



# Incisions

The Newsletter of the Philippine College of Surgeons

Volume 46 Number 1 • [secretariat@pcs.org.ph](mailto:secretariat@pcs.org.ph) / [www.pcs.org.ph](http://www.pcs.org.ph) • January - April 2026



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The views and opinions expressed in the articles published herein are solely those of the respective authors and do not represent the official position or policy of the Philippine College of Surgeons, Incisions or of the chapter or society concerned unless explicitly stated within the article.

## Life's Surges

Rey-An Niño L. Garcia, MD



**"If 100 good doctors do nothing about one bad one, we have 101 bad doctors."**

### ON THE COVER



SILENCE IN THE SUITE  
 By DR. LEONARDO ONA II

**Dr. Leonardo Ona II** is a PCS fellow practicing in Metro Manila. He served as president of the Philippine Society of General Surgeons in 2022-2023. Presently, he is the training officer of the general surgery residency program in St. Luke's Medical Center Global City and is an active faculty at the St. Lukes Medical Center College of Medicine - William H. Quasha Memorial (SLMCCM-WHQM).

Dr. Ona prefers to "capture the serendipity of the moment" using both film and digital photography. He takes pride in practicing discipline and restraint while doing his art.

The cover photo for this issue was taken during a surgical mission. It captures the quiet intensity of a surgical team at work.

# FROM THE EDITOR'S DESK

Marcus Jose B. Brillantes, MD, FPCS



## Scalpels in the Glint of War: Impact of Conflict on Surgery

*"He who wishes to be a surgeon should go to war."* -  
Hippocrates

*"Combat continues, even today, to teach valuable lessons that are far-reaching across all elements, specialties, and professions of health and healthcare."*  
Major General David Rubenstein, FACHE, USA (Ret)

*"Many of the reconstructive techniques in daily use today can be traced back to the dedicated and innovative surgeons in the post-war eras."*

Dr. Julia MacRae

War is no longer a distant or isolated engagement confined within borders. In the modern era, armed conflict rapidly assumes global consequences - through geopolitical alliances, economic disruption, and the instantaneous spread of information. The well-known words of Gen. William Tecumseh Sherman, "War is hell," reflect not only the physical devastation of conflict but also its far-reaching social, psychological, and systemic impact on everyday life.

Modern warfare is rarely "global" in the 20th-century sense of total war between coalitions, yet it is increasingly interconnected and internationalized. While often localized in geography, contemporary conflicts - such as those in Ukraine and the Middle East - produce global repercussions in economics, energy, and security.

One of the most immediate and profound intersections of war is with the field of surgery. Modern warfare generates complex patterns of injury - blast wounds, high-velocity trauma, burns, and multisystem damage - that demand rapid innovation and response. These evolutionary advances have been shaped across major conflicts over the past two centuries. Paradoxically, amid its devastation, war has served as an unintended catalyst for significant progress in surgery.

From the mid-19th to the 20th century, major wars drove transformative developments in surgical care. During the American Civil War, the use of ether and chloroform anesthesia became routine, enabling longer and more precise operations while reducing patient suffering. By the Franco-Prussian War, early antiseptic techniques inspired by Joseph Lister introduced carbolic acid to reduce infection. During World War I, surgeons refined wound debridement and delayed closure, significantly lowering mortality from infections such as gas gangrene. The Second World War saw the widespread use of penicillin, revolutionizing postoperative survival. The Vietnam War introduced rapid helicopter evacuation and the

Mobile Army Surgical Hospitals (MASH), enabling treatment within the critical "golden hour."

In more recent conflicts, such as the 2003 Iraq War, advances have focused on survival in severe trauma: rapid evacuation, forward surgical teams positioned closer to combat zones, damage-control surgery, and improved vascular repair and limb-salvage techniques. The widespread use of body armor shifted injury patterns toward complex extremity and blast trauma, accelerating progress in reconstructive and prosthetic surgery. In the ongoing Russia-Ukraine war, innovation has further evolved with the integration of technology: drone-assisted evacuation and logistics, telemedicine-guided interventions, portable imaging, and point-of-care ultrasound. Advances in regenerative strategies, battlefield transfusion protocols, and civilian-military trauma system integration have also emerged under sustained mass-casualty conditions.

War has profoundly shaped surgical practice by accelerating innovation under extreme conditions. The necessity of treating large volumes of traumatic injuries - blast wounds, amputations, and complex fractures - has led to the refinement of triage systems, damage-control strategies, and advanced reconstructive techniques. Surgeons working in austere environments develop heightened adaptability and decisiveness, often with limited resources and time constraints. Many of these breakthroughs, born in wartime, have since transformed civilian medical care.

Surgeons in conflict are thrust into environments where decisions must be made within minutes, often determining life or death. The principles and techniques developed under such pressures have become foundational in modern trauma care.

Moreover, war expands the surgeon's role beyond the operating room. Surgeons become leaders, logisticians, and ethical decision-makers, navigating extreme conditions, scarce resources, and moral complexity. They must balance individual patient care with the realities of mass casualties, often prioritizing those most likely to survive.

Thus, modern war is fought not only with weapons, but also with skill and precision at the operating table. It has reshaped medicine, accelerated surgical advancement, and underscored that healthcare is inseparable from the theater of conflict. In this light, surgery stands at the frontline of humanity's compassionate response to war's destruction and insanity.

## LETTERS TO THE EDITOR (CLINICAL CORRESPONDENCES)

The Editorial Board of *Incisions* welcomes scholarly discourse and recognizes the value of academic exchange/discussion. Scholarly dialogue is considered an essential component of academic publishing.

Articles that respond to a published work in a previous issue of *Incisions* may be considered for publication under the category of “Letter to the Editor,” subject to *Incisions*’ standard review and editorial evaluation. Provided that such submissions adhere to the set standards and editorial guidelines, maintain professional tone, focus on scientific issues, and contribute constructively to the ongoing discussion, there is no procedural basis to preclude its publication.

**Editor’s Note:** The following letters are in response to “Liver Transplantation in the Philippines: Standards, Scope, and the Imperative of Formal Training”, an article written by Dr. Siegfredo R. Paloyo, *Incisions Vol. 45, No. 2, pp. 64-66*

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We read with interest the article “Liver Transplantation in the Philippines: Standards, Scope, and the Imperative of Formal Training.” We share the author’s commitment to patient safety, ethical practice, and the long-term sustainability of liver transplantation in the country. These principles are particularly critical in pediatric liver transplantation, where the margin for error is small and the consequences are lifelong.

There is broad agreement that liver transplantation must be regulated through credentialing, institutional oversight, and accountability. Existing Department of Health administrative orders and proposed legislation appropriately emphasize these safeguards. However, their application must be contextualized within the realities of the Philippine transplant landscape. Pediatric liver transplantation remains at an early stage, with fewer than 30 procedures performed locally since 1987. In contrast, the majority—over 300 pediatric liver transplants in the past decade—have been performed abroad, particularly in India.

In this context, it is reasonable to ask: who currently holds the experiential and outcomes-based authority to definitively accredit, certify, or exclude practitioners? In emerging systems, standards must be built iteratively—grounded in transparent outcomes, supervised practice, and multidisciplinary governance—rather than assumed by title or training pedigree alone.

The article places significant emphasis on formal transplant fellowship training in the United States as the primary marker of readiness. While such training provides valuable structure, global experience—particularly from living donor liver transplantation (LDLT)-dominant regions in Asia—demonstrates that excellent outcomes are achieved through competency-based, collaborative models. These models integrate pediatric surgeons, hepatopancreatobiliary (HPB) surgeons, microvascular surgeons, and transplant-trained specialists within structured teams. No training pathway is immune to variability in exposure; competence is ultimately reflected in outcomes.

It is also important to recognize that many currently certified transplant surgeons in the country have developed their expertise primarily

in kidney transplantation. While complex, kidney transplantation differs substantially from liver transplantation in operative technique, perioperative physiology, complication profiles, and longitudinal management. These differences are further amplified in pediatric liver transplantation, where small anatomy, microvascular reconstruction, growth considerations, and congenital disease patterns present unique challenges not commonly encountered in routine transplant practice.

For this reason, credentialing based solely on transplant designation—without liver- and pediatric-specific outcome data—may not accurately reflect readiness for pediatric liver transplantation. Strengthening national standards would benefit from systematic auditing of liver transplant outcomes, including adult programs and experience at major centers. Objective review of survival, graft function, biliary and vascular complications, and reintervention rates provides a more meaningful basis for defining competence than credentials alone.

In pediatric transplantation, the longitudinal expertise of pediatric surgeons—particularly in biliary atresia, infant physiology, pediatric hepatobiliary techniques, perioperative management, and long-term follow-up—remains essential. Internationally, successful programs recognize this expertise as central to transplant care.

As policies and credentialing frameworks continue to evolve, an inclusive, outcomes-driven approach—supported by national audit systems and aligned with local realities—offers the most responsible path forward for liver transplantation in the Philippines. At the UP-Philippine General Hospital, our pediatric liver transplant program is still in its infancy. We have therefore adopted a multidisciplinary, collaborative model that engages all stakeholders, with the shared goal of ensuring patient safety, transparency, and sustainable program development.

**Jan Miguel C. Deogracias, MD, FPSPS**  
Pediatric Surgeon  
Division of Pediatric Surgery  
UP – Philippine General Hospital

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### 1. Recognizing the Realities of Resource-Limited Settings

The assertion that only formally trained transplant surgeons should perform liver transplants, while ideal, may not be immediately feasible in a country where transplant programs are nascent and access remains limited. In many regions, HPB and pediatric surgeons have stepped in not out of ambition, but out of necessity—to meet urgent patient needs in the absence of formally trained transplant specialists.

Rather than viewing this as a compromise, we should explore structured pathways that allow these surgeons to gain

transplant competencies through supervised practice, mentorship, and modular training. A rigid exclusion risks delaying care for patients who cannot afford to wait.

### 2. Bridging the Training Gap Through Innovation

Dr. Paloyo rightly identifies the lack of formal transplant training programs in the Philippines. However, the solution cannot be limited to gatekeeping. We must advocate for the expansion of local fellowship programs, international collaborations, and hybrid training models that allow experienced HPB and pediatric surgeons to transition into transplant roles responsibly.

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# FROM THE PRESIDENT

JOSELITO M. MENDOZA, MD, FPCS



The first quarter of 2026 has passed very quickly, yet it has already been filled with meaningful accomplishments. Together with the PCS National Officers and our Executive Director, we successfully completed the face-to-face chapter inductions for all thirteen chapters—from Baguio to Cotabato. These activities occupied nearly all our weekends, in addition to the regular monthly Board of Regents meetings held every third Saturday of the month. It was indeed a demanding, jet-setting pace, but ultimately a fruitful and fulfilling one.

During these visits, we brought with us several initiatives and materials aimed at strengthening and reinvigorating our chapters as we celebrate the 90th Foundation Year of the Philippine College of Surgeons (PCS). These included the 2026 Revised Chapter Code, hard and soft copies of PCS-HMO MOA application forms, complaints forms, proxy and Google forms for voting on the proposed PCS Charter amendments, application forms for the Young Fellows Group and Residents/Fellows-in-Training membership, simplified application forms for Subspecialty Fellows, as well as forms for Affiliate and Diplomate membership.

Prior to each chapter induction, we also encouraged chapters to conduct a tree-planting activity as part of our program, “Surgeons for a Healthier Earth.” This initiative began last year in Tuguegarao and reflects our commitment to the ASEAN Sarawak Declaration on Sustainable Surgery. Beyond the ceremonies, these visits also provided an invaluable opportunity to hear directly from the grassroots—the concerns, insights, and aspirations of our Fellows.

