. George Eufemio, former president, Dr. Januario Estrada, Richard Tiongco, Alfredo Ramirez, Carlos Magsanoc, Marcelino Fojas, Serafin Hilvano, Hawthorne Bañez, Tony Oposa, Enrique Ona, Ponciano Manalo, Romeo Gutierrez, Faustino Domingo, Romeo de Villa, and many more.

My senior residents there are now famous surgeons. My chief resident was Dr. Arturo Dela Peña. There was also Alberto Roxas, who was a fellow in colorectal, Ed Gatchalian, Telesforo Gana, Armando Crisostomo, Daniel dela Paz, Lito Danguilan, Tony Catangui, and many others.



This is a photo of the late Dr. Daniel de la Paz, who I worked with in the field of trauma. Also in the photo is a plastic surgeon, Pilita Mijares, who was my classmate, Randy Abdulla, also a general surgeon, and two anesthesiologists in the far left and the far right, Dr. Disangopan and Dr. Gomez. I'm the one with the dark shades sitting in the back of the truck.



After training, our chairman, Dr. Alfredo Ramirez, sent me to train in trauma and emergency systems in Tel Aviv University at Chaim Sheba Medical Center. This was the largest medical center in the Middle East at that time. I also allowed to actually rotate at the Hebrew University in Hadassah in Jerusalem, where experiences in trauma was true and actual because of bombings and terrorisms.



I was lucky because of work with the Department of Health. The World Health Organization took me as a fellow in the first diploma course on emergency and crisis management in Geneva, Switzerland, at the University of Geneva. Then, with the dream of the PCS to bring the American College of Surgeons ATLS course here, I was sent to the Cook County Hospital in Chicago by the Society of Filipino Surgeons in America to undergo the first ATLS course and be able to bring it to the Philippines.

Through the years of my career as a surgeon, I was exposed to other non-surgical efforts, and this was part of what brought me to be working with non-surgeons. There was the stop-death program, the disaster program of the Department of Health, where I became the Deputy Secretary General for Technical Concerns under the time of Secretary Juan Flavier. There was also work with the Asian Disaster Preparedness Center based in Bangkok, as we trained other governments in the field of disaster medicine.

And of course, the World Health Organization took me as a consultant in many other countries after my fellowship training in the University of Geneva. Because of all this work in disaster, the USAID Office of Foreign Disaster Assistance asked me to coordinate a regional program called Peer Program for Emergency Enhancement of Response and Hospital Preparedness for Emergency Scores. This was taught all over South Asia and Southeast Asia.



I was tasked to develop the Trauma Surgery Fellowship Program at the Philippine General Hospital, which was started in the early 90s and has produced all the top leaders of trauma surgery in the Philippines today. In pre-hospital care, we set up a training school for emergency medical technicians in 1997. This was called the Life Support Training International, and we trained over 5,000 Filipino emergency medical technicians.

Unfortunately, 90% of them were actually hired in the Middle East. With all these efforts, we had to create the next program in the link of survival, the Emergency Department's Emergency Medicine Residency at the Philippine General Hospital. And because of that experience and opportunity, the Universiti Kebangsaan Malaysia invited me to be a professor at the Universiti Kebangsaan Malaysia to train their emergency medicine physicians.

So, the key was that not being a surgeon waiting for trauma patients to come to the Emergency Department in the operating room. I learned when I was at Cook County that part of the trauma team were the emergency physicians. They were the ones intubating, doing chest tubes, and doing the procedures needed by the ATLS.

So, we created the same program at the Philippine General Hospital. The Department of Emergency Medicine, together with me, was also one of our second graduates in the field of trauma surgery fellowship, Dr. George Concepcion. We also did a lot of surgery in the remote and rural areas.

This exposed me a lot to the difficulties in remote and rural surgery. This is the Physicians for Peace, which I became head of after Dr. Juan Montero asked me to lead this organization to bring surgery to the remote areas and to places where surgeons are unable to go. My colleague in the Universiti Kebangsaan Malaysia was a fellow surgeon.

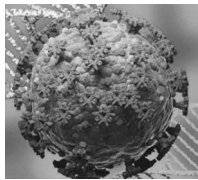
Dr. Ismail was also an orthopedic surgeon, and we trained the first batch of emergency medicine graduates in Universiti Kebangsaan Malaysia. A great opportunity at that time for me was that I like Formula One, and at that time the Sepang had the Formula One races, and I was lucky to be part of the medical teams. What we don't see during the Formula One races are the 27 teams in all the different places hidden to actually save the lives of our Formula One drivers.

We practiced in that kit. You see that kit the same way that a Formula car stops in a pit stop, and we're supposed to extricate the driver within 30 seconds. Remove him from the four straps of that particular cockpit that you see.

We have a modular cockpit where we trained, and we were timed. We have to make our team; two people would have to have 30 seconds extricate that driver to make sure you are able to take him out before the engine explodes or fire gushes through. Being a surgeon, they made me the flight surgeon at that time, and I was actually the first one to actually fly an actual Italian driver that got injured with spine injury after a car crash in the Sepang circuit.



When I returned to the Philippines after my tour at Universiti Kebangsaan Malaysia, I was invited by our former PCS president, Secretary Ona, who became Secretary of Health, to be his undersecretary. It was a new role in government in terms of working on policy and delivering a health system that was important for the Filipino people. Part of the roles given to me because of my field of expertise in disaster medicine was to be part of the sub cabinet cluster of the National Security Council where we tackled the MERSCOV, the migration of the people from Saba in boats, and eventually because of that experience, as I briefed our Security Council members, I was invited to teach at the National Defense College of the Philippines for the course Master of National Security Administration. I became module coordinator for the technoscientific dimension of national security and was again also invited when they created at the Philippine Public Safety College the Masters in Crisis and Disaster Risk Management where I now serve as an eminent fellow. After my tour as an undersecretary of the Department of Health, the elected



president of the University of the Philippine system invited me to be his executive vice president from 2017 to 2021. During this time, the COVID-19 pandemic hit us and I was invited by Secretary Carlito Galvez who was appointed National Task Force Implementer and I became his special advisor in our fight against COVID-19.



Later on, as the new president came in, he appointed a national security advisor, Clarita Carlos, who took me in as a member of the team of experts in the National Security Council and by June 5, this president appointed me to the position of Secretary of Health. So, the field of expertise is really in disaster medicine and developing health systems when there is chaos and disaster. My university awarded me for public service in this field.

In Typhoon Haiyan, we were actually there and during Typhoon Haiyan, I thought that was the worst disaster I would ever handle, not to realize there was still a pandemic that came thereafter. So, what have we learned since that time? We need to fortify the Philippines against biohazards. After the COVID-19 pandemic, it exposed the country's weak and uncoordinated and fragmented disease surveillance and reporting system with a perennial dilemma of non-functioning local epidemiology surveillance units in the local government units and this compounded our problem.



We had limited laboratory capacity in all levels. We had insufficient contact tracing and isolation capabilities and we lacked the human resources for health for the expansion of surveillance and response or what we call in disaster medicine, a surge capacity. We also had limited capacities in resources, in health facilities, intensive care, and other hospitals. So, I was part of what was called the A-Team. We traveled to all the hot spots in the Philippines. It was like a Hollywood movie. All the planes were not flying except our military planes where we brought the PPEs, the test kits, and the medicines that were needed by our patients who had COVID in the different ICUs all over the country.

During this time, this was also the time we were formed as a commission. Yet our commission, the Trauma Injury Burn Care Commission, continued virtual learning. We said we will not stop. We continued to proceed with webinars and training programs that actually helped fill in the gap of learning. This was one of our big webinars, the Stop the Bleed webinar, and it actually promulgated this particular effort which is like our CPR for bleeding.



So let me get back to biodefense and resilience. It is just like a disaster cycle. You have response and recovery. Then we have threat awareness. Like now, there is a mysterious respiratory disease in children being an outbreak in China. We need to think about prevention and protection.

We need to think of surveillance, and we need to think of detection. So, we need to strengthen our health system because COVID-19 will not be our last pandemic. So, we've learned a lot.

There is a need to reevaluate the current composition of the interagency task force to strengthen health security measures. When we formed the IATF, I was undersecretary. The IATF for the management of emerging infectious disease was actually a plan to fight against the influenza pandemic, but we actually used it against the COVID-19 pandemic.

In my review of how it was used, I now see that there's economics, politics, and other efforts that need a real leadership in terms not only the secretary of health, but maybe the president, the vice president, or the secretary of defense to lead us in the next pandemic. So we need to strengthen and fortify our institutions as we prepare for the possibility of a future threat. We reevaluate the composition of our IATF, and we retain the capacity and functions of the IATF secretariat that helped us go through the COVID-19.

There is a need to sustain the gains we have accomplished in COVID-19 pandemic, especially the whole of society approach that capitalized on stronger capacities and made the health system not fail. We ensure continuity and regularity of convening the IATF even after lifting the public health emergency. I've actually called it after the Nipah virus scare, and we'll probably call it after this particular outbreak in China now for the respiratory illness.

But as Secretary of Health, we have developed the eight-point action agenda. One, Bawat Pilipino, ramdam ang kalusugan. Two, Ligtas, dekalidad, at mapagkalingang serbisyo. Three, Teknolohiya para sa mabilis na serbisyo pangkalusugan. Four, Handa sa krisis. Five, Pag-iwas sa sakit. Six, Ginhawa sa isip at damdamin. Seven, Kapakanan at karapatan ng healthcare workers. And number eight, Proteksyon sa anumang pandemya.



Here, we are able to take care of the individual Filipino, the individual healthcare workers, and the individual communities. This is the framework of how we see a stronger health system. We need better health outcomes.



We need stronger health system. We need people to have access in all levels of care, whether it be primary or tertiary surgical care. And we will use the eight-point action agenda as our strategy.

And with that, with the principle of humanistic leadership and governance. I remember how our president told me the story of why they closed their hospital. Because of over-regulation of the health system and our hospitals.

I have planned to change that and make sure that we build first our health systems and our health facilities before we become strict with over-regulation and need to create more of the health facilities that we need through good governance. The Universal Healthcare Act was enacted in February 2019. And the implementing rules and regulations was issued on October 10, 2019.

It was a great landmark act. Unfortunately, COVID-19 hit. And we talked only of one disease.

Today, I'm the lucky Secretary of Health, the 30th Secretary of Health, that will have to implement the Universal Healthcare Act and make sure that there is health equity and improvement in all services from primary to tertiary levels of care. With the president putting his confidence on myself as a leader and the experience, the president told me when he appointed me on June 5, Dr. Herbosa, I chose you because you are the most senior and most experienced among the candidates. And I'm now taking that on as a big challenge to be able to develop and improve the health system, like any major surgery that you are supposed to take on.

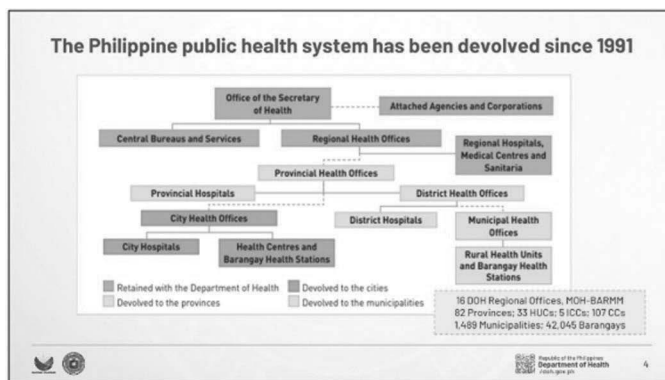
Our public healthcare system was decentralized in 1991 because of the local government code. The Department of Health took only about 45 of the biggest hospitals and all the rest of the hospitals were localized to governors, but they gave the primary care centers to the municipal mayor. So, we fragmented it at two points.

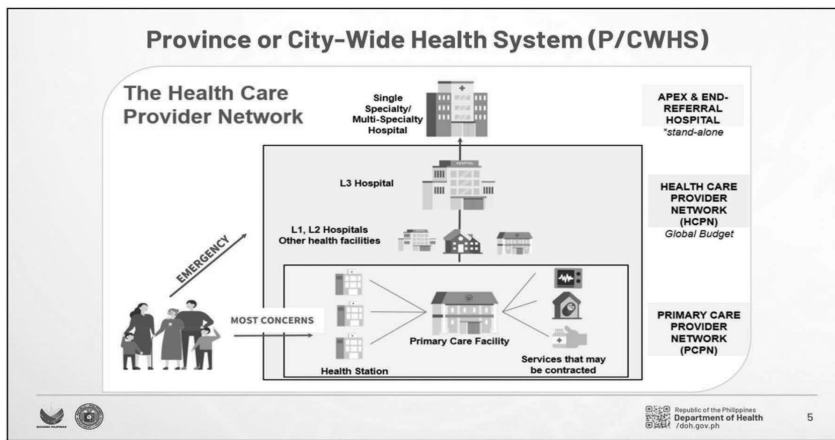
Over the years, we've learned that this fragmentation has led to weaknesses in our health system, most especially in the primary care. And also, because the primary care has become weak, it has overburdened our tertiary hospitals with plenty of patients needing only primary care or secondary care going to our big hospitals and creating an access block. Today, our Department of Health, together with different agencies, goes straight to the people.

This is the Bagong Pilipinas Fair, where we go to different provinces and provide all the government services to the people instead of the people going to the services. So, we provide laboratory testing, vaccination, and even free medicines and free laboratory testing in these efforts. So, the idea of universal healthcare is to build a province-wide or city-wide healthcare system.

The whole process of universal healthcare, if you haven't read the law, is called integration of the healthcare system. So, we fragmented it and we knew it was wrong, so we passed a law that would reintegrate it and connect it all together again. So, para tayong Humpty Dumpty had a great fall.

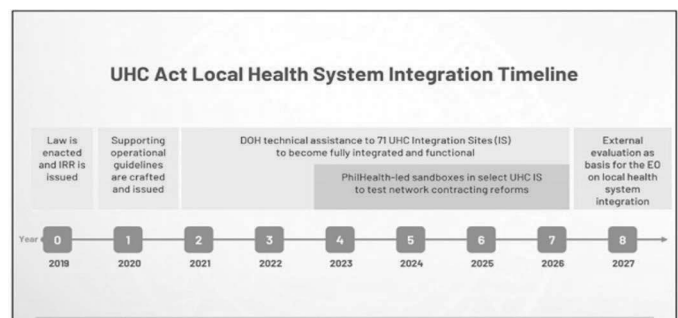
All the king's horses and all the king's men couldn't put Humpty Dumpty together again. So, the idea is really to create what is called the healthcare provider network, led by the apex hospital. We will have a system wherein certain patients will be seen at level one, level two, or level three hospitals, but most of the care will be given and delivered in the primary care setting, where there is laboratory, there is free medicine, and there's even dialysis or birthing centers.



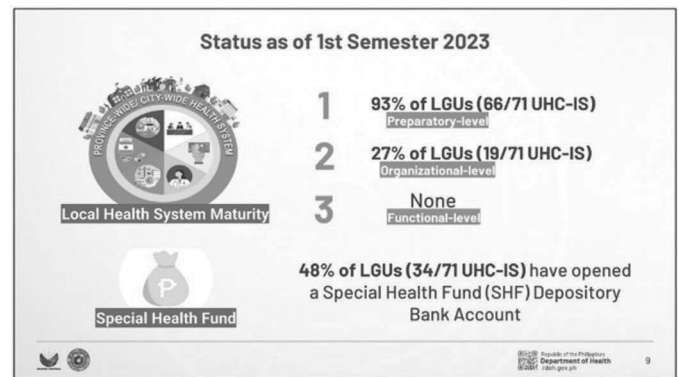


So, with the Universal Healthcare Act, with the system, with the health system integration timeline, we decided to ask provinces who were willing to implement it, and they were called the UHCIS or UHC Implementation Sites. 71 provinces signed up to become fully integrated health system. That means from primary care to the apex hospital.

And then PhilHealth launched this year five sandbox areas for what we call primary care provider networks, wherein the whole province will take care of primary care from the governor’s perspective. So, we continue to experiment and find ways to actually integrate the system all over again. As of now, this process has become very slow, and I criticize it and say all PhilHealth needs to do is to provide the right benefit packages for each individual and let the Department of Health and the local government, or DILG, figure out the development of local health systems.



So, with the pathway they use, only 66 of the 71 UHC integration sites will achieve preparatory level. At least, nag-uusap at meron silang parang plano. Only 27 percent of those that had preparatory level of the 60 or 19 had organizational level, but none had a functional level.



And there was also in the law the creation of a special health fund. And this, I think, has some big challenges to implement because it will create a big turmoil in the financing of local government units. So, these are the financial integration challenges with the creation of the special health fund.



The current challenges are that there are municipalities that are concerned that their income will be given to the provincial health board who will manage it. So that’s problematic if the governor and the mayor are not aligned. There is also delayed issuance and payment of PhilHealth, which can delay our financing for health care.

There is also need for the commission and audit to issue accounting and reporting for the special health fund for health care provider network. And when they implemented the sandbox, they asked the local governments to create an escrow account for the money that they would get from PhilHealth, so parang a bond. So, this was very difficult to create because it had challenges with our accounting.

The other unforeseen challenges include income that may accumulate in the special health fund and will affect the income classification of local government units. And then PhilHealth income can continue to accumulate because

they can delay the payment and this will affect the salaries of Plantinga items and operating expenses of hospitals in the local government unit. So there really are challenges in this method of special health fund financing.

The other thing that's good is now we're becoming international. I sit here at the UN General Assembly meeting sitting with Atul Gawande and he's now also heading, he is the Deputy Director of the U.S. Agency for International Development and he's supporting me in my efforts against tuberculosis and the development of better primary care centers as we improve our health system. He will be coming sometime in January or February to the Philippines and I do hope the PCS can host at least one meeting with the father of the WHO safe surgery checklist.



So, when I met with the President, I recommended to the President the creation of a universal health care coordinating council and this would be composed by the DOH co-chaired by the DILG with members from the DICT, DBM, Department of Finance, PhilHealth, CHED, TESDA, the Professional Regulation Commission, NEDA and even DepEd. This was approved by the President and we are now creating the executive order that will create this coordinating council that will monitor and implement the Universal Health Care Act for the Filipinos. In summary, our health care system is transforming.

Recommended Composition of the UHC Coordinating Council	
DOH	Council Chair, overall steward of UHC implementation
DILG	Council Vice Chair, oversee LGUs on local health systems integration and sandboxes
DICT	Scale up ICT requirements in the health sector
DBM	Conduct of public financial management trainings to LGUs, to include SHF Facilitate transfer of PAGCOR and PCSO funds to PhilHealth
DOF	Implement the SHF module in the LGU Integrated Financial Tool (LIFT) system Timely certification of income from sin taxes
PhilHealth	Issuance of network contracting policies and financing reforms
CHED, TESDA, PRC	Reorientation of health profession education curriculum towards primary care
NEDA	PSA: Harmonization of National ID system with PhilHealth database PIDS: Conduct of UHC evaluation
DepEd	Implementation of Healthy Learning Institutions

Our young surgeons need to step up and understand the changes that are happening. Surgeons need to be involved in the reforms that are happening on the financing that is being agreed upon. We need to do research and evidence for policy formulation as no one knows the direction in which our health care system will follow. We need young surgeons like you to have futures thinking. We will be building specialty centers for the future. All regions will have heart, cancer, kidney and children centers. So, we need all our surgical specialists to actually fill that up. When we were tasked to build the trauma centers, our team of trauma surgeons were given 22 hospitals to build as national trauma centers all over the country. We were surprised because we counted 22. We said at least two trauma surgeons per trauma center. We didn't have that enough because most of our trauma surgeons have either died, retired and the younger surgeons have gone to more exciting minimally invasive surgery, robotic surgery and all other specialties. So, we needed to fast track the training of trauma surgeons that will fill in all the equipment and technology that the government would buy to build trauma care.

Summary

- Our health system is transforming
- Surgeons need to be involved in the reforms happening
- Research and evidence for policy formulation
- Futures thinking: Specialty Centers in all Regions
- Health Financing

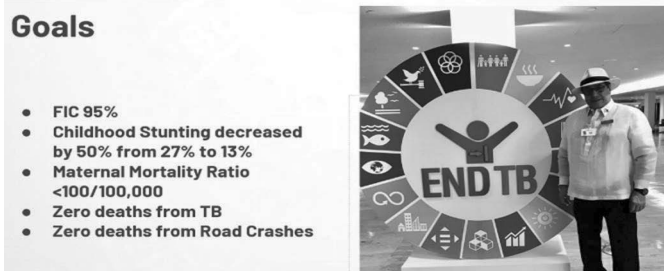


Then, we have to learn health financing. I think this is what I learned after they never taught me in residency how to charge. We used to have the relative unit value as a basis for our charging but we need to actually talk as a group, the Philippine College of Surgeons, on how we can develop proper health financing so that everyone will be accessible to surgical specialists everywhere.