As we celebrate the 90th Foundation Year of the Philippine College of Surgeons, we look back with pride on our rich legacy while moving forward with renewed purpose and resolve. For nine decades, PCS has served as the home of Filipino surgeons—steadfast in its commitment to excellence, service, and the advancement of surgical care throughout the country.

To make this milestone truly memorable, we have decided to extend the PCS Foundation Week celebration into a 12-day series of activities, scheduled as follows:

## PCS 90th Foundation Celebration Activities

*September 1 (Tuesday)*

National Surgical Outreach Program – Simultaneous surgical missions nationwide beginning at 9:00 AM, involving nearly 400 hospitals. Each chapter aims to perform 90 surgeries, under the guidance of the PCS SURE Committee.

*September 2 (Wednesday)*

- Camaraderie Golf Tournament – 6:00 AM  
Camp Aguinaldo Golf Course

*September 3, 2026 (Thursday)*

- Pickleball Tournament – 2:00 PM, Unilab Court,  
Mandaluyong

*September 4 (Friday)*

Environmental Scuba Diving and Coral Clean-up – Solana Resort, Anilao, Batangas

*September 5 (Saturday)*

3rd PCS Funshoot – Batangueño Gatilleros Firing Range & Resort, Lipa, Batangas

*September 6 (Sunday)*

Healing Mass – Veterans Memorial Medical Center Chapel, with Healing Priest Fr. Justine Ma. Torre

*September 7 (Monday)*

Mountain Climbing Environmental Clean-up – Montalban, Rizal

Led by the Philippine Society of Pediatric Surgeons (PSPS). The PCS 90th Foundation flag will be raised at the summit.

*September 9 (Wednesday)*

- 7:00 AM – Tree-Planting Activity
- 12:00 NN – Nutrition Feeding Program, Manila Orphanage
- 5:00 PM – PCS 90 Lantern Lighting Ceremony

*September 10 (Thursday)*

2nd PCS Residents' Got Talent Contest – Penthouse, Sta. Cruz, Manila (cash prizes at stake)

*September 11 (Friday)*

National Stop the Bleed (STB) and Bloodletting Activities – PCS Information and Coordinating Office (PICO), PCS Building, Quezon City

Organized by the Committee on Trauma and TIBCC in collaboration with the Philippine Red Cross.

*September 12 (Saturday)*

PCS 90th Anniversary Gala Night – Black Tie Event Marquee Tent, EDSA Shangri-La Hotel, Mandaluyong City

Highlights include:

- Launch of the PCS 90th Coffee Table Book: “KALAYAG”
- Introduction of a new award: Trailblazing Young Fellow Award

Other Major PCS Programs and Projects for 2026

1. PCS 90th Project Grants  
Each of the 13 chapters and 12 subspecialty societies will receive P100,000 to support projects related to research, training, or education. Proposals must be submitted to and approved by the Ad Hoc Committee on the 90th PCS Foundation Celebration.
2. Media Partnerships  
PCS will collaborate with Manila Bulletin, ABS-CBN, IBC-13, UNTV, DZRH Radio, and Otsuka Podcast to promote PCS initiatives and subspecialty advocacies. PCS will also provide surgical manpower for missions and cancer-screening projects organized by these media partners.
3. Revival of PCS Opera Art Fundraising Project  
Previously held at Pinto Gallery in Antipolo, this fundraising initiative will now be conducted through online purchase and bidding to reach a broader audience.
4. Distribution of 2026 PCS Identification Cards  
IDs were distributed during chapter inductions, with remaining cards entrusted to Chapter Presidents.

These IDs offer perks and discounts with partner establishments such as Manila Hotel, Park and Fly, Megaworld, Aristocrat Restaurant, Antonio's Tagaytay, PGA branches, Triple V/Dad's Restaurant, Matabungkay Beach Club, Toyota Otis/EDSA/Balintawak, Tater's Popcorn, Acacia Hotel Alabang, Makati Sports Club, The German Club, and others.

5. PCS Merchandise  
Available for purchase at the PCS Museum, 1st Floor, PCS Building, EDSA, Quezon City.
6. 90th PCS Commemorative Limited-Edition Wristwatch  
Only 200 units will be produced.
7. Promotion of the PCS Mobile App  
The app features PCS announcements, activities, and updates, and provides a 10% discount on convention registration fees when payment is made through the platform.
8. Biannual Induction Ceremonies  
Subspecialty Fellows, Diplomates, and Associates will be inducted during the Midyear Convention (May) and Annual Clinical Congress (December).
9. Free Membership for Residents and Fellows-in-Training  
This membership category is now open to all subspecialties, with benefits including:
  - Eligibility for international scholarships
  - Outstanding Resident/FIT Awards
  - Discounted convention registration
  - Participation in PCS committees
  - Members' Assistance Plan (MAP) – P1,500
  - Free publication of research in the Philippine Journal of Surgical Specialties (PJSS)
10. Subspecialty Group Membership Program  
Societies that enroll all their Fellows as PCS members will receive discounted annual dues.
11. PCS SURE – ACS HOPE Collaboration  
This marks the first concrete collaboration between PCS and the American College of Surgeons.  
  
The pilot hospital is Conner District Hospital, Kalinga-Apayao, under the leadership of Dr. Michael Mercado (Department Chair) and Dr. Girma Tefera (ACS HOPE Director).  
HOPE (Health Outreach Program for Equity in Global Surgery) aims to equip the hospital with manpower from ACS, provide training and education for local surgeons, and elevate the institution to ACS standards for safe, high-quality, and equitable surgical care.
12. Strengthening the Young Fellows Group  
This initiative includes Fellows aged 45 years and below, encouraging active participation in PCS projects, leadership roles, international scholarship opportunities, and convention representation.

13. Memorandum of Agreement with PhilHealth (PHIC)  
PCS will assist in reviewing cases involving alleged upscaling of surgical procedures, helping resolve concerns before they escalate to legal proceedings.
14. Free Use of the PCS Information and Coordinating Office (PICO)  
Specialty, subspecialty, and affiliate societies may utilize the facility to promote and broadcast their projects and advocacies.
15. Chapter-Initiated Surgical Missions  
The PCS Foundation (PCSF) will fund missions organized by chapters, subject to review and approval by the Committee on SURE (Surgery for the Underserved Regions and for Education).
16. Launch of the PCS–Security Bank Membership Card  
This card, embossed with the Fellow’s PCS number, provides benefits such as unlimited access to local airport lounges, six international business-class lounge accesses annually, and perpetual waiver of annual dues.
17. PCS October Pink Lighting  
Breast Cancer Awareness Day will be held on October 3, 2026 at 6:00 PM.

**Moving Forward**

As we move forward, our aspiration is clear: to strengthen PCS as the true umbrella organization of all cutting specialties in the Philippines.

We seek to achieve relevance and distinction through policies and initiatives that benefit not only the individual Fellow but also the entire network of specialty societies, subspecialty groups, and affiliate organizations that comprise our diverse surgical community.

In pursuit of this vision, PCS will actively engage the Senate, Congress, government agencies, regulatory bodies, health maintenance organizations, and other key stakeholders to help improve, protect, and uplift the practice of surgery nationwide.

Through constructive dialogue and collaboration, we aim to ensure that the voice of the Filipino surgeon is clearly heard and meaningfully represented in shaping healthcare policy and practice.

We fully recognize and respect the independence and autonomy of each specialty, subspecialty, and affiliate society. At the same time, we earnestly call for your support, cooperation, and collaboration as we work toward our shared goals.

United, we become a force to be reckoned with—stronger, more effective, and more influential than we could ever be individually.

This year, our central theme is Unity and Collaboration.

We remain committed to giving equal importance to all specialty, subspecialty, and affiliate societies, and to supporting each one in advancing its programs, initiatives, and opportunities for its Fellows.

We celebrate our differences while standing together in purpose—unity in diversity.

Once more, we reaffirm our commitment: in unity, our shared voice grows stronger, our collective impact expands, and our capacity to confront challenges and achieve the aspirations of all surgical specialties becomes far greater.

Together, let us move forward as One PCS—  
The Home of the Filipino Surgeon.



# ACROSS THE BOARD

Rex A. Madrigal, MD, FPCS



## 1st BOARD OF REGENTS MEETING

January 17, 2026 (Saturday); 1pm-4pm

Venue: ULCC Small Cafeteria, Level A, ULCC Bldg. 1  
Unilab Corporate Center  
Pioneer St. Mandaluyong City

### Part I:

8:00 AM

- Induction of Robert B. Bandolon, MD (PCS Regent & PCSF Trustee)

### Part II

8:15 AM-9:00 AM

- Group picture taking of BOR
- 9:00 AM-12:00 Noon
- PCS Foundation Board of Trustees Meeting
- 12:00 Noon – 1:00 PM – LUNCH BREAK

### Part III

1:00 PM – 4:00 PM

- Orientation Program:

- ❖ Duties and Responsibilities of a Regent  
By: Maria Concepcion C. Vesagas, MD  
Executive Director  
PCS President, 2023
- ❖ Past President's endorsements  
By: Jose Rhoel C. De Leon, MD  
PCS President, 2025

A Plaque of Appreciation was awarded to Dr. De Leon for his leadership, 2025 programs and initiatives as resolved by the 2026 Board of Regents (BOR Resolution No. 2026-01).

- ❖ Motivational talk  
By: Edgardo R. Cortez, MD  
PCS President, 2004

#### Meeting Proper:

Present: Joselito M. Mendoza, MD	President
Rodney B. Dofitas, MD	Vice President
Esperanza R. Lahoz, MD	Treasurer
Rex A. Madrigal, MD	Secretary

Regents: Rouel Mateo M. Azores, MD  
Robert B. Bandolon, MD  
Jose Ravelo T. Bartolome, MD  
Alfred Allen E. Buenafe, MD  
Jose Joven V. Cruz, MD

Gerardo D. Legaspi, MD  
Maria Rica M. Lumague, MD  
Alberto P. Paulino, Jr., MD  
Manuel Francisco T. Roxas, MD  
Dures Fe E. Tagayuna, MD  
Andrea Joanne A. Torre, MD

Board of Governor: Benedicto S. Joson Jr., MD

Also Present: Ms. Annette D. Tolentino Executive Secretary  
Ms. Michelle C. Cusi PCSF Secretary  
Ms. Evelyn Umali PCS Accountant

#### MINUTES OF THE MEETING:

1. The meeting was called to order at 3:33 pm with Dr. Joselito M. Mendoza presiding.
2. Invocation – led by Rouel Mateo M. Azores, MD
3. Proposed 2026 Committee Membership

The Regents reviewed the proposed 2026 list of Committee Membership. The appropriate revisions were made, when applicable.

4. Message from PCS President

The following reminders were enumerated by Dr. JM Mendoza:

- The Regents were provided black blazers which will be worn during the monthly BOR meetings.
- During meetings:
  - Robert's Rules will be followed in the conduct of the meetings
  - The Regents will be allowed 2 responses per item for discussion
  - Committee reports under "For Approval" will be presented and discussed; it is presumed that those "For Information" have been read unless otherwise there are queries/concerns will these be discussed.
  - Time line of submission of Committee reports:
    - 1st week of the month - Committee meetings
    - 2nd week of the month - submission of Committee reports
    - 3rd week of the month - BOR meetings
    - 4th week of the month - Committee meeting, but reports will be presented to the BOR the following month

- Rotation of Regent's seat assignments (except the Officers) during BOR meetings

Dr. Mendoza presented the programs/activities for the year as follows:

1. Chapter Code Manual-revision, for distribution during CHP inductions  
The 2019 Chapter Code were earlier sent to the Regents. The revisions were presented by the Board Secretary.
2. ED Manual- update
3. Revise / Update Admin manual: to acquire property, etc- separate session Amendments 2-weeks' notice before meeting  
The Administrative Manual will be reviewed by Dr. ER Lahoz.
4. PCSF - return of committees, BIR implications (Finance & Legal)  
It was emphasized that the Committee reports under the PCSF will now be reported to the PCS; however, the staff will remain in the PCSF.
5. MAP: Increase HMO benefits -in house HMO-Coordination between Committee on HMO & MAP
6. OR Seal of Quality- Revive PSQIP- PCS Surgical Quality improvement program
7. Meet ACS Philippine chapter- reorganize, revitalize, more activities, general assembly, vote officers.
  - Currently, the ACS Governor, Philippine Chapter is Dr. Sammy Cunanan.
  - To meet all the ACS Philippine Chapter Fellows A meeting was held with the ACS H.O.P.E Chair, Dr. Girma Tefera and ACS VP for Membership, Dr. Michael Sutherland last January 15, 2026. Dr. Dures Fe Tagayuna, RIC for the SURE Committee, was identified to work on the ACS H.O.P.E. program at the Conner District Hospital, Conner, Apayao.
8. ACS PCS Joint Convocation- email Pres Sadawi; send email regarding exploring this possibility  
To possibly conduct a joint convocation of new ACS Philippine Chapter Fellows and PCS Fellows with the ACS Officers in attendance.
9. SURE: More PCS/ Chapter initiated SX Missions - ACS HOPE- Conner Hosp approved, P 400k budget per Sx mission
10. Joint projects with PCS Men in Uniform services-Incident/ disaster preparedness, reserve officers
11. Meet with Phil Red Cross - field hospital inventory, strengthen collaboration ( STB, Disaster preparedness, Blood donation)
12. Strengthen Resident members group: include subspecs-bridge to inclusivity, NON-VOTING Committee member, RENAME- Resident and Fellows-in-Training member category.
13. Tree planting every Chapter Induction
14. 2026 Calendar of webinars /meetings for the year per society- so no overlap, maximize learning- CSE
15. Strengthen Young Fellows Society (involve all subspecs).
16. OR nurse certification: LMS, practical exam
17. Welcome dinner at The Manila Hotel for Specialty & Affiliate Society presidents, Jan 26 , 6 pm
18. Awards committee chair - every 3 years, more awards; Legends of the knife per subspecialty, Trailblazing

young Fellow award, Trailblazer Award for women in Surgery, etc.,

19. Preparation for Back up in case Mt Mayon erupts around the MYC dates: CLC/ Clark

Items for approval by the BOR:

1. (BOR Resolution No. 2026-01 – Plaque of Appreciation to Dr. Jose Rhoel C. De Leon, PCS President 2025; BOR Resolution No. 2026-02 – New Cheque Signatories)
2. Free Resident Membership Fee; To rename Resident and Fellows in training Category  
Board Action: APPROVED. (BOR Resolution No. 2026-03)
3. PCS ID w/ QR code (HMO - not all signed MOA; SBTC- only new to bank), e-ID  
BOR Resolution 2026-04: To issue to the Fellows a new PCS ID membership card. This will include perks from merchandisers.
4. Add: “Trailblazer Award for Women in Surgery”- Trailblazing Young Fellows, etc. to be awarded during the PCS FOUNDATION GALA  
Board Action: APPROVED
5. Foundation Week start 2 weeks - Sept 1-12 for more Fellowship involvement  
Board Action: APPROVED
6. Pink lighting: Oct 3, 2026 (Saturday)  
Board Action: APPROVED
7. Bi-annual induction for Diplomate (MYC/ACC)/ Associate Categories- decongest annual convocation, requests from surgeons wanting to join  
Board Action: APPROVED
8. Chapter funds (P100k) for projects of the PCS Chapters- preload for the year- to be funded by PCSF  
Board Action: APPROVED – to be endorsed to the PCS Foundation
9. Sub-specialty funds for the 90th Anniversary project – to present their projects during their respective conventions. Funds – Php100K – c/o PCSF
10. SURE funding P400k  
Board Action: APPROVED in principle; For study of the SURE Committee
11. Subspecialty Funds for 90th project (P100k) -c/o PCSF, to be presented during their respective ACCs. Project proposal required  
Board Action: For endorsement to the PCS Foundation

Ad-hoc Committee on the 90th PCS Foundation Celebration

Lead: VP Dr. Rodney Dofitas

1. Opera Art Fund raising
2. Centennial PCS logo contest

3. Foundation week : Sept 1-12  
Activities:  
Tree planting - PCS commitment to the 2025 Sarawak Declaration on sustainable surgery  
Pickleball  
Golf  
Funshoot-Batangas  
Mountain climbing clean-up  
Coral cleaning- scuba, Anilao  
Orphanage feeding program  
Gala dinner – Chapter officers invited: Awards night- new: 1st Trailblazer Award for Women in Surgery; Trailblazing Young Fellows Coffee table book launching: KALAYAG National Outreach simultaneous Cutting- 90 surgeries per specialty? e.g. Ophthalmology: 90 cataract operations , etc  
Bigger Gala night Celebration- c/o External Affairs  
90 Trees to be planted per Chapter, subspecialties

#### ACTION PLANNING

Lead : Dr. Manuel Francisco T. Roxas

PRC granting specialty status to ENT & Ophtha, PCS implications ; PCS as Umbrella Organization thru CSSBP-PRC recognition  
Federation membership  
Amendments to Bylaws

#### POSSIBLE ADDITIONS:

Establish: Senior Fellows Society  
Surgical Leadership Program- Surgical Chairs

5. Treasurer's Report – Presented by: Dr. Esperanza R. Lahoz
6. Executive Director's Report
  - 6.1. De Minimis Benefits of Employees – Net difference Php 248.33/month
    - a. Currently at Php 2650 [Employees' Manual 2018]
    - b. New regulations: Php 3899.67
      - 1) Medical allowance for dependents: Php 333/month
      - 2) Rice subsidy: Php 2500/month [1700]
      - 3) Uniform Allowance: Php 666.67/month [400]
      - 4) Laundry Allowance: PhP 400/month [300]
  - 6.2. Plebiscite Update: 530 responses, 479 valid responses (as of January 12, 2026)
  - 6.3. Retirement of Ms. Annette Tolentino – Under Other Matters
  - 6.4. Executive Secretary search  
Applicant – Ms. Carmelita “Mhel” Vesito – 6 mons probation  
Board Action: APPROVED
  - 6.5. Additional secretaries to be hired – 2 job openings for secretaries
  - 6.6. Merchandise update  
Inventory has been made  
Total gross earnings: Php 684,800
    - 1) November –72,500
    - 2) December:
      - a) Caps –37,500
      - b) Car Emblems:  
Front – 47,800  
Back – 32,300

- c) Oval – 84,800
- d) Uniqlo Jackets – 303,000g)
- e) Uniqlo Shirts – 120,000
- f) Car Sticker – 29,700

6.7. 201 Files of Staff and Membership storage  
Use the Operating Room – APPROVED

6.8. Suggestions for the 90th Foundation Year  
a) Plaques to be given to all Past Presidents of the PCS, certifying their presidency, and henceforth every December for outgoing President

Board action: APPROVED to be given during the Gala Dinner or President's Night

6.9. Contest for the Museum  
a) Oldest PCS Memento  
b) Oldest Publication

6.10. Labeling of all BOR pictures on the 3rd Floor – to identify

6.11. From a Past President: Black Tie Affair  
During the Gala Dinner – Sept. 12, 2026 - APPROVED

7. Board of Governor's Report  
The first meeting (online) was held last January 14, 2026 with 18 Governors in attendance.

The following were taken up:

- Provisions on the role, responsibilities of the Board of Governor as contained in the By-Laws and Administrative Manual
- The Governors were informed of their tasks
- Election of the 2026 Officers and representatives to some Committees.
  - a) Election of the Officers
    - a.1. Chair – Dr. Benedicto S. Joson, Jr.
    - a.2. Vice Chair – Dr. Rodolfo G. Tuason, Jr.
    - a.3. Appointment of a Secretary – Dr. Rose Belle Suggang
  - b) Representations to the following PCS Committees:
    - b.1. Cancer (Member) – Dr. Roel Pena
    - b.2. SURE (Member) – Dr. Rodolfo G. Tuason, Jr.
    - b.3. By-laws & Amendments (Member) – Dr. Benedicto S. Joson, Jr.
    - b.4. Search Sub-committee on Awards (Chair) – Dr. Benedicto S. Joson, Jr.
    - b.5. Newsletter (Member) – Dr. Rose Belle R. Suggang

8. 2026 Schedule of BOR Meetings – 8am-5pm

February 21, 2026 (Saturday)	GT Singian Board Room, PCS Building
March 14, 2026 (Saturday)	GT Singian Board Room, PCS Building
April 18, 2026 (Saturday)	GT Singian Board Room, PCS Building
May 16, 2026 (Saturday)	GT Singian Board Room, PCS Building
June 20, 2026 (Saturday)	GT Singian Board Room, PCS Building
July 18, 2026 (Saturday)	GT Singian Board Room, PCS Building

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August 15, 2026 (Saturday) GT Singian Board Room, PCS Building  
 September 19, 2026 (Saturday) EDSA Shangri-La Manila, Mandaluyong City  
 October 17, 2026 (Saturday) EDSA Shangri-La Manila, Mandaluyong City  
 November 21, 2026 (Saturday) EDSA Shangri-La Manila, Mandaluyong City

**SCHEDULE OF ACTIVITIES:**

- April 30-May 2, 2026 (Thursday-Saturday)– 52nd Midyear Convention; Villa Caceres Hotel, Naga City (Chapter Host: PCS Bicol Chapter; Co-Host: PAPRAS
  - \_\_\_\_\_ - Presidents Dinner; Venue: TBA
  - September 1-12, 2026 (Tuesday-Saturday)– 90th Foundation Week Celebration
  - September 12, 2026 (Saturday) - 90th Foundation Day Dinner
  - October 1, 2026 (Thursday) – Simultaneous Pink Lighting
  - September 26-29, 2026 (Saturday-Tuesday) – American College of Surgeons Clinical Congress; Washington, DC
  - December 5-9, 2026 (Saturday-Wednesday) – 82nd Annual Clinical Congress; EDSA Shangri-La Manila
9. Other Matters

9.1. Status of Mt. Mayon

With the recent situation of Mt. Mayon (Level 3), discussions on pushing through with the 52nd Midyear Convention hosted by the PCS Bicol Chapter to be held at the Villa Caceres Hotel, Naga City, was presented and discussed.

After an extensive discussion, the Board APPROVED to move the 2026 Midyear Convention at SMX Clark Pampanga to be hosted by Central Luzon Chapter and transferring hosting of the Bicol Chapter to 2027 Midyear Convention instead.

The Board of Regents has scheduled an online meeting with the Bicol Chapter Officers and Fellows on January 22, 2026 at 7pm to formally discuss the Board’s decision.

- 9.2. Status of Ms. Annette D. Tolentino (post-retirement)
- The Board has approved the compensation package as presented by Dr. Vesagas.

10. There being no matters to discuss, the meeting adjourned at 7:15 pm.

Minutes taken by:

ANNETTE D. TOLENTINO  
 Executive Secretary

Noted & Attested by:  
 REX A. MADRIGAL, MD  
 Board Secretary

**PART IV**

Action Planning Workshop  
 Facilitator: Manuel Francisco T. Roxas, MD  
 The Action Planning Workshop will be re-scheduled as some of the Regents had to be excused.

**2nd BOARD OF REGENTS MEETING**

February 21, 2026 (Saturday); 8:00 am  
 Paragon Hotel, 16 Otek St. Baguio City.