My work as a Secretary of Health has brought me to different places and different endeavors. Here I speak in front of the Bloomberg philanthropies as we talk about the need to fight hypertension and other non-communicable diseases. I work with other agencies to actually develop systems and policies that will help us improve our health system.



I put in five goals for my term. I want to return the fully immunized child to 95 percent. We actually achieved this in the time of Secretary Flavier but today it's a missed 71 percent and our country is number five in the countries with the most number of zero-dose children, something we doctors cannot, can never be proud of when there are diseases preventable by vaccination. These are my goals for the next five years as Secretary of Health. Very achievable goals, achieving again the fully immunized child 95 percent of all children below six years old immunized from all vaccine preventable diseases. Number two, we also want to lower by 50 percent the amount of childhood stunting through better nutrition. Nutrition starting with the first 1,000 days as the fetus is still in the womb.



We want to decrease the amount of stunting from 27 percent to 13 percent. When I was Undersecretary, as Millennium Development Goals, we wanted to lower maternal mortality. It was at that time the MMR; the ratio was 154 per 100,000.

We were able to bring that down to 111 per 100,000 but recently because of the rise of teenage pregnancy, our maternal mortality ratio is now up to 144 per 100,000. Last you saw me meeting with the Secretary and Vice President Sara Duterte for efforts on teenage health. We also need to look at TB.

We are number four in the world in terms of new TB cases diagnosed and my goal is not to lower TB but to make sure that in this era of 2023, there will be zero deaths from TB. That means we will find them, diagnose them and give them free anti-TB medications. The last is my personal endeavor because before I became Health Secretary, I did massive research of 10 years on all the major hospitals and found that the major killer in our roads were two-wheeler vehicles.

I'm hoping that also in my era with all the efforts of society and policy, we can bring down to zero all deaths from road crashes. I end with a quote from Simon Sinek. He said, the role of the leader is not to come up with all the great ideas.

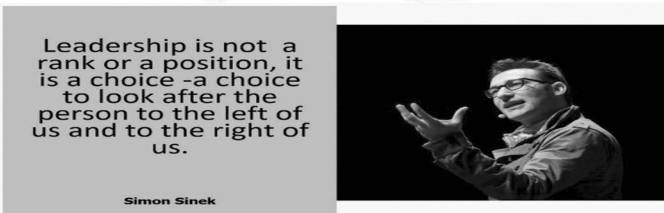


The role of a leader is to create an environment in which great ideas happen. Ladies and gentlemen, if you are a young surgeon, look up to a senior surgeon as a mentor. If you are a senior surgeon in the audience, take up a mentee or a young surgeon to actually help and develop in their next career that will replace you.



I end with this quote from Simon Sinek. Leadership is not a rank or a position. It is a choice.

A choice to look after the person to the left of us and to the right of us. Maraming salamat po. Mabuhay ang Philippine College of Surgeons!



Collaborations and Innovations in the Era of Global Surgery*

Secretary Ted Herbosa, former Secretary Francisco Duque, former Secretary of Health Dr. Enrique Ona, officers of the PCS and the PCS Foundation, esteemed guests, and to all those present here today, good evening. Thank you for inviting me to your induction ceremonies. Tonight, we are witness to the change of leadership of two institutions.

Leadership, as the author Bruce Miller once said, is more like a baton than a trophy. Leadership is not simply held up in the air, nor just displayed in a glass cabinet, but rather, leadership is like a baton, passed from one person to another. In that act of passing, it is important that neither person, the passer and the receiver, drops the baton.

If either one drops, then they both lose, and all their efforts are wasted. Everything put to naught. As a consequence, the team and the institution they represent also suffer.

Today, we witness the successful passing of the leadership mantle from the previous leadership to a new set of officers. I commend the outgoing leadership for the additional bricks they installed that strengthened the organizational foundation of PCS. Dr. Vivencio Jose Villaflor III, as the incoming president, will be standing on the shoulders of your accomplishments, as well as on those of previous leaderships of the PCS.

Dr. Juvie, as we fondly call him, will need to continue carrying the baton with care, energizing the pace to make the PCS relevant to the needs of surgeons, while also ensuring that the PCS, as an organization, remains a responsible and responsive partner in the goal of providing Filipinos universal access to quality health care. In my professional career, I have had the privilege to interact with doctors from various perspectives, as a policymaker, as a third-party payer, and as a partner in the delivery of hospital services. But the most memorable interaction that I've had with doctors is as a patient.

That famed surgeon's knife had cut my body several times. For many patients, just before surgery, there is anxiety, there is trepidation, and a sense of mortality kicks in. After the surgery comes a sigh of relief, grateful for a new lease of life.

That is what you surgeons accomplish. You relieve pain, you give comfort, you restore confidence. In your profession, when the patient lays down on the operating table, he reposes his trust in your hands.

This trust imposes on you as special burden, an unwritten social contract, a moral obligation that the best care is rendered, as cost-effective as possible, as conven-

ient as can be, as compassionate as you can. The burden foisted by patient trust is a good jumping point to discuss the theme of your convention, collaborations and innovations in the era of global surgery. Let me discuss the three key words of your theme, collaboration, innovation, global surgery.



GAMBOA

Collaboration and innovation are mindsets, global surgery is a goal. First, collaboration.

The literature defines collaboration as assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and decision-making. With this definition, some would call collaboration as building partnerships or creating alliances. As a medical practitioner, you are all fully aware what collaboration means in treating a patient.

You step out of your personal silo and engage with other health professionals to determine what is best for the patient. As part of PCS, many of you have probably been part of PCS committees, collaborating with other organizations and government agencies, looking for ways to jointly improve the quality of care. Let me cite an example of the power of collaboration.

When Taal Volcano erupted some time back, it became necessary to close our Tagaytay Hospital for safety reasons. But some patients could not be sent home, including those in the ICU. A clarion call was made to other Mount Grace hospitals.

In no time, the respective ambulances were sent to Tagaytay. And the patients were transferred to as far as Lipa, Los Baños, San Pedro, and Metro Manila. In some cases, physician care was endorsed to the doctors of the receiving hospital.

In other instances, the same attending physician continued to render care because in the Mount Grace network of hospitals, cross-accreditation of doctors is allowed. The ultimate accolade of the power of collaboration was articulated by an ICU patient when she was discharged. And she said, Para akong di nalipat ng hospital.

Let me now tackle the second idea of your convention theme, innovation. The World Health Organization defines health innovation as new or improved solution with the transformative ability to accelerate positive health impact. In turn, the Harvard Business School asserts that innovation must be something useful to the consumer.

*Inspirational speech delivered by Mr. Rhais Gamboa, Executive Vice President and Chief Operating Officer of Mount Grace Hospital, during the induction of the Boards of the Philippine College of Surgeons and PCS Foundation, Inc.

It must address consumer pain points. Innovation in surgery is particularly important as we strive to bring about improved patient outcomes. Technology is improving by leaps and bounds.

Robotics, imaging guidance, and artificial intelligence are among the innovations impacting your profession. Caution, however, should be exercised as the latest and the newest in technology is not necessarily the best, particularly when viewed from the prism of costs. Hence, the concept of adopting the appropriate technology given the customer's payment capabilities and the financial resources available.

The other day, I was in a conversation with one of your esteemed colleagues right at the lobby of this hotel. He shared that when he introduced CT scan in his hospital somewhere in Central Luzon, he got resistance from the patients who were used to paying x-rays costing only a few hundred pesos. They were hesitant to be subjected to CT scans because the cost was in the thousands of pesos.

This surgeon had to educate his patients about the value of CT scans. What his story tells us is that introduction of new services born out of innovation must be understood by the consumer. The foregoing anecdote leads us to the third idea of your convention's theme, global surgery.

Literature says that at its core, global surgery aims to improve health and health equity for all who may need surgical care. This puts emphasis and focus on the underserved populations. But the reality is that surgeons alone, PCS alone cannot make equity to health access happen.

There are constraints in the health ecosystem that are beyond the capacity of PCS to address, such as availability of health financing, inadequacy and maldistribution of the health workforce, maldistribution of hospitals nationwide. These issues make it difficult to achieve global surgery. I therefore laud your organization

for taking head-on the challenge of improving equity in the Philippine surgical situation.

And for this, the health service delivery infrastructure should be strengthened. Primary surgical care should be part of the discussions on primary care, where a surgical referral system from the primary care network to the apex hospitals should be in place. At the micro level, what can PCS do to move the needle towards the attainment of global surgery? Specifically, will PCS consider doing a pilot project to illustrate the concept of global surgery within the context of the universal health care law? To this end, PCS can identify an underserved area, design a health care delivery mechanism in collaboration with other stakeholders anchored on PhilHealth's Konsulta program.

One can argue that one pilot project will not make a dent in the overall challenge to achieve equity in the access to health care. True. But a successful pilot project will be like a stone thrown on a placid lake, creating small ripples on the water.

If other organizations also throw their own pebbles into the lake, the combined ripples can become a palpable wave. Small successes generate confidence, which in turn enkindle hope that fuels the human spirit to tightly embrace its yearnings. Let me end by continuing the analogy of passing the baton.

By design, leadership of PCS will change. It is therefore important that your underlying values and goals become your compass so that there is continuity of purpose. Be mindful of the past, what it represents institutional legacy.

Be cognizant of the present to be anchored in reality. Focus on the future so you don't stagnate. And Dr. Juvie, don't ever, ever drop that baton.

Again, my congratulations to the new officers of the PCS and the PCS Foundation.



Mr. Rhais M. Gamboa is flanked by outgoing PCS President Dr. Maria Concepcion Vesagas (left) and incoming PCS president Dr. Vivencio Jose Villafior, III.

**Editor's Note: The following is the Inaugural Address of Dr. Vivencio Jose P. Villaflor III,
PCS President 2024 delivered on December 5, 2023 at the EDSA Shangrila Hotel**

The PCS has built its foundation on a continuum of leaders who valued a greater mission to leave a legacy for the future generations of surgeons. When we reach back to our predecessors for our fundamental values and motivations, we do so with a sense of sacredness.

Most of us who dedicate our time to the College know that there is a cause bigger than ourselves, and that our contributions become part of a larger narrative, inspiring others to continue the work and ensure that our impact extends beyond our lifetime.

Tonight, with a heart full of gratitude, I thank the Lord Almighty for this valuable chance to lead the Philippine College of Surgeons on its 88th year.

On Guarding the legacy of PCS past presidents, and regents.

Even as I willfully take the reins of leadership of this venerable organization, I remain humbled by the glorious achievements of my predecessors particularly Dr. Ma. Concepcion C. Vesagas who has initiated and laid the framework for our (PCS's) national advocacies .. trauma injury and burn, cancer (Cancer Commission, NICCA council member and SOSF), promoting value based medicine, SURE commission thru its life changing surgical outreach programs and our (PCS's) clinical advocacies .. pain, wound care, nutrition and infection.

I have naturally felt apprehensive about the enormity of the task of building a more robust future for the college- for its fellows and stakeholders and most importantly, for the patients whom we have sworn to serve.

With the collaboration and support of our esteemed Regents, Board of Governors, Presidents of Chapters, Subspecialties, Affiliate societies and PCS committees with our secretariat my apprehension is tempered, and I believe that together, we will face formidable undertakings and challenging endeavors more effectively.

I have attempted to encapsulate the directions that I would like to pursue, with the invaluable

help of all our Regents together with leaders of all subspecialty and affiliate societies. By no simple measure, I envision a PCS that is People-centric, Culturally sensitive, and Service-oriented. These core beliefs I intend to incorporate into every undertaking that we, as an organization will be pursuing together - hopefully not just for this fiscal year but for many years to come.

To become a people-centric organization, we intend to espouse a unique blend of collegiality and camaraderie in the college through a dynamic brand of transformational leadership. This would entail a patent change in the conventional way of doing things - from cursory meetings to customary gatherings, there will be a palpable shift to involving the fellows - our members from planning to execution. as we go to you in your respective chapters. We will develop our future surgeon leaders by immersing them in leadership and healthcare management programs. They will bring fresh ideas and new perspectives, thereby challenging the status quo, enhancing innovation, and promoting growth. Because there are many ways to improve, among them are 1) harness talent and allow it to positively impact the whole organization 2) coming up with programs activities 3) to give back to our surgeons and the community we serve.

By ensuring participation of its esteemed members, the college stands to fulfill its dream of being an inclusive organization that is prepared to meet the challenges that the future holds - with a membership united in commitment and in purpose. This would entail a renewed involvement of all cutting specialties and all chapter societies.

Among our proposals is to enhance the research development and innovation capabilities of our fellows with the end goal of aiming for publication and creation of a National Research Fellowship Program in the near future. This program will offer career development pathways for our fellows interested in research and will, in turn, be a viable means to improve recruitment and retention. We will continue in the standardization of processes and promote quality surgery and patient safety. And perhaps we can dream beyond, maybe we can

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incubate ideas and innovations among Filipino surgeons, then invite angel investors and venture capitalists in the country or even internationally in the future. We can learn from our friends in IRCAD Taiwan, as they have been doing this successfully for the past couple of years.

The demographic profile of our country necessitates a more thorough consideration of culturally relevant sensitivities in building and enhancing health systems. Having been given the opportunity to travel around our archipelago, I have realized the profound effect of societal conditions and cultural norms in the way healthcare is delivered to a particular locality. I suggest that we continue to explore avenues of collaboration with different localities for surgical outreach, with the underlying intention of developing inputs in aid of policy formulation to be able to address the diverse cultural nuances that exist within and among communities.

The discussion about culture sensitivity should not be limited to social determinants of health as the proven intrinsic power of healing but most cultural mediums should also be recognized and promoted. As such, cultural celebrations will continue to be a facet of our term, and these shall not be confined to mere patronage and attendance to either visual or performing arts. In this era of holistic well-being, I earnestly believe that the college should welcome the fusion of wellness and arts as vehicles for healing and enhance our lives beyond the operating room.

Our involvement in relevant healthcare reforms to aid in legislation is the contribution of PCS to nation-building. Our current ventures with the provinces of Bukidnon, Romblon and Sorsogon who have been assigned as advanced implementation sites for UHC will hopefully not just provide a rich repository of information and insight but more importantly should encourage the College to have more collaborations with other local government units in the future. The complex nature of UHC is but one of the reasons why the college should pursue its advisory role in matters pertaining to health policy formulation and program implementation. Now, more than ever, the importance of being a major voice and contributor to potentially impactful matters such as primary surgical care and rural surgery must be resonated to all fellows and stakeholders alike as we help formulate with the Department of Health a “national surgical plan. in

line with DOH” We collaborate of course with the support of our leaders former Secretary of Health Dr. Enrique T. Ona, Dr. Francisco Duque III and newly confirmed Secretary Teodoro J. Herbosa.

The emergence of health sector reform as a global concern should exhort us to have more meaningful collaborations with external groups such as civil society organizations and international groups such as the Global Alliance for Surgical, Obstetric, Trauma and Anesthesia Care (G4 Alliance), American College of Surgeons, Royal College of Surgeons and World Surgical Foundation. Existing global outreach programs can provide access and a more sustainable option insofar as resource generation is concerned, aside from the added value of establishing international linkages for the college through our international relations committee.

As we consolidate our efforts into creating a more relevant and resilient organization, we must not neglect the primordial objective of providing service to our patients. This can only be achieved by first getting our internal affairs in order, to be able to become more efficient and effective. For this, I propose that the college undergo an immediate review of its operational processes with the end goal of standardization and corporatization.

I believe that we are all in agreement that keeping abreast with the changing times is the only surefire way to future-proof our organization.

One important strategic imperative is financial self-sufficiency and sustainability through a sound resource generation and marketing program. We need to explore alternative revenue sources such as partnerships with research institutions, grants, or specialized trainings and mentoring services. A collaboration with healthcare providers can be done to explore partnerships to share resources and deliver services. We can invest in technology and innovation to create digital systems digitize processes for efficiency, that streamline surgical care in the entire country. It is also a way of thereby expanding our reach to teach and serve more patients., we have our Learning Management System to show.

Succession planning and effective governance are crucial elements for long-term success. We will advocate for leadership development to

nurture and groom potential successors to ensure a smooth transition of leadership positions. We will proactively identify key positions in the operations of the College and create a pipeline of talent to avoid management gaps when key personnel retire or move on. It is essential for minimizing disruptions and maintaining continuity in management roles and daily operation. Hopefully we can learn from the experience of the American College of Surgeons as we have discussed with President Henri Ford. We can plan for a possible immersion in the American College of Surgeons history, offices and systems.

Effective governance in the PCS should balance adaptability and preservation of core values, to embrace new trends and remain resilient in our ever-changing world. We need a transparent and accountable framework that ensures ethical behavior, sound financial management, and compliance with legal and regulatory requirements. Our governance structure, the Board of Regents, will steer the organization in the right direction.

As I stand in front of you to take another step in the ladder of tasks that have been given to me, please be assured that I still do so with the same enthusiasm and sincerity that I had during my early years as Regent.

This has been my principle, in the various leadership positions that I have been privileged to hold in the past.. Participative leadership that is transformative is what I offer to you starting today. It shall be a combination of learnings gained from the tutelage of mentors in training (my Jose Reyes Memorial Medical Center days, surgical practice in Dagupan Doctors Villaflor Memorial Hospital, inputs from pioneers, innovators and industry partners, my IRCAD family, Mount Grace, One Unilab) with advise and encouragement from esteemed healthcare leaders.

So many memories and people have molded me. My day-to-day experiences accumulated from working with my colleagues from the NLC chapter, PALES, my TS family, my DDVMH surgeons / Mancom, the PCS secretariat, the present Board of Regents, Board of Trustees with the Jose and Marias in our Executive Committee. We have exciting work to do. And as challenged by Mr. Rhais Gamboa .. definitely we will not drop "the baton".

This I can only accomplish with the unceasing support and understanding of my family under the

guidance of Almighty God. Salamat Bernadete (my understanding wife), Pauline, Anton (my loving children). I would also like to recognize Alfonso and my father-in-law, Dr. Bon Malvar.

And of course, as Dr. Crisostomo Arcilla Jr. as I oftenly shared, the "gift of name", bestowed to me, the name I carry as the 3rd Generation of PCS Leadership in the Villaflor lineage, allow me to pay tribute to Dr. Vivencio Villarosa Villaflor Sr., my grandfather, one of the earliest PCS Fellows in the history of the society who established the North Luzon Chapter.

Dr. Vivencio Villaseñor Villaflor Jr., Dr. Ama, PCS Regent in 1985, whose great work and determination combined with the determination and support of my mother, Dr. Gregoria Poblete Villaflor, provided the impetus which transformed our 55-year-old organization into one of the leading healthcare institutions in Northern Luzon. Tonight, I honor them for being an inspiration to many and creating a difference in the lives of others. By the way, Dr. Ama has his personal collection of coins and stamps of our national hero Dr. Jose Rizal.

As I take charge of the leadership of the college, I pause briefly to encourage all the fellows of the college and all members of all the cutting specialties, to work towards a collaborative and inclusive PCS where everyone's contributions are valued. By doing so, we ensure that the PCS becomes more relevant, more resilient and more responsive in the years to come .. as a "home of cutting specialties" going beyond surgery.

As a final point, let me leave with you the statement of John C. Maxwell, "The future demands leaders who can bring diverse individuals together and foster collaboration". By embracing and valuing diversity, we can create an inclusive PCS where different perspectives and ideas thrive.

Through collaboration, we can leverage the strengths of each surgeon, leading to innovative solutions and meaningful relationships. Ultimately, effective collaboration is key to achieving our vision of becoming the premier organization of surgical professionals, giving quality surgery for all.

Here's to one strong and inclusive PCS! Mabuhay one PCS!!!

INSIGHTS: SURGICAL SPICE

Continuing the Legacy: A First Quarter of Team Formation, Collaborations and Activities

• **Vivencio Jose P. Villaflor III, MD, FPCS; Jose Rhoel C. De Leon, MD, FPCS;**
Joselito M. Mendoza, MD, FPCS and Rodney B. Dofitas MD, FPCS •
(PCS Officers 2024)

Whew, who would have thought what the first three months being the PCS Officers would be. In this humble column, allow us to share our experiences big and small, in what we hope would be a year in achieving the our dream of “PCS Beyond Surgery.”