Present: Joselito M. Mendoza, MD President  
 Rodney B. Dofitas, MD Vice President  
 Esperanza R. Lahoz, MD Treasurer  
 Rex A. Madrigal, MD Secretary

Regents: Rouel Mateo M. Azores, MD  
 Robert B. Bandolon, MD  
 Jose Ravelo T. Bartolome, MD  
 Alfred Allen E. Buenafe, MD  
 Jose Joven V. Cruz, MD  
 Gerardo D. Legaspi, MD  
 Maria Rica M. Lumague, MD  
 Alberto P. Paulino, Jr., MD  
 Andrea Joanne A. Torre, MD

Absent Manuel Francisco T. Roxas, MD  
 Dures Fe E. Tagayuna, MD  
 Benedicto S. Joson Jr., MD (BOG Rep.)

Also Present: Ms. Mhel Vesito Executive Secretary  
 Ms. Maria Theresa Asst. Exec. Sec  
 Dela Fuente  
 Ms. Evelyn Umali PCS Accountant

**Part I – Meeting Proper**

1. The meeting was called to order at 9:15 am with Dr. Joselito M. Mendoza presiding.
2. Invocation – led by Dr. Robert B. Bandolon
3. Approval of the Agenda
4. Approval of Minutes from Previous Meeting (January 17, 2026)
5. Approval of viber group decisions – all approvals made in group chat from the previous meeting will be for formal approval in the next board meeting
6. Matters Arising from the Minutes:  
 No matters arose from the previous meeting.
7. President’s Update

The following reminders were enumerated by Dr. JM Mendoza:

- The Regents were provided black blazers which will be worn during the monthly BOR meetings.
- During meetings:
  - Time line of submission of Committee reports:
    - 1st week of the month - Committee meetings
    - 2nd week of the month - submission of Committee reports
    - 3rd week of the month - BOR meetings

- 4th week of the month - Committee meeting, but reports will be presented to the BOR the following month

Dr. Mendoza presented the programs/activities for the year as follows:

- Jan. 7 – Meeting with Execom
- Jan. 14 – SURE Committee Meeting with Dr. Boner  
ACS Hope Dr. Dures
- Jan. 16 - UHC – Update (Rural Surgery Update)
  - a. Date Meeting Feb. 4, 2026 / Feb. 19, 2026 during the PALES Convention
- Welcome dinner at The Manila Hotel for Specialty & Affiliate Society presidents, Jan 26 , 6 pm
- February 4, 2026 – Birthday Surprise to Ms. Annette at the Gloria Maris Greenhills San Juan attended by our Past Presidents and the BOR.
- February 6-7, 2026 – PALES Midyear Convention, Ribbon Cutting
- February 11, 2026 – Metro Manila Chapter Webinar Meeting (Deliver Message)
- February 12, 2026 – Meeting with the Security Bank to finalized and limited access
- As much as possible tree planting every Chapter Induction
- Strengthen Young Fellows Society (involve all subspecs).
- Awards committee chair – rotation preferably every 3 years,
- Additional Award; Legends of the knife per subspecialty, Trailblazing young Fellow award, Trailblazer Award for women in Surgery, etc.,
- Preparation for Midyear Convention on May 6-8, 2026 by Central Luzon Chapter (CLC)/ SMX Clark.

Chapter Inductions attended:

- a) Bicol Chapter – January 24, 2026 (Saturday) 7:00 pm; UMA Hotel, (Naga City) Tree Planting
- b) Northern Luzon Chapter : January 31, 2026 (Saturday) 7:00 pm; La Casa Blanaca Hotel with Tree Planting
- c) North Eastern Luzon Chapter – 6:00pm; February 14, 2026 Bayombong, Nueva Vizcaya / Tree Planting.
- d) Cordillera Chapter – 7:00pm February 21, 2026 Paragon Hotel Baguio City
- e) Southern Tagalog Chapter – 4pm February 28 Mt. Malarayat Lipa City

#### 8. Other Matters

8.1. Alvin G. Jalimao – 2 Months’ Salary Loan – Approved

#### 8.2. Admin Concerns (c/o Dr. Dofitas)

- 8.2.1. HMO for Employees - Approved
- 8.2.2. iCare - Approved
- 8.2.3. Annual Check for employees while waiting for the process of HMO - Approved

8.3. Joint Congress with Royal College of Physicians & Surgeons of Glasgow (RCPSG) during 2026 ACC.

Raghu Ram, MD  
Amad Nassar, MD

8.4. Revision of Administrative Manual (c/o Dr. Lahoz)

8.5. PJSS EBSCO

9. Treasurer’s Report by: Dr. Esperanza R. Lahoz

10. Executive Director’s Report by Dr. Maria Concepcion C. Vesagas, MD

#### 10.1. Midyear Concerns

- a. Lanyard – RA 8491- AN ACT PRESCRIBING THE CODE OF THE NATIONAL FLAG, ANTHEM, MOTTO, COAT-OF-ARMS AND OTHER HERALDIC ITEMS AND DEVICES OF THE PHILIPPINES; Sec 34 – Prohibited Acts, letters f and g.
- b. Sponsorships update (with slides)
- c. Hotel rooms
  - Park Inn – May 5-8: 35 rooms  
May 6-8: 10 rooms
  - Dalian Peak Hotel – May 6-8: 42 rooms
  - Best Western Hotel – May 6-8: 100 rooms
  - Prime Asia – No contract being allowed
  - Midori, Capitol Hill Hotel still under negotiations

10.2. Merchandise – for ordering of fast moving items

10.3. Midyear merchandise – for ordering

10.4. Neck Tie – awaiting artwork and suggested designs for ties and scarves offering clothing items with PCS logo

10.5. Hiring of new secretaries

- Ma. Katrina Borcena (PSCF staff )
- Hezel Ayag-Manuel (PCS Staff)

10.6. Chapter Inductions

- coordination and logistical preparations

10.7. Letter from Dream Journeys Travel Corporation – Travel Partner

11. Presentation of the 2026 Chapter code by Dr Madrigal

11.1. Board Action: Approved for adaptation. Manual to be distributed to the different chapters

#### 12. Committee Reports

12.1. Committee on HMO

The Board APPROVED the following:

1. Proposed Strategies for Enhanced HMO Engagement and Support

- a. Two-Tier Committee Structure:
- b. Description: Establish a two-tier committee to maximize outreach and expertise.
- c. Chapter Presidents: Responsible for grassroots outreach, gathering feedback, and disseminating information at the local level.
- d. Specialty Society Representatives: Provide clinical expertise, negotiate with HMOs, and address complex issues requiring specialized knowledge.
- e. Rationale: This structure ensures broad coverage and specialized support, enhancing our ability to address diverse needs effectively.

2. Regular Meetings and Clear Objectives:

3. The HMO session – Midyear Convention 2026

Others:

4. To have a Hired Secretary –
  - To Handle and monitor the HMO concerns.
  - To facilitate the preparation and distribution of the Survey for, update details of Fellows' IDs, the Committee.
  - Improve the communication

Board Action: Deferred action on hiring a secretary

#### 12.2. Committee on Asean Summit & International Relations

The Board APPROVED the following:

1. 2027 Program Plans:
  - Coordinate with organizations with existing agreements, such as the Society of Oncology (U.S.) and potentially Malaysia.
  - A new announcement letter will be released with program details and contract.

Funding Recommendations:

- Establish sustainable funding for the International Relations Scholarship Program.
  - Formalize a named scholarship (Dr. Sherry O. Cunanan Scholar) for the TSA Scholarship.
  - Allocate a fixed percentage of proceeds from the Annual Clinical Congress or Midyear Convention to the scholarship program.
  - Explore utilizing the four (4) vouchers from the Annual Convention and Midyear Convention for IRCA Taiwan (USD 1,000 each).
  - The committee is not limited to one rotation per year. If sufficient funds are available, additional rotations may be accommodated within the year.
2. Young Fellows Group
    - A Young Fellows Group has been established, with a Young Fellows Forum at each ASEAN Federation convention.
    - A Young Fellows Forum will be held during the RACS Convention in Australia.
    - The program is a two-day convention in a retreat-style format.
    - Accommodation will be provided; airfare is self-funded.
    - The fellow will deliver a short presentation (topic to be provided).
    - It is recommended that the Young Fellows Group be given the privilege to endorse a candidate for participation in such events (subject to committee approval).
    - There are approximately 500 Young Fellows (45 years and below).

#### 12.3. Committee on External Affairs

The Board APPROVED the following:

1. Media: UNTV draft MOU with PCS.
2. PCS 90th Foundation Celebration  
Will hire Mr. Jose Marie Hilario of Creative Files as an event organizer.  
Board Action: Submit a Budget Proposal from Creative Files.

3. Additional Committee members:

- Remi Karis M. Velasco, MD
- Ernest Jerome A. Pagdanganan, MD
- Froilan C. Dacumos, MD
- George G. Lim, MD (Chair, Sub-committee Legislative Liaison)

- Sub-Committee on Media Liaison
  - Rolando M. Reyes, MD
  - Jose Paolo C. Porciuncula, MD

- Sub-Committee on 90th PCS Foundation day 2026
  - Vincent Paul C. Olalia, MD
  - Benedicto S. Joson Jr., MD

4. Podcast: PCS with Sub-specialty and Affiliate Societies at PCS Information and Coordination Office, PCS Building

#### 12.4. Committee on Cancer

The Board APPROVED the following:

1. Additional members:
  - Ma. Ina Felicia Gutierrez, MD PCS Young Fellow
  - Czarina Anbelii Anastacio, MD Resident from JRRMMC
2. Professional framing of Committee on Cancer objectives: “Integrated Cancer Care and Surgical Quality Indicators”
3. Participation on PCS 52nd Midyear Convention: May 6-8, 2026, Edsa SMX Convention Center Clark, M.A Roxas Highway, Clark, Brgy. Dau Mabalacat City Pampanga. Theme: “PCS CLC: Precision Care in Surgery by Cultivating Leadership and Competence”
  - 3.1.1. May 8, 2026 Friday (Day 2) 8:00 – 9:00AM, Meeting Room 3 & 4
  - 3.1.2. Format: short lecture with panel discussion
  - 3.1.3. Suggested topic/title: Surgeons Leading the Charge for Quality Cancer Care.
  - 3.1.4. Possible Speaker (lecture)
    - Manuel Francisco T. Roxas, MDModerator: Carlo Angelo C. Cajucom, MD  
Panelists: to be identified

#### 12.5. Committee on Surgical Infection

The Board APPROVED the following:

Chair: Domingo S. Bongala Jr., MD

Members:

- George Robert L. Uyquiengco, MD
- Maria Cielo G. Ampuan, MD
- Justine Andrea P. Molina, MD
- Katrina Victoria B. Angeles, MD
- Nino P. Isabedra, MD
- Gabriel F. Naig, MD (by invitation)
- Ms. Sheree S. Velasco, RN (ORNAP President 2025-2026)

1. Additional Members:
  - Carlo Angelo C. Cajucum, MD
  - Briccio G. Alcantara, MD
  - Sir Emmanuel S. Astudillo, MD
2. Honorarium for the content creators of module in CSI on LMS based on the contract with Pfizer.

#### 12.6. Committee on Surgical Training (CST)

The Board APPROVED the following:

- The proposal is to create sub-groups within the committee, each tasked to work independently and confidently on specific milestones for each of the three marching orders. This approach will allow the committee to work on multiple initiatives simultaneously.
- Priority will be given to the first two marching orders, while the third item will be addressed at a later stage.
- To gather reactions and consensus on this proposal, the committee is asked to consider the formation of small sub-committees corresponding to the three marching orders.
- In order to give members sufficient time to reflect on the three options, a sign-up sheet for the three sub-groups will be circulated via Viber.

#### 12.7. Committee on NOTSS

The Board placed *On Hold* the following:

- I. Action Required: Approval to conduct three (3) NOTSS sessions at the Midyear Convention, PSGS Convention, and Annual Convention.
- II. Budgetary Consideration: Approval for additional NOTSS sessions, contingent on budget availability.
- III. Faculty Authorization: Acknowledge approval granted by Chee Loong Yeap for PCS Faculty to conduct future NOTSS sessions.

Board Action: To Clarify the cost of training for local faculty.

#### 12.8. Committee on Membership

The Board APPROVED the following:

- A. Enhance Recruitment and Prevent Delisting:
  1. Develop and implement a comprehensive marketing strategy, including informative infographics attached to PCS application forms.
  2. Disseminate materials to all Chapters and Subspecialty Societies.
  3. Highlight key benefits of PCS Fellowship:
    - High-rate Health Maintenance Organization (HMO) coverage
    - Fellow's Assistance Plan (FAP): Hospitalization, Death, Calamity and Personal Loan, Disability Benefits (TTD & PTD)
    - International Scholarship Program for Young Fellows

- B. Develop Programs that Reinforce the Relevance of PCS Membership:
  1. Create programs to enhance members' sense of belonging and appreciation of PCS.
  2. Improve communication among members.
  3. The Committee Secretary will attend Chapter and Subspecialty Society events to distribute applications and address inquiries.
  4. Actively coordinate with Chapters and Societies regarding upcoming activities and conventions.
  5. Maintain a close and collaborative relationship with Chapters and Subspecialty Societies.

- C. Improving Communication among Members:
  1. Maintain active visibility and accessibility for timely information dissemination.
  2. Simplify applications and launch personalized outreach (birthday greetings with President's message).
  3. Release official announcements at least monthly via PCS social media and Viber groups.
  4. Schedule meetings with heads of partner societies to discuss terms, voting rights, and financial accountability.
  5. Encourage Diplomates (upon PBS exam completion) and Associates to apply for PCS membership to enjoy higher HMO rates and discounted convention fees.
  6. If the minimum required number of simplified applications is met, endorse candidates to the BOR for approval of induction during the midyear convention.

- I. Specialty Societies Group Application
  1. Specialty societies endorse groups of applications.
  2. Each applicant pays membership application, registration fees, and first annual payment.
  3. Excess annual dues are paid to the specialty society, which remits the annual dues to the PCS.
  4. PCS offers exclusive benefits to PCS fellows to promote subspecialty participation.
- II. Proposal: Collaboration with PhilHealth
  1. PCS will engage with PhilHealth to secure exclusive rates for PCS fellows, higher than those offered to non-PCS members.
  2. PCS may arrange a meeting with PhilHealth to establish direct channels for subspecialties.
  3. Only societies that are members of PCS will be considered for these benefits.
  4. Assign a dedicated marketing lead to share updates on policy issues, benefits, and initiatives via email, portal, and social media.

- III. Deadline
  - The deadline for application of New Members is April 30, 2026.

#### 12.9. Council of Surgical Subspecialty Boards of the Philippines (CSSBP)

The Board APPROVED the following:

- A. Proposed Addition to the Administrative Manual Subject: CSSBP Endorsement and Recognition of Specialty Boards

- The Council of Surgical Specialty Boards of the Philippines (CSSBP) shall formally endorse to the Board of Regents (BOR) any specialty board seeking official recognition, provided that such board has complied with all prescribed documentary and regulatory requirements.
- The Council shall conduct due diligence in evaluating the submitted requirements, including but not limited to governance structure, training standards, certification processes, ethical policies, and alignment with the College's objectives.
- Upon satisfactory review and determination of compliance, the Council shall issue a favorable endorsement to the BOR for final deliberation and approval of recognition.
- No specialty board shall be granted official recognition without prior evaluation and endorsement by the CSSBP and subsequent approval by the BOR.

B. Elections of New Officer

- Clarification in the Administrative Manual regarding Council officers having a maximum term of one (1) year.

Board Action: The Council to submit their recommendations regarding terms of office of officers for the revision of the Administrative Manual.

12.10. Committee on Publications

The Board APPROVED the following:

- Printing of 1st Issue for 2026 of PCS Newsletter (Incisions) – 1000 copies to be distributed during the Midyear Convention at SMX Convention Clark Free Zone Pampanga.  
Budget – to be taken from the Committee on Publications budget
- Incisions Editorial Policy Statement:  
The Editorial Staff of PCS Newsletter Incisions welcomes scholarly discourse and recognizes the value of academic exchange/discussion. Scholarly dialogue is considered an essential component of academic publishing.  
  
Articles that respond to a published work in a previous issue of Incisions may be considered for publication under the category of “Letter to the Editor,” subject to Incisions’ standard review and editorial evaluation. Provided that such submissions adhere to the set standards and editorial guidelines, maintain professional tone, focus on scientific issues, and contribute constructively to the ongoing discussion, there is no procedural basis to preclude its publication.

12.11. Committee on Awards

Two new awards – the Committee was tasked to create the criteria for these 2 awards and choose

1. Winner for each. To be given during the 90th Foundation Gala Night.

- 1.1. Outstanding Woman in Surgery
  - The Committee, while discussing the qualifications/possible criteria decided that the creation of this new award (that is gender specific) will probably be seen as a reverse discrimination, noting that :
    - All Fellows of the College regardless of gender are qualified to receive a PCS individual award.

- 1.2. Draft criteria for Young Fellow Trailblazer Award
  - 45 years old and below
  - Member of the Young Fellows Surgical Association
  - Nominated by PCS Chapters, Institutions/ Dept. of Surgery,
  - Impact of achievements (innovation, leadership, research, advocacy)

2. No corrections are recommended for the other current PCS Individual Awards.

Board Action: The Board decided to defer giving an award for Outstanding Women in Surgery with the vote 9 / 2, but will proceed with giving the Young Fellow a Tailblazer Award.

12.12. Committee on Building

The Board APPROVED the following:

- Past President's Picture Frame
  1. Pictures frames of past Board of Regents will be replaced.
  2. To put spotlight or pin light in the picture frames.
  3. Labeling of all BOR pictures on the 3rd floor.
- Suppliers for PCS Information and Coordinating Office (PICO)
  1. Equipment will be used in Online Broadcasting of all activity of PCS and PCSF.
  2. Committee's Recommendation: Pearl River Lights and Sounds

13. Other Matters

- 13.1. Next Meeting on March 14, 2026 (GT Singian)

14. Adjournment -3:33 pm

**3rd BOARD OF REGENTS MEETING**  
 March 14, 2026 (Saturday); 8:00 am  
 3RD Floor GT Singian

Present: Joselito M. Mendoza, MD	President
Rodney B. Dofitas, MD	Vice President
Esperanza R. Lahoz, MD	Treasurer
Rex A. Madrigal, MD	Secretary

Regents: Robert B. Bandolon, MD  
 Jose Ravelo T. Bartolome, MD  
 Alfred Allen E. Buenafe, MD  
 Jose Joven V. Cruz, MD  
 Gerardo D. Legaspi, MD

Maria Rica M. Lumague, MD  
Alberto P. Paulino, Jr., MD  
Manuel Francisco T. Roxas, MD  
Andrea Joanne A. Torre, MD

Board of Governor:

Benedicto S. Joson Jr., MD (BOG Rep.)

Absent Rouel Mateo M. Azores, MD  
Dures Fe E. Tagayuna, MD

Also Present: Ms. Mhel Vesito Executive Secretary  
Ms. Maria Theresa Dela Fuente Assistant Executive Secretary  
Ms. Evelyn Umali PCS Accountant

Minutes of Meeting

1. The meeting was called to order at 9:15 am with Dr. Joselito M. Mendoza presiding.
2. Invocation – led by Dr. Jose Joven Cruz
3. Approval of the Agenda:
4. Approval of Minutes from Previous Meeting (February 21, 2026)
5. Matters Arising from the Minutes:  
No matters arose from the previous meeting.
6. President's Update - Dr. Mendoza presented the programs/ activities for the year as follows:

6.1. February 25, 2026 – Zoom Meeting (Committee on UHC)

6.1.1. BM Esperes committed to facilitate an audience with Governor Demerey to formally present the Regional Surgical Plan (RSP) upon completion of all documentary requirements.

6.1.2. The draft Memorandum of Understanding (MOU) between Philippine Health Insurance Corporation and Philippine College of Surgeons has been approved; approval from the Department of Health is currently pending, with the document already routed to the appropriate offices, as advised by Usec. Domingo.

6.2. February 28, 2026 – Southern Tagalog Chapter Induction

6.2.1. Held at Malarayat Golf & Country Club

6.2.2. A total of 24 inductees were formally inducted.

6.3. March 4, 2026 – Zoom Meeting (Committee on Membership)

6.3.1. Discussion on the awarding of plaques to Fellows born in 1936, in recognition of their 90th year.

6.3.2. Proposal to strengthen and expand group membership initiatives.

6.3.3. HMO-related matters:

6.3.3.1 It was noted that coordination with AMOPHI and PAHMOC remains limited and access to these organizations has been challenging. To enhance focus and strengthen engagement on HMO-related concerns, a dedicated secretary has been engaged to provide support and facilitate coordination.

6.4. March 6, 2026 – Central Luzon Chapter TV Program

6.4.1. SURE Program

6.4.2. PCS Membership Categories

6.4.3. Rural Surgery

6.4.4. MYC

6.5. March 7, 2026 Central Luzon Chapter Induction

6.5.1. Held at SMX Convention Center / Radisson Park Inn, Angeles Pampanga

6.6. March 8, 2026 Metro Manila Chapter Induction

6.6.1. Held at Manila Hotel

6.6.2. A total of 72 inductees

6.7. March 9, 2026 Zoom Meeting Committee on ASEAN & International Relations

6.7.1. Scholarship Program

6.7.2. ACS Hope

6.7.3. Young Fellows (Australian Retreat)

6.8. March 10, 2026 Zoom Meeting

6.8.1. Young Fellows Group

6.8.2. Membership Committee

6.8.3. Recruitment

6.8.4. Benefits

6.8.5. Representative to Pert Australia

6.8.6. Trailblazing Young Fellow Awards

6.9. March 13, 2026 PCSRS 16th International Scientific

6.9.1. Held at Manila Hotel

6.9.2. A total of 11 inductees

7. Treasurer's Report By: Esperanza R, Lahoz, MD

The secretary's salary shall be treated separately from administrative expenses to ensure proper allocation, transparency, and efficient utilization of funds

Board Action: Approved

8. Board of Governors By: Benedicto S. Joson, MD

52nd PCS Midyear Convention (May 6–8, 2026) – Summary

8.1. General Information

- Venue: SMX Convention Center Clark
- Host: Central Luzon Chapter in collaboration with Philippine Association of Plastic Reconstructive and Aesthetic Surgeons
- Theme: Precision Care in Surgery by Cultivating Leadership and Competence \

8.2. Welcome Dinner (May 6)

- Venue: Binulo Clark
- Attendees: ~80 invited VIPs (national/local officers, past presidents, speakers, society presidents)
- Budget: Php 1,700 per pax (Set C)

8.3. Promotions

- Approved video teaser
- Posters (pre-con events), airport banner, CDC & SMX welcome banners, welcome lace
- All materials to include QR codes for monitoring