Last December 2023, we took our oath of office as PCS Regents and among the 15 elected surgeons Regents together we became officers the Board of Regents of the PCS for 2024. On becoming a surgeon, lessons on teamwork and working with other members of the surgical team are deeply ingrained, and we are very very fortunate to work with this year’s team of Surgeon Leaders, ingrained with these values.

It is also paramount to us to build upon the foundations laid by our predecessors. We are truly grateful that Dr. Maria Concepcion C. Vesagas, the immediate past President, handed us endorsements for worthwhile projects to be completed and also board approved plans for other projects in the future. We realized, the tenure of a PCS Officer is a short one (projects may not be fully realized in a year’s time), and so is life and we have to make the most of it.

Together we , PCS officers and other Regents of the college had fun , creating and building must hit targets during a strategic planning meeting at Unilab Central. To hit the ground running this year , we had preparatory meetings December of 2023 and first week of January 2024, and we even worked with a Professional Facilitator to make the meeting high yield. To complete the PCS Leadership, President Villaflor completed the roster of the Executive Committee, with the inclusion of Dr. Maria Luisa D. Aquino, Dr. Renato R. Montenegro, and Dr. Dures Fe E. Tagayuna. Together with all the Regents’ support, the Regents’ various backgrounds and persuasions we believe we all enrich the collective expertise, ensuring a holistic approach to decision-making and problem-solving for the College.

As Officers, it is imperative to maintain strong ties with government agencies, ensuring alignment of objectives and fostering collaborations. This would imprint relevance for the College and support DOH for healthcare Nation Building. This quarter our Key

engagements, included a PhilHealth Meeting on focusing on stakeholder engagement, and meetings with the Department of Health Secretary Dr. Teodoro Herbosa to discuss national surgical programs, particularly improving access to surgical care. These initiatives underscore the College’s proactive approach in advocating for comprehensive healthcare solutions.

Private sector engagement is also one responsibility of the Officers, we take seriously. We believe, this will be in furtherance of strategic partnership of PCS with our industry partners. We have had meetings with many industry leaders and various company heads. Our discussions centered on how they can help our fellows in Continuing medical education, skills enhancement and how they could support various activities of the chapters, subspecialties and the College itself.

This first quarter of the year was marked by several essential housekeeping meetings and notable engagements. After all a PCS family in order means a robust organization. It was a pleasure having discussions with PCS Chapter Presidents, attending initial meetings of all PCS Committees, presiding on Board of Regents meetings and discussing critical and even touchy issues. They are all part of the whole package of Leadership.

Like a butterfly on a wonderful garden of beautiful flowers the PCS officers (as a group or individually) visited various meetings and gatherings. In this quarter, President Villaflor attended the PAHPBSI Induction, participated in the Calapan Mission, collaborated with WSF and Dr. Domingo Alvear’s group of Fil-Am surgeons, and did MOA signings such as the PALES-PCS-ORNAP agreement on patient safety. It was also an eye opener for our President to attend a Professorial Chair Lecture by Prof. Rodney B. Dofitas on gene expression profiling of breast cancer, presenting opportunities for precision medicine collaboration within PCS. Finally, President Villaflor attended the PAFP 63rd Anniversary & Annual Convention at PICC which was aimed to strengthen relationships in line with UHC objectives.

What is closest to our hearts though is to share with all PCS Fellows throughout the country that as PCS

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Highlighting the Power of Art to Support Surgical Missions

• Carlomar A. Daoana •

The Philippine College of Surgeons (PCS) is proud to announce the exhibition of “Operart,” a unique showcase merging the worlds of art and medicine. The exhibition, in partnership with Pintô Art Museum and Arboretum will be formally opened at Pinto’s Gallery 7, Ilustrado I on June 30, 2024.

“Operart” brings together the diverse talents of emerging and established artists, offering an array of artworks that explore the intersection of creativity and healing. Through this platform, the PCS aims to raise awareness and support for its surgical mission program. Conducted under the college’s initiative, the Surgery for Underserved Regions and for Education (S.U.R.E.), the program is dedicated to providing essential surgical care in various communities across the Philippines.

In addition to the exhibition, “Operart” will feature a quiet auction highlighting the works of esteemed masters, providing attendees with the opportunity to acquire exceptional artworks while contributing to a worthy cause. By harnessing the power of creativity and compassion, the PCS and Pintô hope to make a tangible difference in the lives of indigent patients in need of surgical care.

“Operart” will be held at Pintô Art Museum, located at 1 Sierra Madre Street, Grand Heights Subdivision, 1870 Antipolo City. For inquiries regarding the purchase of artworks and exhibition viewing, please contact the Philippine College of Surgeons at 0920-9119590 or email secretariat@pcs.org.ph.



Insights... from page 31

Officers, our call for the College is “Giving Back (to our members)” . In our drive to connect PCS leadership with PCS chapters throughout the land we have spent countless of hours on the road, in the airplanes and have gathered precious memories and invaluable lessons. This we truly treasure. Each one is truly memorable in its own way and attending Chapter Inductions such as those in Cordillera, North Eastern Luzon, Central Luzon, Metro Manila, Southern Tagalog, Bicol, Visayas Tripartite (Cebu, Iloilo, Negros) and Northern Mindanao, providing valuable opportunities for dialogue and collaboration.

We emphasized that our visits will not only be chapter inductions.. A day prior to the induction a significant project must be conducted. We were able to witness Tree planting activities, surgical missions (where laparoscopic cholecystectomy or Laparoscopic hernia surgery were performed), a battle of the bands, a songfest and even a shootfest. To each his own they say, the most important thing is that the spirit of Camaraderie and friendship among PCS members is forged.

We also insisted to conduct chapter dialogues preceding the induction just to get sentiments on the ground. Issues concerning the issuance of Certificates of Good Standing by chapters and discussions on future programs for 2024 were key areas of focus during these interactions. Other common issues were enhancing Chapter representation in the Board of regents and strengthening the role of the Board of Governors.

In our visit to Malaybalay, Bukidnon, on the grounds of the Bethel Baptist Hospital the PCS Tree planted many many moons ago by 1998 PCS Past President Frank Arcellana has grown from a sapling to a majestic full blown healthy robust Narra Tree. This we correlate with the PCS, where from the seeds planted many many years ago by our predecessors, have now transformed the PCS into a majestic, healthy and robust organization. On a personal note, we have made it a point to plant a sapling of a native tree in every chapter we visit. Wishing and praying that the spirit of PCS will also grow, be nurtured and treasured by each and every PCS Fellow.

Love Letters – One

• Vietrez David Abella, MD, FPCS, FPSGS •



The Author

I loved you from your very being that was announced by a missed period, confirmed by a positive pregnancy test, and enflashed by ultrasound. The grainy black-and-white images of your six week-old beating heart were enough proof of life for us, your parents: the family of two would be three.

From that day on, our lives centered on you. Coaxed by our parents, we became conscious of what I ate and drank, knowing that the proteins, carbohydrates, fats, and vitamins and minerals were the building blocks of your embryonic and fetal structure. My mom constantly admonished me to have happy thoughts, since this could have an effect on your later disposition. I deferred to her on things maternal, since she gave birth and raised nine of us.

The unplanned-for cesarean birth was just a hiccup in an otherwise smooth perinatal journey. Your wide bi-parietal diameter had contributed to cephalo-pelvic disproportion, prolonging the second stage of labor, and necessitating CS. As I went under the knife, one of my sisters, also a doctor, was beside me to monitor your birth. I was also keenly listening to the proceedings of the surgery, eavesdropping on the murmured orders of the surgeon table to her surgical assistants. After a few minutes, I felt a tug: your intra-uterine slumber rudely interrupted as you were delivered into the world. This was confirmed by your loud, lusty cry, then a few long minutes later, you were presented to me. My myopic eyes saw your big head that was mis-shapen by the pelvic contractions of delivery: you were indeed perfect.

We, your parents, discovered a greater capacity for loving because of you, as the self-centeredness of our single years gradually shifted focus to you. Henceforth, all our plans would include you. We learned to number our days, first by your monthly birthdays, then, after the first year, by birth anniversaries. We documented your firsts, ticking off the milestones I learned by rote from my pediatric classes.

As you were the first apo on my family's side, you were the apple of your lolo's eyes. The years might have dulled them, but I saw the twinkle of youth once again as they beheld you; his Davidic line was assured. My mother, who had previously vehemently refused the thought of being called "lola," bore the honorific proudly with your birth.

I discovered a different range and depth of emotions as we journeyed together: my chest bursting with pride as you unfalteringly delivered the poem we had memorized through bath-times and meal-times for your kindergarten *Linggo ng Wika*; my mind uncomprehending how you can ride your two-wheeled bike after just a few lessons from your dad, when it took me weeks to ditch my

training wheels; involuntary tears welling up when you unashamedly danced "Papaya" and sang "Diana" in school performances. I had morphed into that irritating stage mom I had hated, who answers the question no one asks, "That's my son!"

As we saw you fly, we knew we'd have to eventually release the kite-strings so you could soar. It was a letting go to the city 500 kilometers away, that for me felt like half-way around the world. My anthem for the next several years had become "Every time you go away, you take a piece of me with you." Despite the many pieces that you and your siblings have taken over the years, my heart has remained whole, filled up by countless maternal thoughts, and prayers, and dreams, as you slowly became your own person, apart from us. It has been a bitter-sweet process, but something that I would not change for the world, because as you grew, so did we, your parents. As you matured, so did we. Frequently contemplating the blessing of being a parent, I ask God what I have done to merit such a grace. The Blessed Virgin Mary answers, "Do whatever He tells you."

Along with the consolations of personal milestones and academic achievement were the desolation of your losses and heartbreaks. I felt your anxiety when you lost your sneakers from your locker right before your Physical Education class. I immediately purchased a pair in your size and sent them your way by courier. My heart leapt every time I got a call from you, worried what kind of emergency you were in: a sprain, fever, a cough. I wondered through periods of silence, imagining what was going on with you as you went through adolescence away from us, and somehow getting some assurance that you were fine when I saw you in monthly visits to the city.

The years have gone so quickly. It has been fifteen years since we set you off in the course that we had planned together. The toddler of my memories is now a fine young man, still in training to continue this path of medical service. His hugs have grown tighter, conversations have professionally leveled up to patient cases and management, to practical directions on family life, and admonitions on journeying with God.

I recall with fondness those early days, but those days I do not wish to time-travel back to. They now belong to my memory drive, to show up every so often, willed or unwilled. Today is already full of possibilities, what of tomorrow?

I cover my son with prayers for a life way beyond mine. I trust him to hold tightly and fight for the family values that my parents have passed on to me: to speak only the truth, to walk the path of justice, and to keep walking with the Lord.

COLLEGE NEWS

The Way Forward: Towards A More Responsive, Resilient and Relevant Philippine College of Surgeons

• Jose Rhoel C. De Leon, MD, FPCS •

The famed evangelist Myles Munroe once said that “It is important to understand that leadership is a relay race, not a sprint or marathon.”

As in life, everything that grows almost always grows to a certain point, and that’s it. As we all come to terms with this stark reality, we often pause and think about what drives our growth as leaders whether as individuals, members of organizations or as part of communities. Using motivational metaphor leadership is likened to a relay race. Seemingly as though we all set the finish line as our ultimate goal, we must necessarily understand that running is not a singular effort after all. With this mindset, the 76th Induction Ceremonies of the Philippine College of Surgeons Board of Regents and the Philippine College of Surgeons Foundation, Inc. Board of Trustees unfolded under the auspices of the 79th Annual Clinical Congress which was held from December 3-7 at the EDSA Shangrila Hotel. In keeping with the theme: “Collaborations and Innovations in the Era of Global Surgery”, the annual gathering was staged concurrently with the 24th Asian Congress of Surgery of the Asian Surgical Association and the 12th Asian Federation of Surgical Colleges Summit.

Invited guests and lecturers included renowned luminaries from the American College of Surgeons, the Royal College of Surgeons of Edinburgh and the Research Institute Against Digestive Cancer hereinafter named IRCAD together with acclaimed surgical subspecialty societies such as the Philippine Society of General Surgeons, Philippine Association of Laparoscopic and Endoscopic Surgeons, Philippine Association of Hepato-Pancreato-Biliary Surgeons, and Philippine Association of Thoracic and Vascular Surgeons just to name a few.

This year’s induction ceremonies was held on the penultimate day of the PCS Annual Congress. After the results of the elections were tabulated, the 2024 Board of Regents of the PCS and the Board of Trustees of the PCSFI were announced by Dr. Ponciano M. Bernardo Jr, 2023 PCS Chair of the Commission on Elections to the almost fellows in attendance. Emerging as the successor to the incumbent President Maria Concepcion C. Vesagas was Dr. Vivencio P. Villaflor III, a third generation fellow of the college who had previously held various leadership positions during almost a decade of serving as Regent.

Dr. Juvie as he is affectionately known to his peers and associates, was inducted by no less than his father,

Dr. Vivencio V. Villaflor Jr. who was also a former Regent and is currently the President of the Dagupan Doctors Villafior Memorial Hospital, a tertiary private hospital which has established itself as one of the leading healthcare institutions in Northern Luzon.

Invited to deliver the Inspirational Message was Mr. Rhais M. Gamboa, enigmatic President and Chief Executive Officer of the Mount Grace Hospitals Inc. In his brief but poignant speech, Mr. Gamboa made reference to leadership as akin to a relay race where each runner runs a portion of the race and then passes on the baton, thereby creating a sense of unfinished business in one’s mind - a sense of having done one’s part to the best of one’s ability. Passing the baton therefore becomes one of the most critical parts of the race very much like the passing of the mantle of leadership from one person to the next. The symbolism served as a fitting prelude to the ceremonial turnover which immediately followed the inspirational on In his inaugural address, the newly minted steward of the largest surgical society in the country paid tribute to his family for their unconditional support and for bestowing upon him the “gift of name”

In obvious reference to his namesakes, Drs. Vivencio Sr. and Vivencio Jr. who preceded him. Calling it a generational event, Dr. Juvie proceeded to heap praise on his mentors and contemporaries who all impacted his journey towards assuming the venerated position of PCS President. He then exhorted all fellows to embrace and value diversity in order to create inclusivity where different ideas and perspectives thrive. Ultimately, he proposed that effective collaboration would be the key to achieving the vision of becoming the premier organizational of surgical professional in the country. Lending more luster to the event was the presence of newly confirmed Secretary of Health, Dr. Teodoro J. Herbosa, himself a PCS fellow and staunch advocate of health reforms. Also on hand to lend their support were former DOH Chiefs Francisco T. Duque III and Enrique T. Ona who together with the current SOH gamely posed with everyone in attendance for posterity. Perhaps the most enduring moment of the night was the public challenge aired by Mr. Gamboa for Dr. Juvie “not to drop the baton”. With a firm grasp, steady and sure strides, and eyes fixed towards the finish line, the race to a more responsive, resilient, and relevant Philippine College of Surgeons is on.

Challenge accepted.

Rizal: Our Hero, Our Colleague

• Vicente Bernardo IV, MD •

“Science is free as the light which is its inspiration.”

These were the words uttered by our national hero, Dr. Jose P. Rizal more than a century ago which are immortalized in “Scientia”, The Triumph of Science over Death, a didactic terracotta sculpture that he skillfully crafted as a gift to his friend Ferdinand Blumentritt. The statue depicts a naked, young woman with overflowing hair standing atop a skull while bearing a torch. The woman symbolizes innocence while the torch of knowledge, the Prometheus fire, represents enlightenment, awakening, and liberation — traits which science brings to the world. The woman is also shown trampling a skull signifying victory that humankind aims to achieve by conquering the bane of death through scientific advancement.

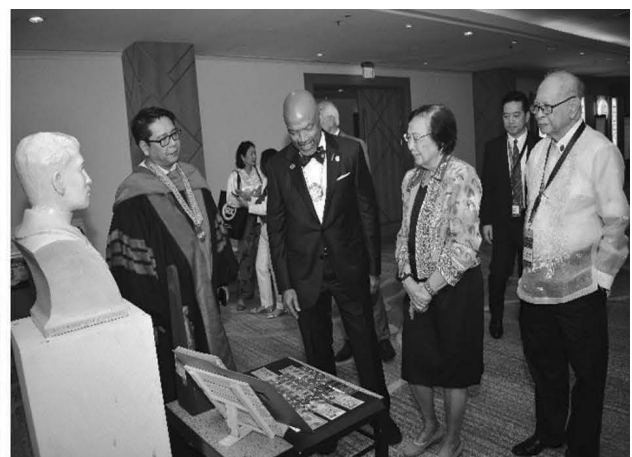
A sculptural representation of this remarkable piece of artistic brilliance is currently displayed at the Rizal Shrine Museum in Fort Santiago, Intramuros while a large replica made of concrete is also prominently stationed in front of the Fernando Calderon hall of the University of the Philippines College of Medicine. The motif of the statue is also used by various medical associations in the Philippines as their symbol, the most notable of which is the Philippine College of Surgeons.

As a tribute to this enduring legacy of our national hero and as an expression of his devotion to philately and numismatology, Dr. Vivencio V. Villaflor Jr., patriarch and current President of the Dagupan Doctors Villaflor Memorial Hospital staged an exhibition of memorabilia

consisting of stamps and monetary denominations in coin and paper with the objective of raising awareness and preserving the history about the exemplary life of Rizal.

Aptly titled, “Dr. Jose P. Rizal : Our Hero. Our Colleague”, the inaugural exhibit ran concurrently with the 79th Annual Clinical Congress of the Philippine College of Surgeons (PCS) which coincided with the staging of the 24th Asian Congress of Surgery of the Asian Surgical Association.

Apart from being avid collector of stamps and coins, Dr. Ama as Dr. Villaflor is fondly called is an astute student of history which is only matched by his passion for sharing knowledge with his peers and acquaintances. A multifaceted man known for his unbridled simplicity and uncompromising integrity, Dr. Ama’s achievements as a surgeon, administrator, community leader, mentor and philanthropist have earned him the respect and admiration of the surgical community. Having also served as Regent of the college in 1985, Dr. Ama’s dedication to the PCS is reflected in his discernment about the relevance of “Scientia” and its societal implications in the context of the current role of the college as stewards of science and medicine. The exhibit was also his own ingenious way of paying tribute to our national hero by showcasing one of his favorite diversions. His recent curation of his personal collection was largely based on on the booklet, “Rizal in Stamps” which he used as a reference together with the Philippine Journal of Philately. The exhibit ran from December 3-7, 2023 at the M-Room of the EDSA Shangrila Hotel.



PCS Strengthens Ties with the Association of Taiwan Surgeons in Successful Collaborative Meeting

• Rodney B. Dofitas, MD, FPCS; Vivencio Jose P. Villaflor III, MD, FPCS;
Jose Rhoel C. de Leon, MD, FPCS and Joselito M. Mendoza, MD, FPCS •

In a significant stride towards fostering international cooperation, the officers of the Philippine College of Surgeons (PCS) recently embarked on a fruitful collaborative meeting with counterparts from the Association of Taiwan Surgeons (ATS). Held on March 16-17, 2024, in Kaohsiung, Taiwan, the event marked a pivotal moment in the journey towards collaboration between the two surgical societies who just live within an hour and a half of airplane ride from each other.