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- 8.4. Pre-Convention Activities
- Golf Tournament (May 6):
    - o Fee: Php 6,000 | Target: 60–100 participants | Sponsor: Pocari Sweat
  - Pickleball:
    - o Venue: Angeles Pickleball Court | Max 48 players | Fee: Php 1,500 | Sponsor: Pocari Sweat
  - Cycling (SIKAD – May 5):
    - o Venue: Cycles and Brew
    - o Sponsored | With safety measures (ambulance support)
  - Food Crawl:
    - o Venue: CDC | With transport arrangements
- 8.5. Special Activity
- Clark Exclusive Tour (May 8, post-convention):
    - o Limited to 30 PCS VIPs
- 8.6. Transportation
- 5 dedicated vans for PCS National
  - Airport-hotel transfers with welcome booth and signage
  - Scheduled daily trips (AM, noon, PM)
  - Coordination with pharma partners and CDC transport systems
- 8.7. Accommodation
- ~400 premium rooms blocked (PCS National)
  - Delegates: 1,000–2,000 expected
  - Coordination with hotels and Airbnbs
- 8.8. Convention Proper (May 7)
- Keynote Speaker: Governor Lilia G. Pineda
  - Opening ceremonies with confirmed honor guards and choir
  - Sessions: Plenary (Halls 2–3), Exhibits (Hall 1), Breakouts (Hall 1A & meeting rooms)
  - Exhibit participation and chapter booths to be finalized
- 8.9. Fellowship Night (May 7, 7PM–12MN)
- Venue: SMX Function Rooms 2 & 3
  - Participants: ~700
  - Theme: Top Gun
  - Includes turnover ceremony to next host chapter (Bicol)
  - With emcee, band, and program presentations
- 8.10. Key Notes:
- Invitations via e-posters, group chats, and email
  - Strong push for sponsorship solicitations
  - Continuous coordination among PCS, LGU, and partners required
9. Executive Director’s Report by: Maria Concepcion C. Vesagas, MD
- 9.1. Renewal of the email addresses of the following (Cost is at approximately PhP 10,100 per address): APPROVED
1. ethicreviewboard@pcs.org.ph - Secretary Gayle
  2. membership@pcs.org.ph - Secretary Yeye
  3. secretariat@pcs.org.ph - active
  4. admin\_lms@pcs.org.ph - Secretary Gayle
  5. annettolentino@pcs.org.ph - ADT now Ms. Mhel
  6. mhelvesito@pcs.org.ph change to executivesecretary@pcs.org.ph
  7. warrenroraldo\_lms@pcs.org.ph - Secretary Gayle
  8. michellecusi@pcs.org.ph - Ms. Michelle -pcsf@pcs.org.ph (Change Email Address)
  9. president@pcs.org.ph - from Dr. De Leon to Dr. Mendoza
  10. atlsph@pcs.org.ph Sir Sev
- 9.2. PCS 90TH FOUNDATION  
PCS MUSEUM CONTEST RULES
- The PCS Museum is holding a contest in celebration of the Philippine College of Surgeons’ 90th Foundation.
1. ELIGIBILITY
    - a. Any member of the Philippine College of Surgeons may submit their entries.
    - b. However, only members in good standing are eligible to win the prizes.
  2. CONTEST PERIOD is from March 7 to August 6, 2026.
  3. CATEGORIES: The PCS Museum will accept entries to any of the following categories:
    - a. Oldest PCS Memento – any item that was issued/ used for PCS activities, with corresponding provenance
    - b. Oldest Surgical Publication – any published book, manuscript, pamphlet or printed material pertaining to Surgery. The item can be a local or foreign publication.
  4. SUBMISSION:
    - a. All entries must be submitted to the PCS Secretariat at the PCS Building, 992 EDSA, Quezon City at the member’s expense. Pictures or virtual submissions of items are not accepted as entries.
    - b. All entries become the property of the PCS Museum.
    - c. There is no limit to the number of submissions per member.
    - d. Non-winning entries have a chance to be exhibited in the museum, with donor recognition.
    - e. All entries will be duly recognized, and donors’ names will be posted in the PCS’ magazine Incisions.
  5. WINNERS will be announced during the 90th Foundation Gala.
  6. PRIZES: (APPROVED)
    - a. There will be one winner per category. There is a possibility that the same member can win both contest categories.
    - b. Each winner is entitled to PhP20, 000 as prize money. (seed money from PCSF to PCS) No consolation prizes will be given.

9.3. For INFORMATION

1. CCTV for 3rd Floor of the PCS Building has been installed.
  - Additional quotation for a monitor to be installed at the guardhouse (report c/o the Building Committee)
2. Sound system being used today is for the PICO.
3. Midyear Concerns:
  - a. Food tasting done March 11, 2026 at ADM Catering for the food requirements for the MYC
  - b. Total hotel rooms – 335 rooms
  - c. Event organizer bids received – c/o Conventions Committee

10. Committee Reports

10.1. Committee on HMO

FOR INFORMATION

- I. MAIFIP Program (Medical Assistance for Indigent and Financially Incapacitated Patients)
  - Funding: P51.6 billion allocated for medical assistance in the General Appropriations Act.
  - Professional Fees: Professional fees may now be reimbursed up to 100%, pending DOH guidelines. Opportunity for the society to help formulate guidelines for surgical professional fees.
  - PCS Relative Value Scale (RVS) 2024: Proposed for use as the basis for professional fee computation, incorporating factors like anesthesia type, surgical duration, and complexity.
  - Multiplier for RVS 2024: Debated the appropriate multiplier value, balancing fair compensation and affordability. Options include using a multiplier of 100, negotiating higher ranges, or presenting multiple pricing scenarios to the DOH.
  - Action Items: Circulate the PCS RVS 2024 to committee members, subspecialty societies, and affiliate societies for review and feedback by March 15, 2026. The committee will then finalize and submit recommendations to the Department of Health.

II. HMO Awareness Survey

1. Survey Participation:
  - Total PCS Fellows: 3,000+
  - Total Responses Received: 50
  - Response Rate: 1.67% (very limited participation)
2. Awareness Results:
  - 72% aware of the PCS HMO Committee.
  - 76% aware of AHMOPI's involvement.
  - 68% aware of PAHMOC's involvement.
  - Only 44% aware that accreditation must be renewed when the MOA changes.
3. Key Concerns Raised:
  - Professional Fees: Low consultation and surgical rates, lack of adjustment for complexity, fixed rates despite inflation.
  - Payment Delays: Payments taking 1–3 months or longer, with some reports of up to 2 years.

- Accreditation Issues: Complicated or repetitive processes, requests for automatic accreditation for PCS fellows.
- Transparency and Computation: Lack of clarity on how HMOs compute fees, RVU/RVS methods, and coverage limitations.
- Digital Systems: Need for centralized platforms to track claims and payments.

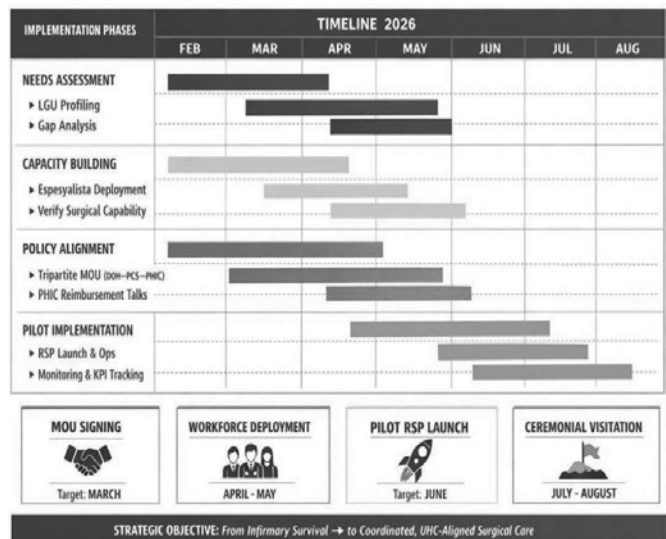
4. Communication and Engagement Suggestions:
  - Regular email updates, Viber groups, dedicated HMO hotline or email, more convention sessions, and transparent dissemination of MOA updates.
5. Overall Key Findings:
  - Low survey participation (1.67%) suggests limited engagement among fellows.
  - Awareness of the PCS HMO Committee and partner organizations is moderate, but not universal.
  - Major knowledge gaps exist, particularly regarding accreditation requirements.
  - Professional fee rates and delayed payments are the most significant concerns among respondents.
  - Members strongly recommend improved communication channels and digital tools for claims tracking and updates.

Action Items: Stronger information dissemination, improved engagement with fellows, and clearer communication regarding HMO agreements, professional fee structures, and accreditation requirements are needed. Addressing these concerns may strengthen the society's ability to advocate for fair compensation and more efficient HMO processes.

10.2. Committee on UHC



Reference: filecite turr0file0



## HOW UHC CHANGES SURGERY

### PRACTICE IMPACTS FOR SURGEONS

**1 PRIMARY CARE BECOMES THE GATEKEEPER**

- ✓ Fewer self-referred elective cases
- ✓ Closer PCP coordination
- ✓ Mandatory documented referrals within networks

**CONTINUUM-BASED SURGICAL CARE**

Primary Care Provider → HCPN → Referral to Surgeon → Same PCP

**2 NO BALANCE BILLING IN WARDS**

If basic/ward accommodation:

- ✗ No professional fees over PhilHealth
- ✗ No additional hospital charges

Surgeons push towards:

- ✓ Efficiency
- ✓ Shorter LOS

**3 SHIFT IN PAYMENT MODELS**

UHC moves payments toward:

- DRGs / Case Rates
- Global Budgets
- Capitation
- Linked to Performance

**4 INTEGRATION INTO PROVIDER NETWORKS**

Surgeons now operate within Province- or City-wide Health Care Provider Networks

**5 DATA TRANSPARENCY AND ACCOUNTABILITY**

UHC prioritizes surgeons:

- ✓ Better quality assurance
- ✓ More coding scrutiny
- ✓ Tighter surgical auditing

**6 FINANCIAL PROTECTION FOR PATIENTS**

UHC transforms surgery toward:

- ✓ Value-based care
- ✓ Standardized pathways
- ✓ Multidisciplinary coordination

**7 FINANCIAL PROTECTION FOR SURGEONS**

Patients cannot be denied care over unpaid premiums

- ✓ Less financial screening
- ✓ Reduced unnecessary addimes
- ✓ ERAS and enhanced recovery
- ✓ Stronger primary-tertiary integration

**STRATEGIC IMPACT ON SURGICAL CULTURE:**

- ✓ Value-based care
- ✓ Standardized pathways
- ✓ ERAS and enhanced recovery
- ✓ Stronger primary-tertiary integration

<b>SUMMARY OF DISCUSSION POINTS DURING TWG MEETING WITH PHO / SP</b> 03-10-2026 via ZOOM	
DELIVERABLES	STATUS / AGREEMENTS
1. Audience with Gov. Demerey at the soonest available time	- SP BM Esperes committed to arrange audience with Gov. Demerey to formally present RSP once all documentary requirements are complete
2. Create a timeline to monitor progression of project cycle	- Sync timeline between LGU and PCS and agree on implementation schedule of project (GANTT Chart)
3. Regular committee meetings	- Next Committee Meeting to coincide with PCS Northern Mindanao Chapter Induction activities (date TBA) - Invite representatives from SP, PHO and PPDO to attend - Suggest virtual meeting to accommodate more participants
4. Needs assessment / UHC Situational analysis	- Needs assessment done c/o Dr. Bandolon; results forwarded to Drs. Viray and Chacon - Local Health Systems - Maturity Level (LHS-ML) presented by PHO and summary forwarded to TWG - Technical assistance for full compliance to KRAs to be provided by Drs. Viray and Chacon - PHO to arrange FGD facilitated by Dr. Viray with Community Health Workers (e.g., MHOs)
5. PHIC reimbursements including the allowable types of surgical procedures	- Surgical procedures not reimbursed by PHIC since all facilities are classified as infirmaries - Dinagat Provincial Hospital (Level 1 facility) still in the pipeline (pending HB at committee level) - BUCAS Center which caters to outpatient consults to serve as venue for forthcoming Surgical Outreach by PHO scheduled late April in coordination with CARAGA Provincial Hospital
6. Tripartite MOU	- PHIC and PCS already approved Draft MOU - DOH approval still pending with document already routed to appropriate departments as per Usec. Domingo (COS)
7. Institutionalize RSP	- Convene Local Health Board to discuss RSP and submit it to SP in order to enact ordinance - Background documents requested by BM Esperes about RSP proposal by PCS provided

### 10.3. AdHoc Committee on ASEAN Summit & International Relations

#### FOR APPROVAL / APPROVED

##### 10.3.1. ASEAN Federation

10.3.1.1. To consider a diplomatic letter of support to the College of Surgeons, Singapore (CSS) regarding the International College of Surgeons (ICS) issue.