The visit to Taiwan yielded a myriad of accomplishments, and here are the highlights of the momentous occasion:

1. Presentation at ATS Annual Convention: Officers of the Philippine College of Surgeons had the honor of presenting at the ATS Annual Convention. The following were the presentations Treasurer Dr. Joselito Mendoza - PCS: on its 88 years. Vice President Dr. Jose Rhoel de Leon – PCS Initiatives on Pain, Secretary Dr. Rodney Dofitas - PCS Initiatives on Cancer and President Dr. Vivencio Jose Villaflor III, - Rural Surgery: Crafting a National Surgical Plan: Ensuring Access and Equitable Surgery in the Advent of UHC. This platform provided a valuable opportunity to showcase the endeavors and advocacies of PCS.
2. Signing of Memorandum of Understanding (MoU): A significant milestone was reached with the signing of a Memorandum of Understanding between ATS and PCS. This formal agreement sets the stage for deeper collaboration, facilitating the exchange of resources, expertise, and support in various areas of mutual interest.
3. Mutual Participation in Annual Conventions: Building upon the spirit of collaboration, it was envisioned that ATS and international surgeons would be actively invited to participate in the PCS Annual Convention. Similarly, PCS representatives would join the ATS Annual Conventions in the future, fostering cross-cultural learning and networking opportunities.
4. Initiation of Pilot Liver Transplant Program: A groundbreaking development emerged with the establishment of a pilot Liver Transplant Program involving PCS, ATS, and the Philippine General Hospital (PGH). This collaborative effort holds immense promise in advancing surgical techniques and improving patient outcomes in the region.
5. Invitation to ATS President-Elect: In a gesture of goodwill and camaraderie, the President-Elect of ATS, Triservice Chief Chien Sung Tsai, was extended an invitation to the PCS Annual Convention. Furthermore, plans are underway to facilitate a meeting between Filipino Military Surgeons and the esteemed delegate, fostering dialogue and collaboration in the realm of military medicine.
6. Wholehearted Support from ATS: The success of the PCS trip was made possible by the unwavering support and hospitality extended by the Association of Taiwan Surgeons.
7. Highlight of the Trip: Plenary Presentation by PCS Officers: A moment of pride for the Philippine College of Surgeons came with the highlight presentation delivered by PCS officers during the plenary session of the ATS. The topics were mentioned earlier and presented the collective achievements and aspirations of PCS amidst an audience of Taiwan surgeons, garnering admiration and respect from peers across the Luzon Strait.

The collaborative meeting between the Philippine College of Surgeons and the Association of Taiwan Surgeons stands as a testament to the power of unity and shared purpose in advancing the frontiers of surgical excellence. The seeds of friendship and cooperation sown during this historic meeting are poised to bear fruits for Filipino surgeons and PCS. This is but a small step in reclaiming the honor and glory of PCS.

Kapihan sa Manila Hotel: Promoting Health Equity and Global Initiatives

• Rodney B. Dofitas, MD, FPCS and Vivencio Jose P. Villaflor III, MD, FPCS •

On January 17, 2024, the elegant and historic halls of Manila Hotel bore witness to an intellectually charged discourse on matters crucial to the well-being of Filipinos. The discussion was guided ably through its various points by esteemed moderator Senator Joey Lina and was co moderated astutely by the Former Secretary of the Presidential Communications Operations Office of the Philippines Herminio Coloma Jr. The Kapihan convened guest luminary Secretary Teodoro Herbosa of the Department of Health (DOH) and also guests from the Philippine College of Surgeons (PCS) headed by PCS President Vivencio Jose P. Villaflor III to deliberate upon pressing healthcare agenda. The trimedia was likewise present in substantial numbers to bring the contents of the discussion to the Filipino people.

The spotlight of the conversation fell upon the main distinguished guest: Secretary Teodoro Herbosa of the Department of Health. One of the pivotal subjects the Secretary discussed was his 8-point DOH Agenda, a comprehensive roadmap towards bolstering the nation's healthcare infrastructure and services. Secretary Herbosa delineated the agenda's key components, ranging from strengthening primary healthcare to improving healthcare financing mechanisms. His elucidation underscored the DOH's unwavering dedication to enhancing accessibility, affordability, and quality of healthcare services for all Filipinos.

Universal Health Care (UHC) emerged as a cornerstone of the discourse, embodying the collective aspiration for health equity and inclusivity. At this point Secretary Herbosa called into the stage PCS President Dr. Vivencio Jose Villaflor III to discuss the PCS initiatives on Universal Health care. Both of them passionately articulated the strides made towards realizing UHC, emphasizing its transformative potential in ensuring that no Filipino is left behind in accessing essential healthcare services.

On his part, Dr. Villaflor emphasized the PCS initiatives on providing access and equity through the SURE (Service to the Underserved through Research and Education) Commission. He also discussed plans of a consolidation meeting among various PCS Members, Support Groups and Organizations involved in the

various initiatives of the college in Rural surgery or Surgical Missions to underserved areas. His discussion resonated deeply with the audience and contributed invaluable insights into global healthcare initiatives undertaken by the College. From surgical missions to capacity-building programs, the PCS's footprint in global surgery was etched in the minds of the audience and the media in attendance.

The dialogue transcended mere rhetoric, fostering a dynamic exchange of ideas and perspectives among participants. Questions were also posed by a lively audience which included Dr. Rouel Azores, Bert Lina of Air 21 and Assistant Secretary Albert Domingo. Bert Lina underscored the readiness of the private sector to cooperate with government on all its health initiatives including vaccination programs and disaster response.

Health challenges were acknowledged, and solutions were envisioned, underscoring the collective resolve to surmount existing barriers and catalyze positive change in the healthcare landscape. The media in attendance expressed their wish to be also be part of the health infrastructure, where they could also access healthcare.

As the curtains drew on the Kapihan sa Manila Hotel, a palpable sense of optimism lingered in the air. The convergence of minds, the synergy of efforts, and the spirit of collaboration embodied the promise of a healthier, more resilient Philippines.

Unlocking Opportunities: Setting the Stage for a Summit Towards a National Surgical Plan

• Vivencio Jose P. Villaflor III, MD; Vicente A. L. Bernardo VI, MD and Rodney B. Dofitas, MD •

In a gathering of Surgeons teeming with experiences and vocation for rural surgery a preliminary meeting was convened at the Unilab Bayanihan Center in Mandaluyong City on February 24, 2024. This preliminary meeting, served to lay the foundation for a future Summit on Rural Surgery. The end in mind is a National Surgical Plan with Access to Safe Equitable Surgery in the Advent of Universal Health Care (UHC).

The invocation was led by Dr. Joey Mendoza set a solemn tone, invoking a sense of unity and purpose.. Dr. Dures Tagayuna's Welcome Remarks encapsulated the spirit of the occasion with rural surgery occupying the frontline in this noble endeavor.

A message from Former Secretary of Health, Dr. Enrique T. Ona, underscored the indispensable role of the Philippine College of Surgeons (PCS) in the successful implementation of UHC. Drawing from historical perspectives, he emphasized the enduring significance of surgery in healthcare and the imperative to bridge the gap between surgical services and primary care, particularly in rural areas. Dr. Ona's call for greater research and stakeholder dialogue resonated, echoing the collective sentiment towards forging a more inclusive healthcare landscape.

Dr. Vivencio Jose P. Villaflor III's overview of the meeting served as a compass, charting the course towards ensuring access to essential surgical services, irrespective of geographical constraints. With the objective of rallying stakeholder support and fostering a common vision, Dr. Villaflor's heartfelt plea laid the groundwork for what promised to be a transformative summit.

Lecture on the salient points of the UHC Act, presented by PMA President Elect Dr. Hector Santos, shed light on the multifaceted components of this landmark legislation. Amid discussions on quality care, accreditation, and the role of the Department of Health (DOH) in bolstering local health systems, Dr. Santos underscored the need for a paradigm shift, with surgical services rightfully claiming their place in the UHC discourse.

However, amidst the optimism and fervor, voices of caution emerged. Dr. Enrique Ona's intervention highlighted prevalent misconceptions surrounding UHC coverage and the imperative for clear-cut implementation strategies. His call for private sector involvement and lessons from global UHC implementations injected a dose of pragmatism into the dialogue, emphasizing the

need for data , more research that would guide strategic foresight of future PCS Actions and Direction.

The meeting delved into the PCS's UHC initiatives, with presentations showcasing innovative approaches to bridging the gap in surgical services. From the Blueprint for Philippine UHC Basic Surgical Package by Dr. Hilton Lam, Manpower study by Dr. Joy Jerusalem, to efforts in strengthening rural surgery by Dr. Brent Viray , each initiative underscored the PCS's unwavering commitment to advancing healthcare accessibility and equity. This session was moderated by Dr. Ramon Inso, PCS Past President.

Secretary of Health Dr. Teodoro Herbosa, enthusiastically joined the Fora starting with his presentation of the National Objectives of Health. The Secretary also expounded on his * point Agenda for DOH summarized as Sa Bagong Pilipinas Bawat Buhay Mahalaga.

PCS Vice President Dr. Jose Rhoel de Leon, and Governor Neil Roque, shared the famous Bukidnon Province UHC Initiatives. Soon after, Dr. Edric Ian Vargas shared the salient points of the Sorsogon UHC experience.

A reaction from a panel of experts among them Mr John Basa and Dr Carlo Panelo for Health financing, Mr. Rhais Gamboa and Dr. Rodney Dofitas for service delivery, dissected the nuances of financing, service delivery, and governance in the context of UHC and rural surgery. From calls for strategic financial reforms to the imperative of effective service delivery mechanisms, each perspective illuminated the path forward, punctuating the urgency of collective action.

In the synthesis of proceedings, Mr. John Basa distilled the essence of the day's deliberations. His call to develop a national surgical plan, grounded in empirical data and collective experience, served as a clarion call to action, resonating with the shared aspirations of all stakeholders present.

PP Cortez Delivers Talk on Corporate Governance

• Rodney B. Dofitas, MD, FPCS •

Dr. Edgardo Cortez, former President of PCS, delivered a lecture on corporate governance to the members of the Board of Regents. The talk drew from his insights as Past President of all major Surgical societies and boards and as President of St Lukes Medical Center. The talk was also a challenge to the present Board of Regents of PCS to modernize itself organizationally to better face the new realities.

He began by defining corporate governance as a system designed to run companies or organizations, aiming to ensure the best strategic decisions aligned with the vision, mission, and strategic goals. This system revolves around people, processes, performance, and purpose, fostering responsibility, awareness, impartiality, transparency, and accountability.

Highlighting the advantages of good corporate governance, Dr. Cortez underscored its role in improving the flow of resources, mitigating risks, enhancing reputations, facilitating effective decision-making, enhancing documentation and reporting, ensuring compliance with rules and standards, and empowering and retaining people within the organization.

He elucidated the core principles of corporate governance, including responsibility, awareness, impartiality, transparency, and accountability, citing notable quotes from Moliere and Joe Dumars to emphasize the importance of accountability in organizational success. Dr. Cortez stressed that corporate accountability involves being answerable to all stakeholders for actions and results, advocating for shared accountability across the organization through setting milestones and monitoring quarterly goals.

Moving on to the achievement of good governance, Dr. Cortez outlined key factors such as balanced board composition, regular board evaluation, board independence, auditor independence, transparency, definition of member rights, long-term value creation, and proactive risk management.

In discussing the role of the Board of Regents, Dr. Cortez emphasized the dual responsibilities of direction

setting and administrative monitoring/oversight. Of the two roles, the Board must focus 70% of its efforts on direction setting with due consultation with the PCS Fellows, who are the constituents. Still, planning is planning thus 30% of the Board's effort should be in keeping control of the organization and ensuring the PCS as an organization is doing what the board has directed it to do. He detailed the tasks involved in each, including defining vision, mission, and strategic plans, as well as identifying key result areas, establishing parameters and key performance indicators, and conducting quarterly reporting and reevaluation. So will PCS be ready to be run by its Board towards its strategic objectives and a corporate CEO on a day to day basis.

Regarding future proofing vis a vis good governance Dr Cortez alluded to PCS Corporate Governance Manual, which today is practically the PCS Administrative Manual. Dr. Cortez delved into its sections, including bylaws – what are the frequently asked questions such as what part of the by laws require vote by the members? The corporate governance Manual is quite comprehensive and even covers ethical standards/policies, duties and responsibilities, committee structure, finance and fiduciary responsibilities, external affairs, and collaboration with the PCS Foundation. He highlighted the importance of adherence to ethical standards, clarity in roles and responsibilities, sound financial management, and engagement in external relations and corporate social responsibility initiatives.

In conclusion, Dr. Cortez emphasized that the Board of Directors of PCS acts on behalf of the Fellows' and patients' interest first, with a duty to preserve good faith. He reiterated the critical role of corporate governance in organizational success and sustainability, urging the Board of Regents to uphold these principles and practices within PCS for the benefit of its Fellows, the patients at large, and the various stakeholders.

A Surgeons' Meeting Prayer

Adapted from the Invocation for the 4th PCS Board of Regents Meeting - April 13, 2024

• Ravel Bartolome, MD, FPCS •

LET US PUT OURSELVES IN THE PRESENCE OF OUR LORD JESUS

In the name of the Father, the Son and the Holy Spirit...

Dear Lord Jesus, thank you for the gift of life, the gift of wisdom and the time that once again we are all gathered here today, as leaders of the surgeons of the land. Thank you for all the blessings that have come our ways, individually and as a collective group, whose ultimate goal is to ensure that our kind perpetually fulfill our tasks to unselfishly serve and be compassionate healers of our people.

As we embark on our day's work as Regents of the Philippine College of Surgeons, please stay and be with us. Guide us in all our discussions and decision-makings. Let us be wise and fair in all the issues that we need to discuss. Give us an open mind and heart so that everyone will be given the chance to be heard and that in the end, whatever decision we make, will be for the betterment of everyone involved in our mission and vision as an organization, and for Your greater glory.

You have given us this special talent and opportunity to heal and to serve, not only thru surgery but beyond. May Your divine presence continuously shine light upon all of us here so that in the end, we can eventually see equity in access to quality surgical care among our people.

Psalm 72:1-7

Please grant us leaders who help the needy, crush the oppressor and lead to good for those they lead. We ask for leaders who promote good among those they lead, good according to Your goodness.

We pray all of this in Jesus' name. AMEN

Hospital's Surgical Caravans: Transforming Healthcare in Apayao

• Michael B. Mercado, MD, FPCS •

In a series of groundbreaking initiatives, the hospital in partnership with the Philippine College of Surgeons (PCS) has embarked on a mission to revolutionize healthcare in the province of Apayao and nearby areas. Jointly spearheaded by the top management of Conner District Hospital and Dr. Jose Vicencio Villafior, PCS President, these surgical caravans have brought about a significant impact on the community, making the hospital a sought-after destination for medical services.

The success of these surgical missions can be attributed to the use of state-of-the-art surgical machines and equipment, which have enabled the surgeons to perform complex procedures with precision and accuracy. The hospital's commitment to providing top-notch medical facilities has not gone unnoticed, and it has earned recognition as a leading healthcare provider in the region.

The impact of these surgical missions is far-reaching, as they have not only improved access to healthcare but also contributed to the hospital's upgrade in terms of bed capacity, level, and service capabilities. The surgeries have been used virtually for lectures, allowing medical students and professionals from nearby provinces to learn from the experienced surgeons. Some surgeons have also been conducting benchmarking activities in the hospital, recognizing its high standards and expertise.

The importance of these surgical missions is evident in their breakthrough impact on making the hospital known to the province of Apayao and nearby areas.

The community now has access to advanced medical procedures that were previously unavailable, improving their overall health and wellbeing. This has also led to an increase in patient satisfaction and loyalty, as they trust the hospital's commitment to providing quality healthcare services.

In conclusion, the hospital's surgical caravans in partnership with the PCS have transformed healthcare in Apayao and nearby areas. The use of state-of-the-art equipment, experienced surgeons, and high standards of medical care have contributed significantly to the hospital's upgrade in terms of bed capacity, level, and service capabilities. These initiatives have also led to an increase in patient satisfaction and loyalty while improving access to healthcare for the community. As we look towards the future, we can expect more innovative healthcare solutions from this partnership that will continue to transform healthcare in the region.



79th PCS Annual Clinical Congress: A Success

• Rhoderick M. Casis, MD, FPCS •

The Philippine College of Surgeons held its 79th PCS Annual Clinical Congress titled “Collaborations and Innovations in the Era of Global Surgery.” The ACC was held with the 24th Asian Congress of Surgery by the Asian Surgical Association (ASA) and the 12th ASEAN Federation of Surgical Colleges Summit. It was held at the EDSA Shangri-La Hotel in Mandaluyong City, December 3 – 6, 2023. The Clinical Congress generated so much interest in the surgical community having nearly 3,000 registered participants. The other sub-specialty societies also held their annual congress in the Shangri-La Hotel to participate and listen to the innovative topics during the ACC that included new surgical techniques to artificial intelligence and social media. The title “Collaborations and Innovations in the Era of Global Surgery” is reflected in the international faculty from different countries like the USA, England, Australia, France, India, South Korea, Taiwan, Singapore, Malaysia, Hong Kong and the Philippines. The collaboration between these specialists from around the world reflects the thrust of the PCS to improve and provide quality surgical care to the Filipino people. Prominent surgeons, like the President of the American College of Surgeons, Dr. Henri Ford and the President of the Asian Surgical Association, Dr. Kent-man Chu, were among the attendees of the ACC and interacted with the surgeons at the convention. As the President of the PCS, Dr. Maria Concepcion C. Vesagas wrote “Collaborations have made the surgical world smaller. As means of communication become more efficient throughout the

world, our exchange of ideas and cooperation across distances has become more rapid, timely and up to date.” With the updated knowledge about surgical care, Filipino patients and patients in other countries will benefit the most from these collaborative efforts by the best surgeons around the world.

The ACC was not only about increasing our knowledge in surgery, the fellowship night held on the first night was well attended by the faculty and the participants. The feedback from those who attended emphasized the camaraderie of the group. Another event that was well attended by the dignitaries from the different societies, subspecialty societies and chapters was the President’s Dinner on the second day of the congress. The attendees were in their Sunday’s best to give recognition to the incumbent officers of the College, especially Madame President, Dr. Connie Vesagas and the newly-elected Board of Regents of the College. The overall chairman of the ACC and incoming President, Dr. Juvie Villaflor acknowledged the tremendous help of the various committees, industry partners and the PCS secretariat to make this ACC a great success. Our industry partners were allowed to participate and interact with the registrants; the students, residents and fellows; to introduce their products to the future surgeons and health leaders of the Philippines. With the tremendous turnout for the 79th ACC, the future is indeed bright for the Philippine surgical community and the patients they serve.

PCS Holds Writer’s Workshop

• Marcus Jose B. Brillantes, MD, FPCS •

The art of writing can be a journey to explore the power of words, the beauty of language and the ability to connect to a wider audience at a deeper level while ensuring each sentence is crafted with intent and that our words add value to the narrative.

The PCS Committee on Publications organized a Writer’s Workshop last March 23, 2024 at the G. T. Singian Board Room, PCS Building. The program was conducted in a hybrid format and went Live on Facebook for the online participants.

The proceedings were ably emceed by Dr. Rhoderick M. Casis, member, PCS Committee on Publications. Regent-in-Charge Dr. Rodney B. Dofitas gave the Welcome Remarks that morning. This was followed by the delivery of the Message from the PCS President Dr. Vivencio Jose P. Villaflor via online platform. The Introduction of Speakers was done by Dr. Marcus Jose B. Brillantes, Editor-in-Chief of the PCS Newsletter, Incisions.

The writer guest speakers were professional authors, Ms. Isa Garcia and Mrs. Marla Miniano-Umali. Sharing the podium while conducting the workshop, the writer guest speakers gave a brief lecture on the importance of writing for ourselves - to know the current version of ourselves, to discover what we were before and to be excited for one’s future-self. They ingenuously brought up question formatted prompts to entice the participants to write. The first prompt was: What have you recently read that deeply affected you? After writing their response, the participants in the Board Room and online read their individual write-ups. After a short discussion about the write-ups, succeeding prompts were posted and the participants wrote accordingly and shared these. Toward the end, an open forum was held wherein the participants could ask the speakers on anything about the art of writing.

The Closing Remarks were given by Dra. Julyn A. Aguilar, Chair, PCS Committee on Publications.

CHAPTER NEWS

Professionalism, Commitment and Service*

• Roberto A. Sarmiento, MD, FPCS, FPSGS •

PCS President, Dr. Vivencio Jose Villaflor III, good evening, Jovie used to be my surgery super eager intern at Jose Reyes, time flies you are soaring SO high! Congratulations...and continue to always be humble and within our reach!

To the PCS Fellows and guests, good evening!

I remember vividly one avid post grad participant approached me after my lecture at Bicol Medical Center on why we have a logo featuring a sexy naked lady carrying a torch and standing over a skull.

I explained that it is based on a clay sculpture by our national hero Jose Rizal (also a surgeon, an ophthalmologist that the statue also seen at the UP Medical School Manila façade).

The Obra Maestra is called the Triumph of Science over Death is also known as Scientia. It is actually a gift by Rizal to his friend correspondent Ferdinand Blumentritt.