##### 10.3.2. Young Fellows Group to Australia

10.3.2.1. Recommended by the Committee via poll voting:  
Dr. Juan Agustin D. Coruña IV

### 10.4. Committee on Trauma

#### FOR INFORMATION:

##### 10.4.1. B.E.S.T.

###### ➤ Workshop Schedules

- February 20 and 22, 2026 at PCS Building
  - February 20 (AM Session): 30 attendees
  - February 20 (PM Session): 30 attendees
  - February 22 (AM Session): 30 attendees
  - February 22 (PM Session): 29 attendees

- March 21-22, 2026 at PCS Building
  - Registered participants: 120

##### 10.4.2. Advanced Trauma Life Support (ATLS)

###### ➤ Workshop Schedules

- February 28-March 1, 2026 at (IC) PCS Building
  - 9 instructors participated in the 11th edition instructor course.
- March 6-8, 2026 at PCS Building
  - 17 participants

##### 10.4.3. Advanced Course in Trauma (ACT)

###### ➤ Planned international and national participations for 2026 include:

- June 09, 2026 – National Trauma Summit with JRRMMC and PSST

##### 10.4.4. Sub-Committee on Critical Care and Nutrition

###### ➤ Received a letter from UP Manila – National Institutes of Health

(Re: Nomination for potential participants to the development of the Philippine Clinical Practice Guidelines on Overweight and Obesity Update)

##### 10.4.5. Philippine National Police Academy (PNPA) meeting last February 25, 2026

- The PNPA expressed their interest in incorporating trauma management, including burns into their curriculum for all years of the PNPA.
- The curriculum development, based on needs assessment and community first aid measures, will be presented to Human Resource and Doctrine Development (HRDD).
- MOA (AFP) already forward to Atty. Disini to followed up by Ms. Tere

### 10.5. Committee on Surgical Infections (CSI)

#### FOR APPROVAL:

##### 10.5.1. Project: PCS, PSIS with ORNAP Skin Preparation Video

10.5.1.1. B. Braun was committed, main proponent was PSIS, PCS and ORNAP

10.5.1.2. Funds will come from B. Braun, number of procedures to be perform depends on the budget provided.

10.5.1.3. Videos can be additional resource module for LMS and can be use by ORNAP.

10.5.1.4. The PSIS will continue the negotiation with B. Braun, once the project is done the Society will request PCS for endorsement.

10.5.2. Project with Pfizer: PCS CSI on LMS (3rd year)

10.5.3. Webinar and Lectures

10.5.3.1. 1 or 2 topics specifically focused for general surgical residents

10.5.3.2. 2 topics for the specialty related general surgeons

10.5.4. Other Matters:

10.5.5. Proposed Committee project for the year 2026

- Using the KAP paper (Knowledge, Attitudes and Practices of Surgical Trainees and Trainers on Recommended Surgical Site Infection Prevention Protocols)
  - to identify and address the problems from the findings
  - increase the acceptance and utilization of the guidelines
- Simultaneous giving of one dose prophylactic antibiotic before cutting at the same time. (app)
  - Dr. Uyquiengco will try to formulate the mechanics (approved)
- Checklist before any surgery
  - Anti-Microbial prophylaxis as part of other important measure to prevent SSI as part of the checklist
  - Similar to WHO checklist before surgery
- Paper for the risk of surgical site infection
- Paper about SSI bundle to lower the risk of surgical site infections.

10.6. Committee on Conventions

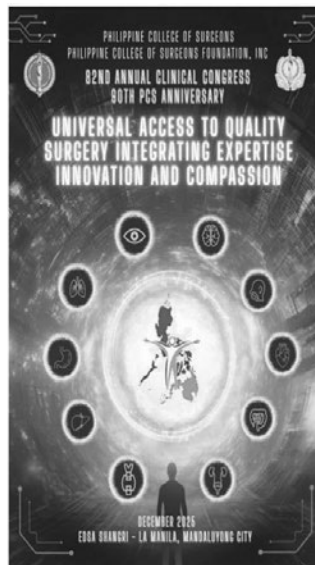
1. Cap of 3k USD for Foreign speaker (US & Europe)
  - a. \$30,000 Air Fair
  - b. \$20,000 Hotel Accommodation
2. Cap of 1kUSD For Asian Speaker / Hotel Accommodation
3. Cap of \$1,500 more than 6hrs. Travel / Hotel Accommodation
4. Arrange the Invitation Letter
  - a. Hotel Accommodation 3days, Nights
5. Request Additional Member
  - a. MICHAEL F. MAPALAD, MD (Chair of SICT)

10.7. Committee on CSE

FOR APPROVAL

- 10.7.1. 82nd Annual Clinical Congress - on December 5-9, 2026, with the Theme: "Universal Access to Quality Surgery Integrating Expertise Innovation and Compassion" at the Edsa Shangri-La Hotel, Mandaluyong Manila City.
  - Proposed Poster
  - Option 1 Voting (2/13)
  - Option 2 Voting (7/13)



OPTION 1



OPTION 2 - (APPROVED)  
Put all the logos of Subspecialties & Affiliates below



10.7.2. Additional Foreign Speaker / Approved

	<b>RAGHU RAM PILLARISETTI, MD,</b> OBE, MS, FRCS(Eng), FRCS(Edm), FRCS(Glasg), FRCS(Irel), FACS(USA) p.raghuram@hotmail.com  <b>Breast Surgery</b> India	Breast Cancer Surgery  Collaboration between PCS and RCPSG (Royal College of Physicians and Surgeons of Glasgow)
	<b>NAGAMUTTU RAVINDRANATHAN, MD, FRCSEd</b> nagamuttu@icloud.com  <b>Head and Neck Surgical Oncology</b> Malaysia	Interests: - Oral and Maxillofacial Surgery - Cosmetic Surgery - Facial and Reconstructive Surgery  Keen on bridging RCSEd with PCS through collaborative talks or lectures

10.7.3. Young Fellows Forum

- 10.7.3.1. One room for Young Fellows Forum (half day session)
- 10.7.3.2. Consider Legends of the Knife session (surgical leadership topic) (Regular Forum every year / Approved)
- 10.7.3.3. Suggest to institutionalize this forum

10.7.4. Photography Contest (for Annual Clinical Congress)

Include in the Incisions / Approved (the mechanics c/o/ Committee on Publications)

10.8. 53RD Midyear Convention (MYC) on April 29 – May 2, 2027 Theme: Building Integrity, Competence, and Outstanding Leadership in Surgery (B.I.C.O.L.) at the Avenue Plaza Hotel, Naga City

10.8.1. Remove in the MYC 2027 Members / Approved

- Mark Francis G. Claparols, MD, FPSC
- John Paul S. Gonzalez, MD, FPSC

10.8.2. Request for Additional Member / Approved

- Abel Francis B. Ramos II, MD, FPSC

10.8.3. PSGS – The Bidding Society (with letter)

> 21

## 10.8. Committee on Learning Management System (LMS)

### FOR INFORMATION

#### 10.8.1. Fixed Schedules for 2026



1. BEST Workshop - January
2. Sentinel Lymph Node Biopsy - February
3. Head and Neck - March
4. PATOS Workshop - April
5. Critical Care - May
6. Surgical Research - June
7. Patos Module - July
8. Basic Ultrasound Course - August
9. Critical Care - October
10. PATOS Module & BEST - November

#### 10.8.2. Module Roll-Out

1. January - BEST Module: Graduates and Current YL2
  - Skill 2-Day schedule for February and March, 120 participants
2. February - Sentinel Lymph Node Biopsy (SLNB) for Fellows and Residents
3. March - Surgical Infection, Head and Neck and Surgical Research
  - Note: Admin Secretary expense (per module)

#### 10.8.3. Creation of Modules Updates:

- Additional Topics
  - o Head and Neck, Surgical Infection (Uploaded)
  - o Teaching Modules for Residents -PSGS
  - o Soft Skills for Residents - PSGS
  - o BETTER Workshop - Update Content

#### 10.8.4. Registration Payment:

- PSGS - Research / PATOS - PSGS Secretariat
- Sentinel Lymph Node Biopsy (SLNB) - PSBS Secretariat
- All modules or other Modules First Time Access / Re-Access - PCS LMS QR CODE
  - o Downloadable Excel File Registrant Details
  - o Downloadable Excel File Details and Payment
    - With username and password
    - Need to be monitored c/o Gayle
    - Follow-up accounts receivables c/o Gayle
  - Quarterly Report of Registration Payments for each module contributor.

#### 10.8.5. Proposal of Services for PCS

- From the Budget Approval 2025, an increase to 1000 concurrent users

- Reasons:
  - o Used up the available G.B
    - Storage Usage Based on Nephila Monthly Report
      - See attached file (SMR 02-2026)
    - a. Allocation: 320 GB
    - b. Used: 261 GB
    - c. Usage: 88%
  - o Offer to Other Specialty / Allied Specialty

Note: Current MOA 350 concurrent users - Not Sponsored by UNILAB INC. for the year (2024-2025).

- Proposal from Nephila Web Technology Inc.
  - o 1000 concurrent users
  - o Amount: Php1,141,600.00 pesos
  - o See attached file (Moodle Hosting 122425)
  - o Defer until modules are uploaded and a formal request for PCS-LMS use by other parties.

10.8.6. MOA with Nephila Web Technology Inc. will expire on May 20, 2026

#### 10.8.7. Resident Representative Orientation

- January 2026
- March 2026 Re-Orientation
- Schedule and Payments
  - PGR YL 1 = 379
  - PGR YL 2 = 367
  - PGR YL 3 = 258
  - PGR YL 4 = 249
  - PGR YL 5 = 186

#### 10.9. Committee on Surgical Research

FOR APPROVAL / Approved

10.9.1. Presentation - Research Integrity Module (Please see power point)

10.9.2. Invitation - Permission to post in our Viber PCS Fellows Community Group and website

10.9.2.1. Call For Proposals for the DOST-PCHRD Health R&D

10.9.2.2. 7th IPOPHL - DSLU Intellectual Property and Innovation Research Conference on March 27, 2026

10.9.2.3. The Intellectual Property Office of the Philippines (IPOPHL), through its IP Academy, in partnership with De La Salle University (DLSU), invites you to the 7th IPOPHL-DLSU Research Conference on Intellectual Property and Innovation, to be held on April 8, 2026, at the DLSU-Manila Campus.

## CALL FOR PROPOSALS for Health R&D

The DOST-PCHRD is now accepting research and development (R&D) proposals for **funding in 2028**.

The call is for specific and identified R&D priority areas under the **National Unified Health Research Agenda (NUHRA 2023-2028)** and the **DOST Harmonized National R&D Agenda (HNRDA)**.

Deadline of submission of Concept Proposals is strictly until **15 March 2026, 5:00 PM**.