The skull represents death, the lady the science, with a torch represents the light of hope for example: treatment or overcoming diseases like cancer. The statue of the lady standing over the skull is the triumph of science to prevent death. She is naked because she is pure, devoid of sin or ill intentions and ready to help. As to why the lady is sexy, I don't know, ask Jose Rizal or Joey ☺ or if you want an expert opinion, ask Dr. Ursua ☺

As surgeons, we have the distinction of being men who play God, with a clean sweep of our scalpel, we can spell either do or die.

Today, we are reminded that we play a very important role as the extension of the Healing power of Him, and we are entrusted with great responsibility and faced with a very challenging task.

The National and Bicol leaders take pride in inducting the officers of our chapter and future of

surgery in the region, to remind us of our obligation to serve and continue the guiding principles of which PCS stand for.

Professionalism Commitment and Service. Surgery is a vocation, a lifelong commitment to service and excellence. The letters FPCS are not only extra palamuti and bragging rights after your name, it stands for integrity and willingness to assist and serve. Penafiel, Daep, Ante are the stalwarts of PCS Bicol / Ursua, Sales Moraleda and I toed the line. I am glad that the young blood is following suit. Let's all drink to that...

A valiant general on the eve of a great battle opened a cask of a very expensive wine. He poured it on the river and ask all soldiers to drink from the waters of the river.

Needless to say, the very inspiring act championed all his soldiers to win the war!

Let's all drink from the river of solidarity!!!

PCS as one. Kampai!

As you can see, we are one of the few chapters with heterogeneous members coming from different sub-specialties, but we share the same tenets and convictions.

Geographical isolated and depressed areas we may come but we converge to fulfill our role as Surgeons of the Land.

Mabuhay and PCS and Congratulations to the Bicol Chapter. Congratulations to the officers and members...

But wait there's more. There is actually a second statue by Rizal! the second statue is the Triumph of Death over Science.

But that's another story that warrants another blue label, cheers at Mabuhay ang PCS!

* Opening remarks delivered during the PCS Bicol Chapter induction on March 2, 2024 at the Villa Caceres Hotel in Naga City

PCS Tripartite Meet 2024

• Leopold G. Lucero, MD, FPCS •

The PCS-Cebu Eastern Visayas Chapter (PCS - CEVC) hosted the PCS Tripartite last March 8 and 9, 2024 with the Opening Ceremonies at the Capitol Parish Gym. It was graced by the presence of our PCS National President, Dr. Vivencio Jose P. Villaflor III. Our Cebu Medical Society President and 2010 PCS-CEVC President Dr. Peter Yb. Mancao, gave

the Welcome Remarks. The Oath of Sportsmanship was led by our Cebuano hotshot and present Cebu City Councilor Dondon Hontiveros. The basketball event followed while bowling, billiards, badminton, swimming and table tennis were held at the Casino Espanol. Gun shooting was at the Kamagong shooting range, CENCOM Lahug.



A lunch symposium on Nutrition was lectured by Dr. Oliver Belarma and Wound Care lecture by Dr. Ted Gallo at the Casino Espanol. The sports events continued and the awarding was held on Day 2 (Fellowship night) at Casino Espanol.



On day 2, March 9, 2024, Saturday, there was a Research Paper Contest with 8 entries at Chong Hua Mandaue (Dr. Jovy Tan Amodia as coordinator). Dr. Bryan Albert Lim, Dr. Tess Annette Serrato- Libron and Dr. Ma. Philina Villamor comprise the Board of Judges. The CHAMPION was Dr. Leslie Ryan Go of Chong Hua Fuente for “The concordance between the core needle biopsy and its final tissue histopathologic diagnosis for breast fibroepithelial lesions, fibroadenoma or phylloides tumor in a private tertiary hospital from 2011-2022: a retrospective comparative study”. 2nd place was Dr. Ken Daren Reoma of Chong Hua Mandaue for “The prevalence of malnutrition and its correlation to the clinical outcomes of patients who underwent colorectal surgery in 2019-2022” and 3rd place was Dr. Jonathan Gulay of Chong Hua Fuente for “The conversion rate of laparoscopic cholecystectomy to open in a tertiary hospital from 2002 to 2021 and the proportion of patient’s risk factors: age, sex, ASA score, preoperative gallbladder wall thickness and previous abdominal surgery”.



The Surgical Strokes Challenge and Laparoscopic Skills followed with residents from the different accredited training programs participating. Chong Hua Mandaue was the CHAMPION, 2nd place was the Panay Chapter, 3rd place was Chong Hua Fuente.



A lunch symposium followed with Dr. Gilbert Oporto talking about “The preoperative pain management continuum: Assessing a pain-free journey for our patients”.



The Induction of Chapter Presidents and Fellowship Night started at 5pm at the Casino Espanol. The whole PCS National Board with Ms. Annette Tolentino and Ms. Cora Ribao attended with our National President as the Inducting Officer:

A. PCS- Cebu Eastern Visayas Chapter (CEVC) Officers:

- President- Ted Marcerey N. Gallo, MD
- Vice-President- Gilbert C. Oporto, MD
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Lorenzo Serillo, MD
Benjamin S. Souribio, MD
Julian Salvador A. Vinco, MD

Ex-officio: Sherwin Lowe B. Rodrigo, MD

Our PCS National President gave a message followed by messages of the Incoming Chapter Presidents. The Negros Chapter, especially Dumaguete, will host the next Tripartite this 2025. Dinner followed and the Fellowship night had Dr. Ron "Showbiz" del Mar as the master of ceremonies. Awe-inspiring production numbers and two dancesport numbers followed, which took our breath away. The awarding of sportsfest winners followed with the Cebu Eastern Visayas Chapter as the OVERALL CHAMPION.

Basketball (coordinator-Dr Leopold Lucero)

1st place- Panay Chapter
2nd place- Cebu Eastern Visayas Chapter
3rd place- Negros Chapter

Bowling

1st place – Cebu Eastern Visayas Chapter
Dr. Elmer Po
Dr Jonathan Go
Dr Arvin Panuncillo
2nd place- Negros Chapter
3rd place- Panay Chapter

Badminton

1st place- Negros Chapter
2nd place- Panay Chapter
3rd place- Cebu Eastern Visayas Chapter

Billiards (Singles)

1st place- Panay Chapter (Dr. Marvin Solon)
2nd place- Cebu EVC (Dr. Pimbaya Pangilan Jr.)
3rd place- Negros Chapter (Dr Benjamin S. Souribio)

(Doubles)

1st place- Panay Chapter (Dr. Evangelista / Dr. Solon)
2nd place- Cebu (Dr. David Hermosisima/ Dr. Erwin Evals)

3rd place- tie between Negros Chapter (Dr. Saratan/ Dr. Magbojos) and Cebu (Dr. Josef Lim/ Dr. Pimbaya Pangilan Jr.)

Swimming -(coordinator- Dr. Fremont Base) Backstroke

1st place- Panay Chapter
2nd place- Cebu Eastern Visayas Chapter

Breaststroke

1st place- Cebu Eastern Visayas Chapter
2nd place- Panay Chapter
3rd place- Panay Chapter

Butterfly

1st place- Cebu Eastern Visayas Chapter
2nd place- Negros Chapter

Freestyle

1st place- Negros Chapter
2nd place- Cebu Eastern Visayas Chapter
3rd place- Panay Chapter

TEAM Freestyle

1st place- Cebu Eastern Visayas Chapter
2nd place- Negros Chapter
3rd place- Panay Chapter

TEAM Medley

1st place- Cebu Eastern Visayas Chapter
2nd place- Negros Chapter
3rd place- Panay Chapter

Gun shooting (coordinator- Dr. Harem Deiparine)

1st place- Cebu Eastern Visayas Chapter
2nd place- Negros Chapter
3rd place- Panay Chapter
with Dr. Rey Villamor as the fastest shooter

Table tennis singles

1st place- Negros Chapter
2nd place- Panay Chapter

The Singing contest followed with Drs. Ian Fruto Teodorico, Vicente Avanzado, and Ferdie Syfu, consisting the Board of Judges. The Negros chapter won 1st place (Dr. Sherwin Rodrigo), Panay chapter won 2nd place (Dr. James Salazar) then CEVC represented by Dr. Ric Solijon, CHHM resident won 3rd place.

Thank you to our sponsors:

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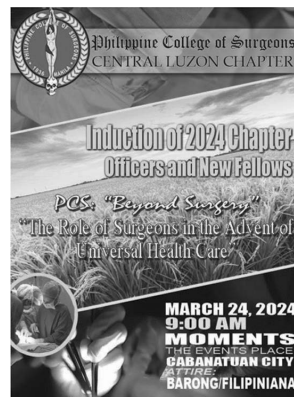
Central Luzon Chapter: Roaring & Moving

• Aniceto Concepcion, MD, FPCS •

The Philippine College of Surgeons- Central Luzon Chapter (PCS-CLC), spearheaded by its hardworking President- Benedicto S. Joson Jr. kicked off the month of March with several projects. First was Oplan Tuli on March 2 held at Guagua, Pampanga. March being Breast Month was then celebrated with Breast Screening and Lay Forum on March 2-8 at the MV Gallego Cabanatuan City General Hospital OPD. This was done in cooperation with Association of Women Surgeons of the Philippines. This was followed by a Blood Letting program in cooperation with the Philippine Army on March 9. Another project was Oplan Alis Apdo was held from March 12 - 15 at the MV Gallego Cabanatuan City General Hospital, wherein Brand New State of the Art Olympus Laparoscopic Equipment was used free of all charges. A BTL project was held on March 18-19 at



MV Gallego General Hospital in cooperation with DKT Philippines Foundation. Finally, to cap off the month of March, Induction of 2024 Chapter Officers and New Fellows with the theme: “PCS: Beyond Surgery” “The Role of Surgeons in the Advent of Universal Health Care” was held at Moments Events Place at Cabanatuan City, Nueva Ecija on March 24, 2024. It was a highly successful and momentous occasion for all attendees. Expect more projects being lined up by the Philippine College of Surgeons-Central Luzon Chapter in the coming months! Let us BRING BACK THE GLORY!



PCS-Northern Luzon Chapter 2024 In Action

• Darius R. Parinas, MD, FPCS •

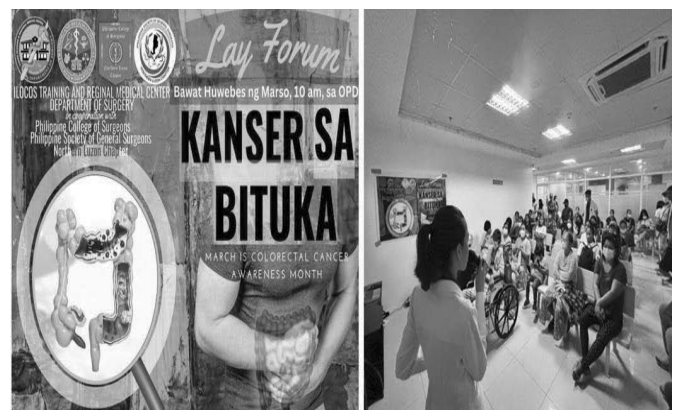
The Chapter kicked-off for the first quarter of this year in February 10 with a lecture on gun safety at the Dagupan Doctors Villaflor Memorial Hospital in Dagupan City followed by a shoot fest “1st Presidential Cup – Shoot for a Cause” in Dagupan. It was a joint activity with the Philippine Society of General Surgeons – North Luzon Chapter organized by its Chapter President Dr. Jeff Fontanilla. It was a well-attended activity, with the PCS national officers led by Dr. Villaflor (President), Dr. De Leon, Dr. Mendoza, and Dr. Dofitas taking the ceremonial shot. Later in the evening of the same date, the Chapter’s officers for 2024 led by Dr. Darius Parinas as Chapter President were inducted by Dr. Villaflor. Four new members were also inducted: Dr. Ryan Cayabyab (General Surgeon), Dr. Gabriel Collado (General Surgeon), Dr. Jeffrey Gonzales (Colorectal), and Dr. Rhia Uclaray (Pediatric Surgeon). The Chapter was very grateful for the presence of national officers (headed by national President Dr. Villaflor) and the PCS Secretariat (headed by Mam Anette Tolentino) during those activities.

On March 13, 2024, the PCS’ longest-running charity clinic “Klinika ng Bayan” celebrated its 15th year anniversary at the Pangasinan Medical Society Building in Dagupan City. The clinic was

established 15 years ago through the effort of Dr. Anita Tarectecan. In this affair, minor surgical procedures were done like excision of benign soft tissue mass and breast mass screening. Likewise, in support for the College’s Cancer Awareness Program, lay fora were conducted. Dr. Tarectecan delivered a lecture about breast cancer while Dr. Jeff Gonzales lectured on colon-rectal cancer. Patients also benefitted with free thyroid and breast ultrasound done by Dr. Ralph Rapacon, surgical oncologist. The activity was also attended by Barangay Health Workers from nearby localities, medical interns, and medical students.



A lay forum about colon cancer was also conducted at the Out-Patient Department of the Ilocos Training and Regional Medical Center (ITRMC) on March 14 with the participation of surgical residents of the same institution, under the supervision of Dr. Jeff Gonzales.



Pre-hospital Care and the PCS Panay Chapter

• Roy Joseph T. Trinidad, MD, MBA, FPCS, FPSGS, FPALES, FPSST •
First Responder

“The chain of survival for a trauma victim does not start at the emergency room but at the scene of the accident. The clock starts ticking the moment the incident happens”.

Ever since residency, we have always been taught how to respond to a trauma patient arriving at the emergency room. We learned how to open an obstructed airway, insert a chest tube and control bleeding in record time. We developed skills we thought we would never learn and became so adept at it that we became very confident that no matter how difficult a trauma case is, we could handle it. We believed that as long as the patient survived the trip to the emergency room, his chances of survival were increased. And if the patient did not make it after we did what we had to do, we comforted ourselves with the thought that he was really bad to start with. In short, he arrived in extremis and only Divine Intervention could have saved him.

Then one day, I was invited to attend a training in prehospital trauma care under the International Trauma Life Support (ITLS) Philippine Chapter which is based in Iloilo City. It was during the five day training that it hit me that the chain of survival starts at the scene and not at the emergency room as I always believed. We surgeons are so engrossed in developing our technical skills in surgery and equipping the hospitals to ensure the survival of the greatest number of patients that reach the hospital that we neglected the prehospital aspect. I realized that we were only as good as the condition of the patient who reaches the emergency room. If he arrives in good shape, our skills helped him survive. If he comes in in really bad shape, no matter how good we are, sometimes, we could not bring him back to the full potential where he should be. As it often is, the condition of the patient arriving in the ER is dependent on the prehospital care that he received.

It was then that I resolved to help improve the quality of prehospital care so that patients arrive in the hospital in a condition that would improve their chances of survival. I became a trainer in ITLS and later the Medical Director of ITLS Philippines. We conducted training sessions for nurses and pre hospital responders. But we could only do so much and we could not accommodate all the requests for training.

When Dr John Paul Gonzalez became president of PCS Panay, I broached to him the idea of making prehospital trauma response a cornerstone of his administration. Instead of doing the usual PCS projects

like medical missions and scientific lectures, why not go down to the grassroots and focus on training responders on the proper approach to managing a trauma case in the prehospital setting. This way, PCS Panay would have a greater impact on society. In recognition that The Philippine College of Surgeons is the “premier organization of surgical professionals”, he decided to involve all the specialty societies under the Philippine College of Surgeons. Thus was born “Trauma Essentials for First Responders”.

Challenges

“Just because one is a very good surgeon doesn’t automatically make him a very good first responder in trauma. Neither does it automatically make him a good trainer in pre hospital trauma care”.

Being a first responder myself, I am familiar with this. However, this was the first realization we had to have PCS Fellows accept when we decided to embark on this project. Second was scene safety. Whenever I conduct training for doctors or nurses, this is the first thing I mention. Responding to the scene is a totally different world than what we are accustomed to at the emergency room. The environment on the scene is not totally under our control. In short, making sure that the scene is safe prior to approaching the victim is the first step one should do. It is always emphasized that “as a responder, do not become a victim”. Sometimes, this involves assigning someone to direct traffic first before giving attention to the victim. There are times that, as a surgeon acting as a first responder, we delay approaching the victim until the police has declared that the scene is safe to approach. This puts the saying “first do no harm to oneself” in a new light.

Then there is the issue of equipment and the skills needed. Although we have a very good grasp of the principles of surgery, residency did not prepare us for responding on the streets. And neither did we have the equipment. So first, we had to buy the necessary equipment so we can teach. Then we had to conduct “Iloilo Training of Trainers” not only to familiarize ourselves but to actually be skilled enough to teach. Thus, the proper way to remove a motorcycle helmet, to put on a C collar, to use a spider strap, to load a patient on a long back board (LBB), how to properly use a Hare traction splint or how to put on a Kendrick’s Extrication Device (KED) had to be learned. Basic skills like using a Combat Application Tourniquet is second in nature to



a well-trained EMT but may be foreign to a Fellow of PCS. Yes we know that a tourniquet should be strapped on to control bleeding after direct pressure has failed. But no, many have not actually used a CAT or SOFT tourniquet. These were just some of the challenges we had to face.

Then there was the terminology. Since we would be teaching first responders, we had to talk in a language that they all could understand. Keeping in mind that some responders are just high school level or even grade school drop outs, we had to refrain from using unfamiliar medical terms. So we did away with “hemopneumothorax” but instead used the Hiligaynon equivalent of “the lungs would collapse due to blood and air”. Instead of saying “hypovolemic shock”, we would instead say “loss of blood” which was more familiar to them. Cervical spine became “bones of the neck” (in Hiligaynon) and “bone of the thigh” (in Hiligaynon) instead of femur. Now try the vernacular for “retroperitoneum” and you will get an idea of the challenges we had to face.

Future Plans

We have already conducted trainings for several first responder groups as well as nurses and doctors of hospitals. The response has been overwhelming so much so that we have a full schedule till December. And the feeling of fulfillment and satisfaction of receiving a correctly packaged patient from a responder we have trained is indescribable. Now where do we go from here?

There have been incidents wherein there is a delay in bringing a victim to the hospital because of certain situations. Recently, a victim of a high speed collision expired a few minutes after reaching the hospital. It took

more than an hour to extricate him from the vehicle because special equipment like the jaws of life had to be used. We are toying with the idea of creating a Rapid Deployment Trauma Team (RDTT) patterned after the Quick Response Force (QRF) of the US army. This would be composed of specially trained surgeons and nurses who could be deployed in cases of emergencies in a short time frame. The idea is to “bring the ER to the patient” and to start the management of the patient on the scene while he is being extricated. This team would be called whenever there would be a delay in bringing the victim to the hospital either because of the need to extricate him from a crumpled vehicle or because the scene is a ravine where there are multiple crash victims.

Difficult to implement? Yes. Impossible? Not with the Philippine College of Surgeons Panay Chapter spearheading it.

Wait for it.



Online Mock Written Exams for General Surgery Residents of Accredited Training Programs in Southern Tagalog Chapter

• Marie Abigail E. Dumlao, MD, FPCS •

The aspiration of the PCS Southern Tagalog Chapter to guide and develop young surgeons and make them into competent surgeons of the land led to the creation of the online mock written exams for the general surgery residents.

In 2022, the Southern Tagalog Chapter (STC) Committee on Surgical Training was tasked by the PCS, PSGS and PALES – STC to conduct the first online mock exams in preparation for the Comprehensive External Residents’ Evaluation System (CERES). The committee was composed of representatives from each training institution of the chapter. They were the ones who collated and formulated the questions for the series of exams, following the PSGS CERES blueprint.

The members of the Committee on Surgical Training Representatives for 2023 are the following:

1. Batangas Medical Center - Dr. Aristotle R. Arellano
2. Mary Mediatrix Medical Center - Dr. Manuel P. Hiwatig
3. Quezon Medical Center - Dr. Jan Cyrus S. Guina
4. University of Perpetual Help Medical Center - Dr. Janeth A. Carreon
5. Gen. Emlio Aguinaldo Memorial Hospital - Dr. Sarah Faye C. Sagala
6. De La Salle University Medical Center - Dr. Gwendolyn T. Tattao

Four sessions of online written examination, each consisting of 100 multiple choice questions, were

given to the STC general surgery residents every two (2) months using the Moodle learning management system (LMS). After the exam, an immediate online, synchronous, large-group feedback was facilitated by three to four fellows.

The exam was simultaneously taken by the residents at their respective institutions for a duration of 1 hour and 40 minutes. The safe exam browser software was utilized such that the residents’ devices were locked to just the examination screen during the time of the exam. Real-time proctoring was optional.

During the group feedback session, answers to difficult test questions as well as their corresponding explanations were discussed. Questions with low MPL (<0.5) and items where <50% of the residents answered correctly were designated as “difficult” test questions.

For evaluation and assessment of the activity, the raw scores were available to the residents immediately after the exam thru the Moodle platform. Minimum passing levels (MPLs) were set separately for junior- and senior-level residents. The raw and transmuted grades were relayed to the training officers. In addition, after each exam, all examinees were asked to give feedback on the content and conduct of the exam.

The pilot run of this activity ran from February to August 2022. With the positive feedback from residents and trainers, the third series of online mock exams is currently being continued by the chapter.



ASSOCIATION NEWS

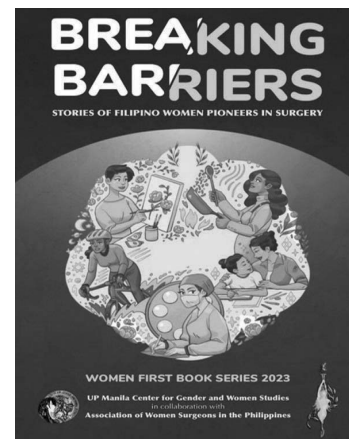
Breaking Barriers ...

• Esther A Saguil, MD, FPCS •

Women were not always so ubiquitous in the Department of Surgery. Far from it. In the early 20th century, the operating room was an all boys' club with women relegated to the nurses' uniform. It took a lot of guts, determination, and perseverance to penetrate the invisible wall that prevented women from taking the helm as captain of the ship in the OR. Many anecdotes and stories have been told of the daunting barriers to admission in surgery training programs. Thankfully, well into the second half of the 20th century, there were also enablers who encouraged lady doctors to persevere in their quest to wield the knife. And wield they did - with pizzazz! Once impenetrable barriers have been torn down, and women are now comfortably ensconced in the surgical field.

We now take pride in honoring the great progress made in uplifting the status of women in the field of Surgery in the country. As part of the book series on Women Firsts, the Association of Women Surgeons of the Philippines (AWSP) in collaboration with the Center of Gender and Women Studies of the University of the Philippines Manila, chronicle the history of women as

they penetrated the arena that is the operating room. From the early babaylans, the journey of women towards becoming leaders in surgical specialties and health institutions is detailed in this seminal book. The book also seeks to recognize the valiant efforts and outstanding contributions of women surgeon pioneers and inspire younger aspirants and colleagues surgeons of the vast potential in the field. With broken down barriers, we now focus on boosting bonds among the women surgeons in the country.



THE BOOK COVER

The book launch was held with much fanfare at the UP Manila last March 21, 2024. Copies of the book will be made available at the PCS Secretariat.



The writers (L to R): Prof. Jerome Ong, Dr Leilani Nicodemus, Prof. Doti Jose, Dr. Esther Saguil



AWSP Board 2024-2025



Female consultants and trainees at the PGH Department of Surgery Ladies' Night Out

From Awareness to Action: AWSP's #Bust Out Cancer Advocacy Takes Center Stage

• Joy Grace G. Jerusalem, MD, FPCS and Ida Marie Tabangay-Lim, MD, FPCS •

In the ongoing fight against breast cancer, the Association of Women Surgeons of the Philippines (AWSP) has taken a proactive stance with their groundbreaking advocacy campaign, #BustOutCancer. With a rallying cry to raise awareness and promote early detection, AWSP members across the country have heeded the call, conducting breast cancer awareness lay fora and screening sessions in communities far and wide. Breast cancer remains one of the most prevalent forms of cancer affecting women globally, and the Philippines is no exception. Recognizing the urgent need for action, AWSP launched #BustOutCancer as a bold initiative to empower women with knowledge and access to life-saving screenings. Throughout the country, AWSP members have rolled up their sleeves and stepped into their roles as advocates for women's health. From bustling urban centers to remote rural villages, they have organized lay fora to educate women about breast cancer risk factors, symptoms, and the importance of regular screenings. Armed with information pamphlets and engaging presentations, these fora have become vital platforms for spreading awareness and dispelling myths surrounding breast cancer. But AWSP's efforts don't stop there. Recognizing

that awareness alone is not enough, members have also facilitated breast cancer screening sessions, providing women with the opportunity to undergo mammograms and clinical breast examinations. By bringing these essential services directly to communities, AWSP ensures that women from all walks of life have access to early detection and potentially life-saving interventions. The success of #BustOutCancer lies not only in its reach but also in its ability to inspire action and foster community engagement. By mobilizing AWSP members nationwide, the campaign has ignited a collective passion for women's health advocacy, uniting surgeons from diverse backgrounds in a common cause, to make a tangible difference in the lives of women across the Philippines. Through ongoing education, advocacy, and access to screening services, they are paving the way for a future where breast cancer is no longer a formidable threat. In the battle against breast cancer, every action counts. With #BustOutCancer, AWSP is leading the charge, empowering women to take control of their health and bust through the barriers that stand in the way of early detection and treatment. Together, they are championing a brighter, healthier future for women everywhere.

In loving memory of



Modesto O. Llamas, MD, FPCS
PCS President 1994

1941-2024



Edgardo F. Fernandez, MD, FPCS
General Surgery / Metro Manila Chapter

1951-2024



Edwin N. Argonza, MD, FPCS
General Surgery / Central Luzon Chapter

1931-2024



Rafael H. Dizon, MD, FPCS
Pediatric Surgeon / Metro Manila Chapter

1978-2024

Empowering the Barangay Health Worker on Cancer Prevention and Early Detection – Addressing the 12th Promise of the NICCA Law

• Joy Grace G. Jerusalem, MD, FPCS and Ida Marie Tabangay-Lim, MD, FPCS •

Breast cancer remains to be the number one cause of cancer morbidity and mortality in the Philippines. Majority of Filipino patients would seek consult at a more advance stage of the disease compared to other nationalities particularly those from Western countries. There has been a lot of psychosocial studies which sought to determine the causes of delayed consult among Filipino women with breast complaints. An estimated 20-30% of women will delay consult and wait at least 3 months before seeking help for breast cancer symptoms and this has been found to result in larger tumor on presentation and poorer prognosis. The potential factors associated with delayed presentation of breast cancer which have been identified in several studies include: older age at diagnosis; fear of cancer; lower level of education; and spiritual beliefs.

There are two major types of delay: 1.) Patient delay which is “delay in seeking medical attention after self-discovering potential breast cancer symptoms or failure to keep appointments” and 2.) System delay, which is delay within the health care system in getting appointments, scheduling diagnostic tests, receiving a definitive diagnosis and initiating therapy.

Programs which seek to empower our healthcare workers and each barangay on cancer prevention strategies and early detection of breast cancer could potentially help the government achieve one of the promises of the National Integrated Cancer Control Act of 2019 which is “intensification of information sharing and public health education about cancer in schools , workplaces and communities to clarify and correct myths and misconceptions, spotlight behaviors related to prevention and explain the early signs and symptoms , early detection and treatment of cancer” and hopefully be able to help address these delays.

Cognizant of the potential role of barangay health workers in cancer control, the Association of Women Surgeons of the Philippines in collaboration with the

PSGS Metro Manila Chapter, embarked on a pilot activity of educating the Barangay Health workers of Barangay 507 of Quintos corner Dapitan in Manila, last March 9 on breast cancer prevention measures and early detection strategies. It is essential for the barangay health workers to understand the psychology of having breast disease and be able to communicate effectively to their constituents the importance of early consult with a professional. Through this education and training program of barangay health workers , they are empowered not only on evaluation of breast cancer risk factors and danger signs of breast cancer, but more importantly on effective counselling and giving assurance to the patients not to fear the disease but instead have hope because treatment is available and that they can gain access to this through collaborative efforts of private and public organizations.



Uniting Hearts and Soles: AWSP Joins “Ribbons of Love” Fun Run

• Joy Grace G. Jerusalem, MD, FPCS and Ida Marie Tabangay-Lim, MD, FPCS •

In the ongoing battle against cancer, collaborative efforts play a pivotal role in driving progress and promoting awareness. The Philippine College of Surgeons Cancer Commission (PCS CanCom), a leading force in advancing quality cancer care in the Philippines, organized a fundraising Fun Run titled “Ribbons of Love: Cancer Run” last February 11, 2024, at The CCP Complex, Pasay City. This dynamic event, that ran from 4:00 to 9:00 am, aimed to unite cancer survivors, their families, healthcare providers, advocates, industry partners, and health enthusiasts in a collective effort to raise funds and awareness for cancer care. One of the highlights of the event was a cancer screening examination, offering 100 participants the opportunity to undergo screenings for breast, thyroid, cervical, and prostate cancer. Additionally, educational materials on cancer screening, diagnosis, and management were distributed to further empower attendees with knowledge and resources. With five categories ranging from a 200-meter dash for children up to 10 years old to a 16-kilometer run, the event offered something for everyone. Moreover, pets were welcome to join the run, fostering a sense of community and inclusivity among participants. In line with the spirit of collaboration, the Association of Women Surgeons of the Philippines (AWSP) eagerly joined hands with the PCS CanCom to support this noble cause. Recognizing the significant impact of cancer on individuals and communities, AWSP is committed to contributing its expertise and resources to promote cancer awareness and advocate for better health outcomes. AWSP members actively participated in the “Ribbons of Love”

Fun Run, lending their support to cancer survivors and their families. AWSP volunteers assisted in the patient screening activities where a total of 109 patients were screened: 32 for cervical, 47 for breast and 30 for thyroid. Through their active participation and advocacy, AWSP underscores the importance of community engagement and collaboration in addressing the challenges posed by cancer. By uniting under the banner of “Ribbons of Love,” participants and supporters alike reaffirm their commitment to advancing cancer care and improving health outcomes for all. As the sun rose on February 11, 2024, runners and supporters gathered at The CCP Complex, not just for a race, but for a shared journey towards a world where cancer is no longer a threat. With each step taken and each ribbon worn, they send a powerful message of love, unity, and resilience in the face of adversity. Together, they run with purpose, paving the way for a brighter, cancer-free future for generations to come.



What Do I Wake Up For?

• Lynne Lourdes N. Lucena, MD, FPCS, FAFN •

It was three thirty in the morning and I was in the middle of a neurosurgical operation. It was that certain time when one is in the comfort of their beds snuggled deeply into REM sleep and possibly dreaming and here, I was, wide awake and about to burrow inside a person's brain to save a life. I was about to open the dura (the covering of the brain) in order to evacuate the blood inside, when I suddenly popped this question to my surgical resident assisting me. I was noticing the gentle to and fro swaying of his body from my peripheral vision and I knew that he was almost sleeping standing up.

The question was supposed to jolt him back to consciousness and wakefulness.

“What do you wake up for?”

“Huh???... uhhhh.... Ma'am what is the question?...” was his half-awake answer...

I said “what drives you to wake up in the morning?” And he answered “ to assist in surgical operations such as this, Ma'am?” was his uneasy almost half-hearted reply.

Knowing that he was a bit uncomfortable with my question, I proceeded to shift to safer topics discussing the case and throwing theoretical questions at him. Good thing that he apparently studied the case, and we had a better conversation and the sleeping-while-assisting resident was resolved.

At the same time that I was asking that soul searching question to my surgical resident, I was also asking it to myself. Delving deep into my own subconscious beyond the awake mind, I have already probed my heart and my spirit about this.

Time and again, I have realized that people wake up for different reasons and some do not wake up at all anymore. And I have seen my fair share of “not waking up “during the years that I have spent inside and outside hospitals as I went through medicine and later general surgery and Neurosurgery.

Answering this kind of question leads to more soul searching and being in the moment.

There were times when I have agonized on my answer, if I had at all and there were times when I had several answers and I could not decide which one is correct.

So at this stage, beyond the years that I have gone back and forth on this query, I have concluded that there is no correct answer and every individual has their own reply, depending on their circumstances in life, depending on their decade in life..... and a whole lot more factors to consider.

Thus, the only thing that I could fathom and somehow control is my own reaction and opinion. These writings on my musings which I have decided to share may inspire you (as it did to some friends and readers) or may urge you to disagree or contradict me but hey! Am not in an argumentative mood, rather am in a sharing mode....

1. First of all, GRATITUDE: I wake up to thank the Supreme Being for another chance at life, of another day to do my mission. To view another sunrise, to be with my family and do things with them even just to go out and eat dinner together, to kiss my lover again, to hug my two Sharpeis especially after they have taken a bath, to perform another neurosurgical operation, to walk another mile under the pouring rain(except when it is flooded), to put a smile on a child's face... oh am rambling on.... but the point is to GiVE THANKS!

2. To RECONNECT, REUNITE , RECONCILE REMINISCE, RECOLLECT, REAFFIRM and RENEW.

Reconnect broken bridges in my various levels of relationships.

Reunite scattered pieces of love and embrace forgiveness.

Reconcile fragmented emotions while transcending the outbursts of impatience and be more mindful of the beautiful moments that are happening .

Reminisce and recollect memories and

lessons to share with the other generations.

Reaffirm one's belief anchored in Faith.

Renewal of commitment to do better and renewal of hope in better things to come.

Being positive is like taking a fresh bath in the springs of water filled with hope....

And each day is a good day to wake up and take that renewal bath again and again.....

3. To ACHIEVE and fulfill one's mission and duty. What is my purpose here on earth? At any stage in life, I believe in a destiny and fate that is already inside each person. One just needs to wake up from a deep sleepwalking episode and find that calling within oneself. Everyday that I wake up, I ask myself, "what is my mission for today?" Am I asked to be a Neurosurgeon today and do a complicated procedure to save a life? Am I asked to become a daughter today and attend to my Mom and Dad's needs? Am I

asked to become a friend today and listen to the laments of a friend in need?

4. For CHARITY: Do a good deed for the day. CARE for nature, sentient living things, for other people especially those who cannot repay you like the orphans, the sick, the downtrodden
5. To ENJOY life, enjoy nature, enjoy love and affection.... appreciate what you have now. Be in the moment....be mindful of the beauty that is surrounding you and within you!
6. To SHARE the blessings received. No other explanation....

So, what do you wake up for? It is actually already there inside your soul. You just need to take some time to listen, take a minute at the beginning of each day and be mindful of your heart's whispers and your spirit's musings...

On Burning Out (a Surgeon's Point of View)

• Lynne Lourdes N. Lucena, MD, FPCS, FAFN •

A surgeon never quits. A surgeon opens and closes. Goes in and goes out. Cuts and stitches. Moving from one operation to the next, the surgeon struggles to be a cut above the rest. Yet for every 99 successful operations and happy patients, it is the one failure that burns and makes the surgeon tired and on the verge of quitting and taking a respite. The mistakes and errors make the surgeon human after the successes have made the surgeon seem divine. The successes have earned respect and adulation, but the one failure have caused such turmoil and tribulation! Only in learning one's limitation and absorbing the lesson can the surgeon move on. The dignity of acceptance is not tantamount to weakness.

This is the measurement of true strength. When one has the powerful insight of limitations then

one can surpass expectations and strive for more excellence beyond imagination!

Burning out is good for the surgeon. The realization of the demanding physicality of the work makes one appreciate the endless spirituality of the healing arts and medicine. The surgeon will not quit when this reality is accepted. For being a surgeon is being an instrument that can become dull when not sharpened. Think of burn out periods as the sharpening process The surgeon has to overcome this to come out in true fighting form again ... Sharp and fully capable of precise incisions, ready to cut and stitch again. Moving forward, one cut, one stitch at a time...

ORL-HNS Recognized as the 17th Specialty Center in 2023

• Aileen Delos Santos-Garcia, MD, FPSO-HNS, FPCS •

List of Regional ENT Centers	
National Capital Region (NCR) 1. East Avenue Medical Center (National Specialty Center) 2. Jose R. Reyes Memorial Medical Center (BC) 3. Rizal Medical Center (BC) 4. Dr. Jose N. Rodriguez Memorial Hospital (BC)	Region 7 (Central Visayas) 13. Vicente Sotto Memorial Medical Center (BC)
Cordillera Administrative Region (CAR) 5. Baguio General Hospital & Medical Center (BC)	Region 8 (Eastern Visayas) 14. Eastern Visayas Regional Medical Center (BC)
Region 1 (Ilocos) 6. Mariano Marcos Memorial Hospital & Medical Center (BC)	Region 9 (Zamboanga Peninsula) 15. Zamboanga City Medical Center (BC)
Region 2 (Cagayan Valley) 7. Cagayan Valley Medical Center (BC)	Region 10 (Northern Mindanao) 16. Northern Mindanao Medical Center (BC)
Region 2 (Cagayan Valley) 8. Cagayan Valley Medical Center (BC)	Region 11 (Davao) 17. Southern Philippines Medical Center (BC)
Region 3 (Central Luzon) 9. Jose B. Lingad Memorial Regional Hospital (BC)	Region 12 (SOCCKSARGEN) 18. Cotabato Regional Medical Center (BC)
Region 4-A (CaLaBaRZon) 10. Batangas Medical Center (BC)	Region 13 (Caraga) 19. Caraga Regional Hospital (BC)
Region 5 (Western Visayas) 11. Corazon Locsin Montelibano Memorial Regional Hospital (BC) 12. Western Visayas Medical Center (BC)	Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) 20. Amai Pakpak Medical Center (BC)

In a recent Department of Health (DOH) order, DOH, through department order # 2021-001-A, has updated the establishment of dedicated Specialty Centers across the country, a significant step towards improving the nation's healthcare system. The highlight of this recent initiative is the creation of regional Ear, Nose, and Throat (ENT) Comprehensive Care Centers.

The DOH's initiative to establish Specialty Centers aims to provide Filipinos with specialized and accessible healthcare services. These centers will house medical specialists and state-of-the-art equipment, vastly upgrading the quality and accessibility of healthcare service delivery in the country.

East Avenue Medical Center, being the designated National reference ENT Care Center, will focus on diagnosing and treating the highly complex medical and surgical conditions related to the ear, nose, and throat, as well as related areas of the head and neck. Together with the other twenty (20) regional ENT Care Comprehensive Centers, they will be equipped with the latest technology by teams of highly competent otolaryngologists and ENT-related allied healthcare professionals.

Led by the society's incumbent president, Dr. Christine Joy Arquiza, the present PSO-HNS Officers and Board of Trustees continues its relentless efforts towards the development of this project.

The ENT Care Specialty Centers looks forward to be fully operational by the end of 2028. The establishment of these centers will undoubtedly revolutionize the healthcare landscape in the Philippines, bringing it a step closer to achieving the goal of UHC.

The PSOHNS family is forever grateful to the ENT legislators, the members of the DOH TWG and PSOHNS TWG for ENT centers, representatives of all designated ENT comprehensive centers, and the PSOHNS board of trustees for the forward thrust and leadership to make this aspiration real.

PSO-HNS Officers and Board of Trustees 2024



Seated L-R: Dr. Jefferson A. Alamani (Trustee); Dr. Eduard M. Alfanta (Auditor); Dr. Aileen Delos Santos-Garcia (Treasurer); Dr. Oliver Glenn C. Domingo (Trustee); Dr. Bingahar K. Barapantao (Trustee).
 Standing L-R front row: Dr. Jenelyn J. Magno (Trustee); Dr. Christine Joy S. Arquiza (President); Dr. Mary Rose R. Laki-Pillas (Trustee); Standing L-R back row: Dr. Archie Brian Ramos (Trustee); Dr. Eunice Azurin (Secretary); Dr. Mohammad Ariff A. Baguindali (Vice-President); Dr. Ricardo Ramirez, Jr. (Immed. Past President)

PAHNSI: Off to A Good Start

• . Pamela Nicole D. Ladrido, MD, FPCS •

The Philippine Academy for Head and Neck Surgery, Inc. (PAHNSI) established in 1994, is an organization of general surgeons and otorhinolaryngologists with a special interest in the field of Head and Neck surgery that aims to promote continuous professional development and ultimately help improve the care for patients with head and neck diseases. To jump start its 30th year since inception, several activities were held with this vision in mind.

In January 6, 2024, the Head and Neck Surgery Board of the Philippines conducted the first joint general surgery and otorhinolaryngology diplomate exam for doctors who underwent fellowship training in Head and Neck Surgery from Philippine General Hospital and East Avenue Medical Center.

To celebrate World Cancer Day last February 11, 2024, PAHNSI in coordination with the Philippine College of Surgeons Cancer Commission hosted “RIB-BONS OF LOVE: Cancer Run” at the CCP complex in Pasay City. It is a fun run for cancer survivors, their supporters, and other cancer advocates. In the same event, PAHNSI organized cancer screening and point of care ultrasound for the family members of the cancer survivors and other interested participants.

To finish off the first quarter of the year, PAHNSI in cooperation with the Philippine College of Endocrinology Diabetes and Metabolism, the Academy of Head and Neck Oncology of the Philippines, and the Philippine Society of Ultrasound for Surgeons, held the 2nd Philippine Thyroid Ablation Congress and Workshop

last March 15 & 16, 2024 in The Medical City, Pasig City. Participants were introduced to basic concepts of thermal thyroid ablation followed by a hands-on workshop on the said topic.

In this event which was held in partnership with the China Conference on Microwave Ablation (CCMA), Dr. Wai-Kin Chan from Chang Gung Memorial Hospital in Taiwan gave the keynote lecture on Thermal Ablation in the Benign and Malignant Thyroid Nodules & Common Complications of Thyroid Ablation. PAHNSI President, Dr. Rainier Yu Lutanco spearheaded a panel discussion on the Philippine experience in thyroid ablation with Drs. Jeffrey Domino, Karen Capuz, and Allan Dampil as panelists. Drs. Ralph Li and Dr. Michael Fontano discussed the evaluation of thyroid nodules and neck ultrasound anatomy and biopsy. Dr. Paulette Nacpil Dominguez gave a lecture on non-surgical approach to thyroid nodules.

Dr. Lutanco along with PAHNSI members: Drs. Christelle Anne Almanon and Michael Fontano performed live thyroid ablation demonstrations on 7 patients, notably the largest gathering of thyroid ablation done on a single day. These live demonstrations were then followed by a whole day hands-on workshop on simulation models supervised by Drs. Lutanco, Almanon, and Fontano.

PAHNSI undoubtedly started the year strong and is set to hold more activities to further advance the country's expertise in managing head and neck tumors in the coming months.



PAHPBSI's Inaugural Certifying Boards-a Success!

• Billy James Uy, MD and Leandro V. Torre, MD •

As part of their commitment to improving the standards of Hepato-Pancreato-Biliary (HPB) Surgery training in the country, the Philippine Association of HPB Surgeons, Inc. (PAHPBSI), proudly induct its first three diplomates last December 5, 2022 during the Philippine College of Surgeons' (PCS) annual convention after successfully completing the written exam (March 27, 2022) and oral examinations (May 29, 2022) coming from the six PAHPBSI-accredited training institutions. The first PAHPBSI diplomates are Dr. Carlos Abon (UP-PGH), Dr. Luisa Carmela Bragais (UP-PGH), Dr. Leandro Torre (The Medical City). It was during the leadership and presidency of Dr. Cenon Alfonso that the society exhausted all efforts in realizing this milestone. "At 5 years of age, PAHPBS' membership grew from a measly 15 or so charter members in 2015 to over 250 Fellows by 2020 – inclusive of those who were declared under the grandfather clause that finally closed last September 2020," Dr. Alfonso said. The "grandfather clause" he was pertaining to is immunity of qualified surgeons and training graduates from any form of examination prior to induction as fellow. One of the first training graduates to be exempted from such clause is Dr. Carlos Abon who commented about the examination: "Both the written and oral exams for the PAHPBSI boards were difficult, especially since there was no historical reference to base our expectations on, but they were ultimately fair and the challenge was necessary to ensure the competency of us new HPB surgeons moving forward."

In the society's quest for a "constant, consistent and competent assessment of trainees in HPB surgery," as preached by Dr. Alfonso, an examining arm was created for the certifying board examinations which was headed by, then, immediate PAHPBSI past president, Dr. Catherine Teh. As chair of the PAHPBSI Certifying Boards, Dr. Catherine Teh assembled a stellar cast of oral board examiners who all underwent training workshops including an international examiner. Dr. Teh, who is also one of the founding members

and also an international examiner herself, said: "Organizing the first certifying exam for PAHPBS is a multifaceted endeavor that presents with several challenges requiring careful planning and coordination and attention to detail." When asked on how her experience played a role, she replied: "It has provided me with a deep understanding of the nuances and complexities involved in certifying exams. This experience is invaluable in organizing local certifying exams, as it equipped me with the ability to anticipate challenges, enforce rigorous standards, and ensure fairness and consistency throughout the examination process."

The following year, 2023, PAHPBSI seamlessly produced a fresh batch of five more diplomates namely Dr. Alain Neil Ancheta (JRRRMMC), Dr. Teresa Mae Bacaro (UP-PGH), Dr. Joffrey Betanio (SPMC), Dr. Raymond Joseph De Vera (RMC), and Dr. Kyle Gervin Ong (MMC/Korea). The third PAHPBSI Written Certifying Board Examination was on March 24, 2024. Successful examinees will then proceed to the oral examination on May 2024. When asked of the society's thrust in the foreseeable future, "ultimate goal of spinning off an independent examining arm which will eventually be named, registered and function as the Philippine HPB Board of Surgery," Dr. Alfonso said. The current PAHPBSI president, Dr. Ma. Armonetta Casupang, is in agreement with her



PAHPBSI's First Diplomates sworn in during the 2022 PCS Annual Clinical Congress. (L-R) Dr. Carlos Abon (UP-PGH), Dr. Luisa Carmela Bragais (UP-PGH), Dr. Leandro Torre (TMC)

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predecessor who she worked tirelessly with. “This initiative set forth by immediate past president Dr Cenon Alfonso is pivotal for upholding the pinnacle of excellence in the practice of HPB surgery and fostering confidence in the certification process. With the successful conclusion of the third certifying board exams and the leadership of past president and now Chair of the Committee on Certifying Boards, Dr Catherine Teh, PAHPBS is swiftly progressing towards the culmination of establishing the Philippine HPB Board of Surgery.

Better opportunities ahead as we strive towards this important milestone!”, she added.

PAHPBSI is a member of the International Hepato-Pancreato-Biliary Association (IHPBA) and has six accredited HPB Surgery fellowship training programs in the country. If you have interests, comments, suggestions or would like to share a cup of tea, please contact us through email: secretariat@pahpbs.org and SMS/Call: +639760248723.



Dr. Cenon Alfonso, 2022 PAHPBS President, Proudly inducts the first PAHPBS diplomates.



March 27, 2022 – Dr. Cathy Teh, head of PAHPBS certifying boards takes a selfie with the nervous examiners (L-R Dr. L Torre, Dr. C Abon, Dr. LC Bragais) during the written examination.



December 5, 2023 – 79th PCS Annual Clinical Congress – Induction of second batch of diplomates and fellows – (L-R Dr. C Alfonso, Dr. J Betanio, Dr. TM Bacaro, Dr. AN Ancheta, Dr. L Torre, Dr. KG Ong, Dr. E Hao, Dr. RJ De Vera, Dr. AJ Casupang).

Thoracic, Cardiac, and Vascular Trauma in Focus at the PCS 2024 Midyear Conference

• Racel Ireneo Luis Querol, MD, FPATACSI •

In a monumental collaboration, the Philippine Association of Thoracic, Cardiac, and Vascular Surgeons, Inc. (PATACSI) joins forces with The Philippine College of Surgeons for the Midyear Conference, scheduled for May 2 to 3, 2024. Set against the theme of “Golden Milestones of Philippine Surgery: Lessons for the Future,” this conference promises an enriching exploration of surgical achievements and insights that have shaped the landscape of Philippine Surgery.

Before the conference kicks off, PATACSI, in coordination with the PCS SURE Commission (Surgery in the Underserved Regions and for Education), will undertake a significant pre-convention activity. The “North Luzon Caravan Vascular Surgical Mission,” a three-day caravan, will be held at the following locations:

1. April 28, 2024: Dagupan Doctors Villaflor Memorial Hospital
2. April 29, 2024: Ilocos Training and Regional Medical Center
3. May 1, 2024: Baguio General Hospital and Medical Center

This caravan is expected to serve a significant number of patients, providing essential vascular surgical care to those in need across multiple regions in North Luzon.

Following this initiative, the PATACSI program will take center stage on May 3, 2024, under the theme, “Thoracic, Cardiac, and Vascular

Trauma: Highlights of Recent Practice Changes.” The event aims to unravel the advancements and transformative practices in the dynamic field of thoracic, cardiac, and vascular trauma.

A line of distinguished speakers will deliver didactic lectures delving into contemporary approaches to managing thoracic, cardiac, and vascular trauma. From Traumatic Pneumothorax to Cardiac Tamponade, these experts will unravel the intricacies of assessment, diagnostics, and management, offering valuable insights gleaned from their wealth of experience.

The program is not merely a passive learning experience; it transforms theory into practice with an extensive hands-on workshop. Participants will have the unique opportunity to refine their skills in repairing thoracic, cardiac, and vascular injuries under the guidance of seasoned facilitators. The workshops cover a spectrum of scenarios, including vascular anastomosis and repair, lung injury repair, and cardiac injury repair.

As we look towards the future of surgery, the PATACSI program promises to deliver an immersive experience to young surgeons and residents in a learning environment that encapsulates practical and easy-to-learn techniques. This conference isn't just a gathering; it's an opportunity to exchange ideas and learn new practices!

PMTS turn 20!

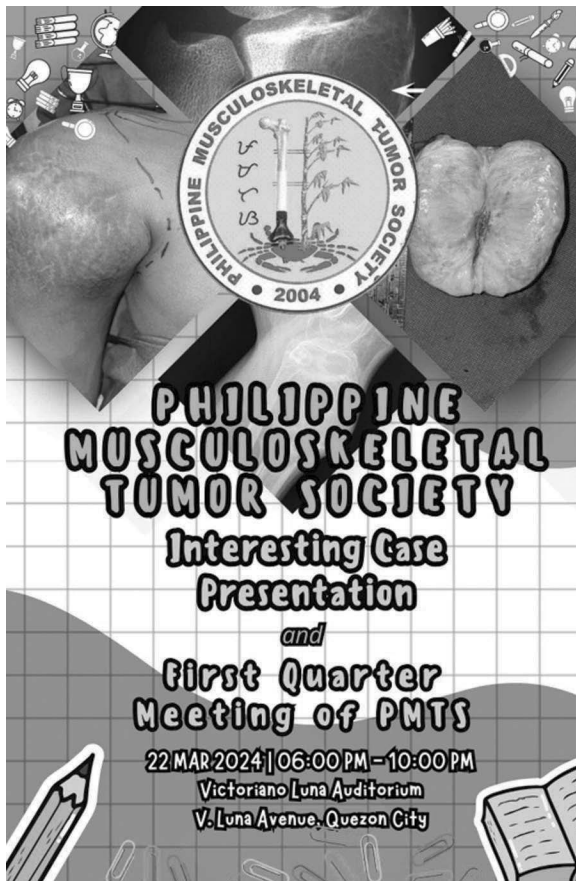
• Marie Jeanne L. Bertol, MD, FPOA •
President - Philippine Musculoskeletal Tumor Society
Philippine Orthopaedic Association, Inc.

The Philippine Musculoskeletal Tumor Society (PMTS) was founded by eight orthopaedic oncologists in 2004 with the purpose of promoting musculoskeletal oncology in both the local, regional, and international setting.

Society carries with it the objectives of standardizing management, increasing public awareness, and promoting continuing education and research into this field. Thus, we started the year with an Interesting Case Presentation and First Quarter Meeting at the Victoriano Luna Medical Center Auditorium. De La Salle Medical Center presented a case of recurrent Osteofibrous Dysplasia of the tibia initially treated with Ilizarov fixation and eventually with plate and screws with a non-vascular fibular graft. A case of Osteosarcoma of

the proximal humerus treated with liquid nitrogen and reconstructed with Kuntscher nail-Recycled bone graft-bone cement composite was presented by UP-PGH. Chong Hua Hospital presented a case of Low Grade Osteosarcoma of the Distal Femur, treated with cryoablation using liquid nitrogen and reconstruction with constrained rotating hinge knee prosthesis.

This year is extra special for us as it is the 20th founding anniversary of the PMTS. There are now 43 practicing all over the Philippines in Regions I, II, III, CAR, IV-A, NCR, V, VI, VII, X and XI. Doctors and patients alike may find an orthopaedic oncologist near you at our website www.msktumorph.org.



PSCRS Hosts Successful International Scientific Meeting and ASEAN Society of Colorectal Surgeons (ASCS) Biennial Congress

• Mario Angelo A. Zamora MD; Mary Anne Carol A. Cueto, MD and Jeryl Anne Silvia R. Reyes, MD •

The Philippine Society of Colon and Rectal Surgeons (PSCRS) showcased its commitment to advancing colorectal healthcare by hosting a series of impactful events. Highlighting this period was the prestigious 14th International Scientific Meeting of PSCRS and the 12th Biennial Congress of the ASEAN Society of Colorectal Surgeons, held on March 15th to 16th, 2024 at the historic Manila Hotel. These events brought together leading experts, researchers, and practitioners in the field of colorectal surgery from across the globe. Attendees of the congress were treated to a diverse array of scientific sessions, covering topics ranging from advances in surgical techniques to the latest developments in colorectal cancer research. Keynote speakers from renowned institutions shared their expertise, enriching the discourse and fostering innovative approaches to patient care.

In addition to the main congress, PSCRS organized two pre-congress workshops aimed at enhancing skills and knowledge among

healthcare professionals. The first pre-congress workshop entitled “Demystifying Stoma Care From First Steps to Mastery” was held on March 13, 2024 at The Medical City in Ortigas. This workshop focused on educating allied health professionals and stoma nurses on best practices and advancements in stoma care management, furthering the quality of patient care in this specialized area. The event was headed by Dr. Ryan Abary and Mr. Rhyann Hitalla, and sponsored by Getz Healthcare. Lectures were given during the morning session by Drs. Mary Anne Carol Cueto, Dr. Kenneth Yabut, and Ms. Vanessa Segui, RN and Mr. Rhyann Hitalla, RN. The workshop was done after lunch facilitated by Mr. Joseph B. Imperial, RN.

The second pre-congress workshop, entitled “The Resident’s Guide to Laparoscopy in Colorectal Surgery,” took place at the Philippine General Hospital on March 14, 2024. This was headed by Dr. Michael Geoffrey Lim and sponsored by Medtronic. Lectures were given



during the morning session by Dr. Wilmar Jayve Añoso, Dr. Jesus Dabalos Jr., Dr. Raleigh Lean Rojas and Dr. Joanna Pauline Baltazar. The laparoscopic workshop proper using lap training boxes started after lunch. This workshop catered to general surgery residents and colorectal fellows-in-training, providing them with hands-on experience and valuable insights into laparoscopic techniques in colorectal surgery. Breaking new ground, the PSCRS introduced the inaugural “Bowel Run” last March 17, as the Society’s contribution to Colorectal Cancer Awareness Month. Held at the University of the Philippines Diliman Campus, this event aimed to raise awareness about colorectal cancer prevention and early detection. Running enthusiasts and healthcare advocates alike joined forces in a symbolic stride towards combating this prevalent disease.



Dr. Marc Paul Lopez, President of PSCRS, expressed his gratefulness with the success of these events. The 14th International Scientific Meeting and the 12th Biennial Congress provided an invaluable platform for knowledge exchange and collaboration among colorectal healthcare professionals. Moreover, the pre-congress workshops and Bowel Run underscored the Society’s commitment to community engagement and education.

The collaborative spirit of the ASEAN Society of Colorectal Surgeons was palpable throughout the congress, as delegates from ASEAN member countries came together to share not only surgical experiences and insights but also had a cross-cultural exchange during the Fellowship night and served to strengthen bonds within the regional colorectal surgery community, paving the way for future collaborations and partnerships.

Looking ahead, PSCRS remains steadfast in its mission to promote excellence in colorectal healthcare through education, research, and advocacy. With the success of the PSCRS 14th International Scientific Meeting and the ASCS 12th Biennial Congress serving as a testament to its dedication, the Society is poised to continue making significant strides and affirm its dedication to advance the science and practice of colon and rectal surgery.



The Bowel Run: Making colorectal cancer awareness poop-tastic and fun

• Mario Angelo A. Zamora MD; Mary Anne Carol A. Cueto, MD and Jeryl Anne Silvia R. Reyes, MD •

Colorectal cancer ranks as the third most common cancer among Filipinos. Surgeons know it strikes with little warning but may be detected early or even prevented through timely screening. Unfortunately, many lay people remain unaware of the importance of early screening and lifestyle changes and the potential life-saving benefits they offer.

The Bowel Run 2024 aims to change that. The Philippine Society of Colon and Rectal Surgeons, in collaboration with the UP Association of Biology Majors, embarked on holding a fun run to cap off the joint annual PSCRS and the 12th International Meeting of the ASEAN Society of Colorectal Surgeons (ASCS) congress activities. It was held on March 17, 2024, Sunday, from 4:00 AM to 10:00 AM at the UP Diliman Academic Oval. The objective was to raise awareness about colorectal cancer and encourage individuals to take proactive steps toward their colorectal health. Slots were sold out at a total of 1,000 participants, with the following distances: 3km, 5km, and 10km. All net proceeds will go towards the creation of the PSCRS Foundation, as well as educational campaigns and assisting our indigent colorectal cancer and/or ostomy patients.

The Bowel Run was part of a series of activities to celebrate the Colorectal Cancer Awareness Month, which is observed yearly in March. A total of 788 runners started and finished their respective distances. The participants included those from the medical field, the runner groups, and the lay community. Many were first-timers in joining a run event. Foreign

guests from the ASCS conference were also able to join the event.

This event was partnered with Biomedis, Westmont, and Biohealth from the Unilab group of companies, and co-presented with Ensure Gold by Abbott. In line with our thrust for increasing awareness for colorectal cancer screening, there were brochures on colorectal cancer diagnosis and management provided to all participants, as well as information on the gold standard for screening, the colonoscopy. In the expo area, there was an inflatable colon balloon arch set up to serve as an educational area, where certain colorectal lesions and diseases were explained. In addition, there were ten trivia boards that were set up alongside the arch, containing useful facts and reminders about colorectal cancer and bowel health. The Bowel Run official mascot, Mr. Poop, graced the event as he posed with the runners at the photowall.

The participants also enjoyed several giveaways from industry partners and companies such as Nestle Health Science, Pocari Sweat, Unilever, Surechoice, Coca-cola, and Selecta. Prizes for the winners were provided by Toby's Sports, Hoka Philippines, Maharlika Meatloaf, to name a few.

This inaugural event was well-attended and received good feedback from the participants. It is hoped that aside from having fun in the event, they were also made aware of the importance in screening for colorectal cancer and the significant impact it can give to our patients' outcomes.



Community Surgical Program: The PSGS Contribution to the Country's Universal Health Care

• Andrew Jay G. Pusung, MD, FPCS, FPSGS •

Background:

The recent pandemic has shown that the PSGS thru its accredited training programs can help the nation as a whole by providing surgical care in the local community after implementing the “pandemic guidelines”. The residents were allowed to assist consultants outside their institution. It was an opportunity for surgical trainees to be exposed to health systems outside their programs which is one of the program outcomes in the society's surgical curriculum. It has also helped a lot of training programs to acquire the needed numbers of surgical cases to maintain their accreditation status.

Furthermore, there was a call from the Department of Health to establish surgical training programs in provincial hospitals to improve delivery of surgical care in the community as part of the universal healthcare program of the country.

The PSGS Community Surgical Program and its Objectives:

To institutionalize the pandemic guidelines utilized by PSGS during the Covid pandemic, the society in 2023 took the initiative to develop the Community Surgical Program. The program was envisioned to be a partnership between a PSGS accredited training program and local government hospitals in the locality. The main objectives of the program are:

- to improve service delivery and surgical care in the community
- to improve surgical training through community immersion of surgical trainees.

It is a voluntary program among PSGS training programs wherein the program collaborates with the local government unit in identifying the partner LGU hospital. The program involves a yearly renewable partnership between the PSGS training program and the LGU hospital governed by a memorandum of agreement.

The program can be an avenue to enhance the capacity and capabilities of the LGU hospital personnel through academic conferences, lectures and skills workshops. It can be an opportunity to increase the income of LGU hospital through Philhealth claims with the increase in their surgical cases. It will improve

the healthcare delivery network by proper referral and coordination of patients requiring transfer to higher level health facilities. Lastly, it will provide a platform for LGU hospital to embark in surgical training as an answer to the call of DOH to develop surgical training in provincial hospitals by exposing them to the principles and practice of surgical training being implemented by the PSGS training programs.

PSGS CSP and DOH MRRS

The Medical Residency Rotation Strategy (MRRS) program of the Department of Health is aimed at providing adequate and appropriate physician complement in priority and underserved areas. However, the rotating resident only stays and served in a brief period of time which makes it difficult to sustain the services provided during the resident's rotation. In the PSGS CSP, the resident stays in the partner LGU hospital for a year which provides sustainability of surgical services. The PSGS CSP does not only complement the DOH MRRS program but may even replace the MRRS in some government hospitals.

PSGS CSP and DOH PRDP

The Post Residency Deployment Program of the Department of Health provides medical expertise thru trained medical specialist who graduated from the different medical and surgical training programs. Although the PRDP may not directly help the training program, the PSGS CSP complements the PRDP by providing additional manpower to the trained surgical specialist of the DOH program. The PDRP surgical specialist may even opt to be a part of the training program and later be a member/fellow of PSGS.

PSGS CSP and UHC

The Universal Health Care dictates that primary care facilities be able to handle minor to medium surgical cases. Time will come when these cases will no longer reach higher level facilities where the surgical training programs are. Surgical trainees will no longer be exposed to these cases and they will be left managing major and complicated cases. The PSGS CSP capacitates the primary care facilities and at the same time exposes the resident to these cases. Early detection and screening of diseases especially cancers will improve

and management of complicated cases will be facilitated with this partnership between institution thru the surgical resident.

The PSGS Accredited Training Program

Any surgical training program, private or government, under the auspices of the Philippine Society of General Surgeons may avail of this program. Training equates to improved surgical outcomes. Therefore, it is paramount in the PSGS CSP that the training program provides a supervisor, a Fellow of the society, who will supervise and monitor the resident in the management of surgical cases in the partner hospital.

The Training Hospital and the LGU shall work out as part of the details of their MOA the scheduling of the resident's duties at the LGU and at the Training Hospital, as it must take into account factors such as the travel time between the two hospitals. This is to ensure that the resident is able to perform his duties at the LGU Hospital while fulfilling the Surgical Curriculum requirements for his year level.

The Partner LGU Hospital

The partner hospital maybe a Level 1 or Level 2 local government hospital. The PSGS training program identifies the partner hospital in collaboration with the Local Chief Executives. The partner hospital should be committed to improve surgical care and provide an environment that is conducive to the training and learning of the surgical resident rotator.

A Memorandum of Agreement (MOA) between the PSGS Accredited Training Program and the Partner LGU Hospital should indicate all provisions, duties and responsibilities of both parties. The MOA will be reviewed and approved by the PSGS Committee on Accreditation before the resident rotator is deployed to the partner LGU hospital.

The Surgical Resident Rotator

The rotating resident is a 4th year senior surgical resident after he has completed subspecialty rotations during his/her intermediate years. He/she will be rotating for one year in the partner hospital. In case there are more than one 4th year residents in the program, the period may be divided among them. The following are his/her responsibilities:

- Hold regular out-patient clinic in the partner hospital.
- Perform surgery for cases that can be managed peri-operatively in the partner hospital.

- Hold regular rounds among surgical patients in the partner hospital.
- Facilitate transfer to base institution of surgical cases that cannot be manage in the partner hospital.
- Report to his/her Consultant Supervisor of all surgical cases being handled in the partner hospital.
- Provide pre and post-op report of surgical cases done in the partner hospital for audit in his/her base institution.
- Provide surgical education among the staff in the partner hospital and lay fora in the community (requirement in resident's portfolio).

The Consultant Supervisor

The Consultant Supervisor must be a PSGS fellow who is a member of the training program of the base institution. A PSGS fellow who is affiliated in both the base institution and the partner hospital is ideal. If a PSGS fellow is a staff of the partner hospital but not affiliated to the base institution, he/she should be invited as an honorary member of the base institution. The following are his/her responsibilities:

- Act as a liaison between the base institution and partner hospital.
- Supervise and monitor the surgical resident in the partner hospital
- Evaluate the surgical resident during his rotation in the partner hospital.
- Attend the weekly pre/post-op conferences that the rotating surgical resident is required to attend.

The Cases

- Cases done by the surgery residents in the partner hospital are cases that can be managed peri-operatively given the expected skill level for a 4th year surgical resident and the facilities/equipment available on site.
- Cases that cannot be managed will be facilitated for transfer to the base institution or to higher level health facilities.
- Cases done by the surgery resident rotator will be considered as a case of the training program (base institution).

The Society is planning to do pilot testing of the program in the second half of the year, one in Sorsogan and one in Iloilo. In the future, we may see the society accrediting not only individual institution but healthcare provider networks as training programs.

Empowering Surgical Research: The R.E.S.E.A.R.C.H. Initiative

• Ida Marie Tabangay-Lim, MD, FPCS and Joy Grace G. Jerusalem, MD, FPCS •

In the realm of healthcare, the pivotal role of research cannot be overstated. It serves as the cornerstone for guiding patient management and shaping institutional and national policies. Recognizing this, the Philippine Society of General Surgeons (PSGS) has embarked on a groundbreaking endeavor – the Research Education for Scientific Excellence Research Capacity Hub (R.E.S.E.A.R.C.H.) initiative, developed in collaboration with the Philippine College of Surgeons (PCS) – Committee on Surgical Research and the Philippine Association of Training Officers in Surgery (PATOS). Over the years, surgical training programs in the Philippines have produced numerous scientific articles. However, there remains a pressing need to enhance research productivity and its implementation into policies. A study conducted among Filipino residents revealed that only a fraction managed to publish their research, citing reasons such as lack of dedicated time, interest, and training. In response to these challenges, the R.E.S.E.A.R.C.H. initiative aims to address the gaps in research capacity among surgical trainees. Through a series of meticulously crafted modules, this initiative seeks to achieve three overarching objectives: Standardization of Research Programs: By providing a structured framework, R.E.S.E.A.R.C.H. assists training programs in implementing the PSGS curriculum related to research, ensuring uniformity and quality across institutions; Production of Relevant Research Output: Aligned with a national surgical research agenda, the initiative endeavors to generate impactful and valid research outputs, contributing to evidence-based decision-making in healthcare; and Fostering Research Productivity

and Utilization: By nurturing a culture of research excellence, R.E.S.E.A.R.C.H. aims to influence institutional and national policies, thereby contributing to the broader healthcare landscape outlined in the Philippine Development Plan 2023-2028. The implementation of R.E.S.E.A.R.C.H. is facilitated through the PCS Learning Management System (LMS), with modules scheduled for release from March to July 2024. These modules cover a spectrum of topics essential for research proficiency, ranging from the fundamentals of research methodology to scientific communication and publication ethics. Moreover, the initiative emphasizes collaboration between residents and consultants, with PCS and PSGS fellows serving as research advisers. This collaborative approach not only enhances research mentorship but also fosters a sense of camaraderie and shared responsibility among surgical professionals. To ensure the attainment of learning outcomes, participants are required to complete both simple and complex tasks within specified timelines. Additionally, a face-to-face workshop facilitated by PATOS is slated for July 30, 2024, providing an invaluable opportunity for hands-on learning and interaction among stakeholders. Noteworthy research findings will be disseminated through publications in the Philippine Journal of Surgical Specialties (PJSS) and showcased in the PSGS Surgical Forum's free paper session. In essence, the R.E.S.E.A.R.C.H. initiative represents a significant stride towards advancing surgical research and strengthening the healthcare ecosystem in the Philippines. By equipping surgical trainees with the necessary tools and knowledge, this collaborative effort endeavors to shape the future of surgical practice and policy-making, ultimately enhancing patient care and outcomes nationwide.

PSS to Host the Asia Pacific Spine Society 9th Annual Meeting in 2026

• **Ronald P. Tangente, MD, MBA, FPOA, FPSS** •
PSS President

Brian Tracy states, “The distance between dreams and reality is action.” The Philippine Spine Society (PSS) is making history as our nation will host the Asia Pacific Spine Society Annual Meeting for the first time. The collective efforts of this generation’s spine surgeons are nothing short of remarkable. Years of persistent training and skill development have propelled us to a prestigious position within the region.

Last year was a pivotal one as we re-evaluated our strategies and action plans. Beginning with stakeholder identification, together with our council of elders, we brought young spine surgeons into the fold to help sculpt our future. The PSS is distinct in that it unites orthopedic spine surgeons and neurosurgeons, an amalgamation that has enriched and elevated the standard of spine surgery.

PSS has established various study groups, such as Cervical Spine, Minimally Invasive Spine Surgery, Spinal Infection Metabolic Osteoporosis Tumor, Trauma, Degenerative Spine, and Spinal Deformity aiming to deepen our understanding of the fundamental concepts to surgical techniques. We have also encouraged the presentation of research projects at the PSS Annual Meeting. This year, at the APSS 7th Annual Meeting

in Hong Kong, the Philippines will present 15 papers, a testament to our growing influence.

Our journey towards excellence continues to evolve. In 2024, we look forward to major events, including the PSS Cadaveric Course at Cardinal Santos Medical Center; PSS - Malaysian Spine Society webinar series; and the PSS - APSS Operative Course at Makati Medical Center, spearheaded by Dr. Pebbles Ganal- Antonio and Dr. Gilbert Rañoa.

What lies ahead for PSS? We aspire to publish our research projects in the Asian Spine Journal, a monumental task led by Dr. Romel Estillore. Additionally, we acknowledge the future of spine surgery which lies in spine endoscopic surgery, we will train more surgeons in this cutting-edge practice.

All our endeavors are in preparation for the prestigious APSS Annual Meeting in 2026. What drives us is not just the dream of placing the Philippine Spine Society on the map but of becoming the leader in spine surgery in the Asia Pacific region. We are committed to restoring the glory days of our council of elders. “Fortiores una,” stronger together.



Trailblazing Multiorgan Retrieval to Maximize Organ Utilization from Deceased Organ Donors

• Rose Marie O. Rosete-Liquete, MD, FPCS, FACS •
President, PSTS
Executive Director, NKTI

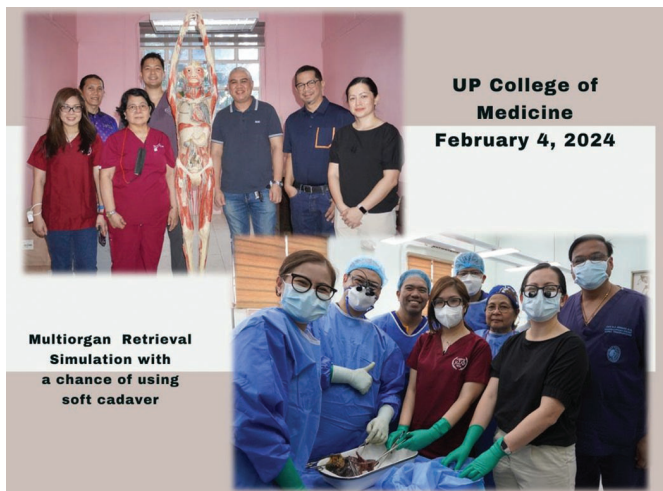
The mandate of the National Kidney & Transplant Institute is not only for management of renal diseases and kidney transplantation but also other organ transplantation.

NKTI has embarked on another milestone – a pioneering multi-organ retrieval training to push forward the boundaries of transplantation in the Philippines and to answer the organ shortage for transplantation. This is made possible by the Human Organ Preservation Effort, the organ procurement arm of the NKTI. To push further the frontiers of organ transplantation in the Philippines, the NKTI-HOPE has forged a collaboration with the Philippine Heart Center and Lung Center of the Philippines for heart and lung transplant, respectively. The Heart Team is headed by Dr. Avenilo Aventura, Jr. and the Lung team is headed by Dr. Edmund Villaroman.

The Philippine Society for Transplant Surgeons (PSTS), for our innovative activity for the advancement of our program to further hone the skills of our transplant surgeon team and to broaden the exposure of our young transplant surgeons, PSTS has engaged on skills simulation and actual performance of multi-organ retrieval in cold human cadavers. We had our first workshop with cold cadavers at the Philippine Center for Advanced Surgery (PCAS) in collaboration with Medtronic in Cardinal Santos Medical Center on

June 13, 2023, and supported by Dr. Alfred Buenafe, the Executive Director of PCAS. Last February 4, 2024, a 2nd workshop with our “silent mentor” was done at the UP College of Medicine in collaboration with Astellas and with the support of UPCM Dean Charlotte M. Chiong and Chairman of the Department of Anatomy Dr. Rafael Bundoc. This simultaneous multi-organ retrieval involved coordinated sequential retrieval of the thoracic organs mainly the heart, lungs, and the abdominal organs such as liver, pancreas and the kidneys.

Last April 27, 2024, a lecture-workshop engaged our Operating Room nurses, transplant coordinators, residents and fellows who are also the frontrunner of this program. We simulated our operating room setup and displayed instruments pertinent to organ retrieval. In this event also, salient points of the RA 7170 were emphasized and one of the most important declaration is that, any physician who is knowledgeable of brain death should be able to refer a brain dead patient and can even sign a death certificate. By working along with this team, we shall be able to coordinate better and systematize the process of referral to retrieval. We capacitate the right people, and when these processes are done in the right place and at the right time, then we are able to perform a seamless flow of referral and retrieval and achieve better outcomes to our recipients of the much-needed life-saving organs.



Vascular Surgery A Specialty with Expanding Impact thru Diminutive Therapies

• **Servando Sergio DC. Simangan Jr., MD, JD, FPCS, FPSTS, FPSVES** •
Philippine Society for Vascular and Endovascular Surgeons Inc.

For many the tip of the iceberg is all there is because its all they see but for the wise and who know better they know there is a mountain beneath on which it rests and by whose force it is able to rise above the waves and shine.

On February 12, 1981, a group of surgeons beguiled by, at that time, a nascent area of surgery formed themselves into a group in what was then called Philippine Society for Vascular Surgery which was formally incorporated on July 13, 1981 with Dr. Enrique T. Ona as President, Dr. Avelino Aventura as Vice President and Dr. Aniano Vicente as Secretary-Treasurer and with Dr. Cesar Millar, Dr. Manuel Chuachiaco Jr., Dr. Francisco Pascual and Dr. Ruben Valenzuela as members of the Executive Board. Fittingly at the Induction of the officers on December 14, 1981 at the Mandarin Hotel in Makati the lecture by Professor. Saniel G.C. Ablaza of the Medical College of Pennsylvania and Hospital was on the “ Surgical Treatment of Dissecting Aneurysm of the Thoracic Aorta: A New Technique.” (emphasis supplied)

From then on thru various lectures, symposia and workshops with resource speakers from here and abroad the Society set out to fulfill its mission and vision to promote and develop the study of vascular disease and its management and to disseminate such knowledge and practice to its members.

Membership to the society in its early stages came through passive and active recruitment with a wide ranging and incisive interview of the applicant in the vetting process to verify his/her credentials and interest in vascular surgery. The member roster was more than doubled under the presidency of Dr. Jose Luis Danguilan when he accepted into the Society those who were already members of other vascular surgery related societies such as the Philippine Society for Transplant Surgeons and Philippine Association of Thoracic and Cardiovascular Surgeons. It was also during his time that the idea of a formal vascular surgery training program was conceived. This started the NKTi based training program with Dr. Leo Carlo Baloloy, as the first trainee 2002 up to 2005 under Dr. Paquito Pascual and Dr. Ricardo Quintos with rotations in Philippine Heart Center, Makati Medical Center Cardinal Santos Medical Center and Montefiore Hospital, Bronx New York the training alma mater of Dr Quintos.

Dr. Ricardo Quintos developed the straight Vascular Training Program, a 5-year program with a 3-year pure vascular surgery training preceded by at least 2 years of general surgery residency. The 1st trainee was Dr. Rainan Gloria from 2010-2012 who actually had a 5-year General

Surgery residency at The Medical City but who decided to concentrate in Vascular and Endovascular surgery.

During this time, the PSVS under the presidency of Dr. Rose Marie R. Liqueste recognized and accredited the 5-year program and with the ascendancy of Dr. Quintos to the presidency came more exceptional changes. From the regulatory point of view an update from the Securities and Exchange Commission came the suggestion that the Society might want to change its name for expediency in order to update its registration. Serendipitously in recognition of the shifting paradigm in vascular surgery and indeed in surgery in general, toward less invasive endovascular surgery and in recognition of Dr. Quintos' efforts in introducing such procedures in the country and to the trainees the Society was renamed Philippine Society for Vascular and Endovascular Surgery.

The PSVES adopted en toto the membership, officers, mission and vision of the PSVS. The society then also gave in-service exams to its accredited program trainees in NKTi and to its graduates. The going was not all smooth sailing however as cross winds in the form of other groups of similar persuasion, a change in administrative climate in the mother institution, and a natural disaster .

A putative merging of vascular boards yielded only one successful product in Dr. Joy Gali before the merger was ultimately abandoned. The priority in the training institution shifted to other groups. And the pandemic halted the regular processes of training.

Emerging from the disruption into a new reality the Society however has not lose its focus in the promotion and development of the study of vascular disease and its management with prominence now given to the practice of endovascular surgery. The continuing inclusivity of the membership to the Society for all with interest and training in vascular surgery here and abroad has resulted in the induction of new fellows constituting an additional 30% mostly previous associate members who had undergone the requisite training and exams. Formalization of the application process thru its own Board of the PSVES and formulation of an updated curriculum for vascular programs are now in process. All over the world the evolution of vascular surgery as a separate specialty and the development of training programs solely dedicated to vascular and endovascular therapies is a reality. The birth pangs and growing pains was also common in the whole world but in the end it is the concerted efforts of groups with common interest not internecine conflict that will eventually lead to unity and progress in the specialty.

PUA Holds 2024 Midyear Convention in Boracay

• Romeo Lloyd T. Romero, MD, FPUA •

The Philippine Urological Association (PUA) extends a warm invitation to the Midyear 2024 Symposium, set in the stunning surroundings of Boracay. This event, dubbed “Endoluminal & Technology Symposium,” promises a comprehensive blend of athletic engagement and academic dialogue, showcasing the expertise of renowned urology professionals and scholars.

Friday, 14th June

The symposium commences with an invigorating morning of sports activities, including golf and a fun run, orchestrated under the guidance of the Master of Ceremonies, Dr. Marc Vincent T. Trinidad. The academic sessions that follow are graced by the insights of esteemed speakers and moderators. Dr. Diosdado C. Limjoco, Dr. Enrique Ian S. Lorenzo, Dr. Sung Yong Cho, Dr. Albert T. Aquino, Dr. Constantino T. Castillo III, and Dr. Godofredo Victor B. Gasa set the stage with their foundational messages.

Subsequent sessions delve into specialized topics:

- Dr. Hsiang Ying Lee initiates the Endoluminal & Technology Symposium (ETS) session with opening remarks.
- The RIRS session, moderated by Dr. Michael Conrad S. Mendoza, features Dr. Karl Marvin M. Tan and Dr. Steffi KK Yuen, who discuss advanced techniques in stone management. Dr. Raphael Benjamin B. Arada moderates a session on PCNL & ECIRS, with Dr. Sung Yong Cho, Dr. Takaaki Inoue, and Dr. Vincent Emanuel F. Malonzo elucidating the latest procedural advancements.
- Prostate enucleation discussions, moderated by Dr. Apolonio Q. Lasala, Jr., include insights from Dr. Chinnakhet Ketsuwan and a panel discussion with Dr. Hermenegildo Jose B. Zialcita, Dr. Anil Shrestha, and Dr. Chong Tsung Wen.

Saturday, 15th June

The second day, with Dr. Rajiv H. Kalbit as the Master of Ceremonies, continues the discourse:

Dr. Andrew Bonae Estanislao F. Valdez moderates a session where Dr. Jonathan Gil C. Lao addresses ESWL’s efficacy, and Dr. Takaaki Inoue discusses VR in urological education.

An interactive panel featuring Dr. Jose Benito A. Abraham, Dr. Dennis G. Lusaya, Dr. Sung Yong Cho, and Dr. Takaaki Inoue fosters a vibrant discussion on endourological advancements. Invitation and Summary

This symposium represents a unique convergence of expertise, innovation, and community in the field of urology. Participants, ranging from Dr. Joseph Michael A. Ursua to Dr. Christine Joy G. Castillo and Dr. Hyung Joon Kim, among others, will share invaluable insights and foster collaboration. We invite you to join us in Boracay for an enriching experience that combines professional development with the serene beauty of the locale.