Dates to remember:

- 1-15 March 2026, 5:00 PM (Submission of Concept Proposals)
- 1-31 May 2026, 5:00 PM (Submission of Full Blown Proposals of Shortlisted Concepts)
- June-July 2026 (Evaluation Period)
- August 2026 (Release of Final Decision)

For more information, visit: [bit.ly/2026CFP\\_HealthRD](https://bit.ly/2026CFP_HealthRD) or scan the QR code.



### 10.10. Committee on Surgical Training

#### FOR INFORMATION

##### 10.10.1.1. Updates on Ongoing Coordination and Projects

10.10.1.1.1. The committee discussed updates on ongoing coordination and project initiatives with partner organizations. Members reported progress in collaboration efforts, project preparations, and scheduling of upcoming meetings aimed at strengthening partnerships and advancing current initiatives.

10.10.1.1.2. An update was also provided regarding the proposed collaboration with PCS for the MAPUA Project. The proposal has already been submitted and is currently awaiting approval from the appropriate authority. Once approval is granted, the partnership will proceed with the necessary implementation plans.

10.10.1.1.3. The committee also reported attempts to establish communication with the leadership of the MAPUA organization, including its President, to discuss the proposed collaboration. However, no response has been received so far. Follow-up efforts will continue until communication is successfully established.

10.10.1.1.4. Meanwhile, members have begun initial project preparations while awaiting approval of the proposal. Coordination with relevant contacts will commence once a designated point person is confirmed, allowing project activities to formally begin.

10.10.1.1.5. In addition, members shared that preliminary contacts with potential collaborators and stakeholders have already been initiated. Further developments will depend on the approval of the proposal and confirmation of project leadership.

10.10.1.1.6. Overall, the committee will continue monitoring the progress of the MAPUA Project collaboration and related coordination efforts. Updates will be provided once responses from partner organizations are received and necessary approvals have been finalized.

##### 10.10.1.2. Sub-Committee on NOTSS (Non-Technical Skills for Surgeons) Program

#### I. Purpose

The Non-Technical Skills for Surgeons (NOTSS) program aims to strengthen patient safety and surgical performance by improving essential cognitive and interpersonal competencies including:

- Situation Awareness
- Decision-Making
- Communication and Teamwork

##### 10.10.1.3. Leadership in the Operating Room

The program seeks to introduce structured NOTSS training to PSGS board members, surgical training officers, faculty, and residents, with the long-term goal of integrating NOTSS into all cutting specialties and the broader continuum of medical education, including internship and medical school training.

#### 10.11. Committee on Membership

For Approval by the Board of Regents / Approved

#### I. POLICY BASIS

This Group Membership Model is established pursuant to Chapter II (Membership) of the PCS Administrative Manual 2019, including:

- Section 4 – Requirements for PCS Fellowship
- Section 6 – PCS Simplified Application for Surgical Specialty Society Members
- Section 8 – Procedure of Application
- Sections 10–12 – Membership Status, Good Standing, Dues, and Fellows Assistance Plan

This proposal does not amend existing membership qualifications. It provides an administrative mechanism for group processing and consolidated remittance while preserving individual application, screening, and Board of Regents approval as required under the Manual.

#### II. OBJECTIVES

1. To increase PCS membership participation among diplomates and fellows of recognized surgical specialty societies.

2. To reduce duplication of administrative burden and cost concerns.
3. To strengthen PCS' national representation in advocacy, PhilHealth negotiations, institutional partnerships, and professional development initiatives.

### III. PRESERVATION OF INDIVIDUAL MEMBERSHIP REQUIREMENTS

Consistent with Chapter II of the Administrative Manual:

1. Each applicant must accomplish the official PCS Application Form.
2. Each applicant must submit documentary requirements under Section 4 or Section 6 (if eligible under the Simplified Application pathway).
3. Applications shall undergo review by the Membership Committee.
4. Final approval remains with the Board of Regents.
5. All publication, objection, reservation, and appeal procedures remain applicable.

There shall be no automatic conferment of Fellowship without compliance with existing vetting mechanisms.

### IV. PROCESS FLOW FOR GROUP MEMBERSHIP

#### A. Initiation

1. The specialty society submits a formal Letter of Intent requesting participation under the Group Membership.
2. The society submits a certified roster of fellows applying for PCS membership.

#### B. Individual Application

Each applicant must:

- Submit the accomplished PCS application form
- Submit required credentials per Manual provisions
- Comply with the April 30 submission deadline
- Undergo publication, objection, endorsement, and BOR approval processes

#### C. Consolidated Remittance

The specialty society may remit annual dues and applicable program contributions (e.g., FAP, MAP) as a consolidated payment on behalf of approved members.

Membership rights attach only upon BOR approval and recording in the PCS Membership Roster.

#### D. Renewals in Succeeding Years

For succeeding years, affiliated specialty societies may continue to remit annual dues and applicable program contributions through consolidated payment, provided remittance is made on or before the prescribed deadline.

Notwithstanding collective remittance, membership status remains individual. Each member must comply with good standing requirements under the Administrative Manual. Failure of the society to remit on behalf of a listed member

shall result in that member being considered delinquent until payment is received, without prejudice to reinstatement rules.

### V. FEE STRUCTURE OPTIONS (FOR BOR DECISION)

#### GROUP MEMBERSHIP

ANNUAL DUES	FAP	TOTAL
P200	P500	P 700 each member to be remitted by Society to PCS

#### OPTIONAL

ANNUAL DUES	FAP	MAP	TOTAL
P200	P500	1500	P 2200/MEMBER

#### INDIVIDUAL MEMBERSHIP

ANNUAL DUES	CHAPTER SHARE	MAP	TOTAL
P900	P400	1500	P 2800/MEMBER

These options do not modify existing dues structures. FAP and MAP remain governed by their respective policies. Members must remain in good standing to enjoy rights and privileges.

### VI. RIGHTS AND PRIVILEGES

Upon BOR approval and payment of dues, Group Members shall enjoy all rights and privileges accorded to their membership classification, including:

#### A. Specialty Society

- Slots during the Midyear and Annual Clinical congress
- Access to LMS platform
- Advertisement for Specialty conventions

#### 10.11.1. Committee on External Affairs & Public Relations

FOR APPROVAL:

#### 10.11.1.3. Operation Tule – 100 Young Individuals (approved)

##### 10.11.1.3.1. Request Budget for Food Meal Worth Php. 30,000.00

##### 10.11.1.4. Feeding Program - 200 Adults Senior

##### 10.11.1.4.1. Request Budget for Food Meal Worth Php. 30,000.00

#### 10.12. Committee on Publication

FOR APPROVAL / Approved

#### 10.12.1. The Committee would like to propose the following:

- a. Members of the Committee on Publication & Documentation for 2026
  - Maintain all 2025 members
  - Add Sofia Isabel T. Manlubatan, FPSCRS as new member (approved)

- b. Print copies of the May-Aug 2026 issue of Incisions as part of commemorating the PCS milestone 90th Foundation celebration

- Print 750 copies
- Printed copies will be distributed during the 90th Foundation Week activities; remaining copies not distributed during the Foundation Week will be distributed during the 2026 ACC

- Supplemental budget for 2nd Issue of the printing since budget for this was not included in the Committee’s budget for 2026 (seed money from PCS) (double check the budget)
- c. For Incisions Policy
- Include the following general disclaimer on the first page of every issue of Incisions  
“The views & opinions expressed in the articles published herein are solely those of the respective authors and do not represent the official position or policy of the Philippine College of Surgeons, Incisions or of the chapter or society concerned unless explicitly stated within the article.”
- d. 90th Foundation Coffee Table Book – KALAYAG
- Maintain the original plan to highlight the 12 subspecialty societies
  - Include a 4-page section on the general history of the creation of affiliate societies & a line-up of the current existing affiliate societies
  - Create a 95th Foundation coffee table book that will highlight the affiliate societies

NOTE: Featuring all 12 subspecialty societies as well as all the affiliate societies in one coffee table book will make it too thick

- Content narrative/storyline concept: The structured contents of KALAYAG will present the different subspecialty societies of the Philippine College of Surgeons as the functional components of a legendary seafaring fleet.
  - Page designer & publisher: ask help from Manila Bulletin
- e. 2026 MYC Poster –
- 1) Animated version
  - 2) Print posters for distribution to: chapters, subspecialty & affiliate societies, training institutions
- f. 2026 ACC teaser AVP – to be presented during the MYC
- 1) Hire a videographer to create the AVP – Mr. Mike Villanueva
  - 2) Budget: Php15,000 (to be taken from the Committee on Publication budget)

#### 10.13. Committee on Surgical Information & Communications Technology (SICT)

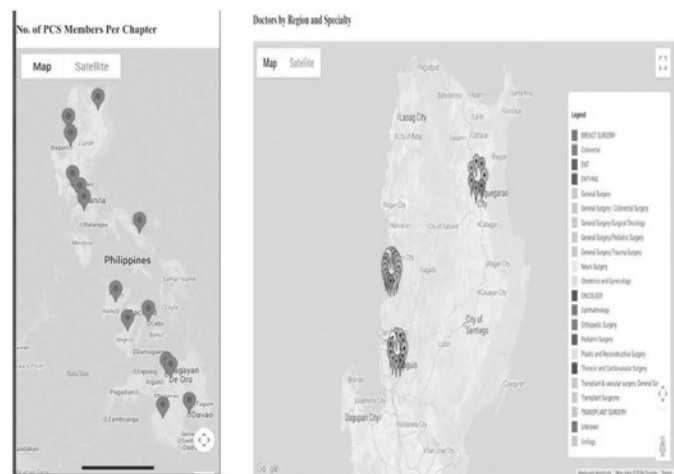
The Committee confirmed that the issue involving convention session videos appearing on smaller screens has already been resolved, and the system is now functioning properly.

- It was also suggested that the team coordinate with the Committee on Conventions to enhance the recording quality of future convention sessions,

ensuring that both the speaker and presentation slides are clearly visible for viewers.

- I. The committee discussed the implementation of the chapter activity photo upload feature within the app. Some chapters have already started uploading photos of their activities. To standardize submissions, a Google Form is currently being developed to collect details such as the activity name, date, attendees, and photo uploads.
  - The form will also categorize activities to support the evaluation process for the “Chapter of the Year” award. It is expected to be finalized by the end of the month so that chapters can begin submitting their activity photos by the first week of the following month.
- II. Members also discussed improvements to the geographic mapping feature of the app. To enhance the accuracy of the specialist density map, members will be asked to register their main hospital or preferred place of practice, such as their municipality or city. An updated member information form will be distributed to gather this data, along with updated contact details and specialty information.

#### III. Geographic Mapping of Members

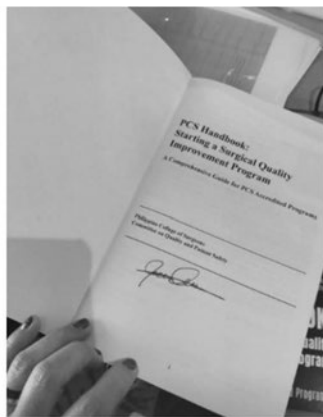
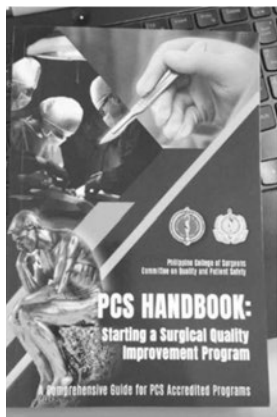


- IV. The committee also highlighted the need to properly classify member specialties within the app. It was proposed that the classification follow the official subspecialty lists from PCS and its affiliate specialty societies. Dr. JJ will provide the official subspecialty list to guide this process.
- V. Finally, the meeting briefly discussed online convention registration. The primary issue identified is the pending activation of credit card payment options, which will require follow-up with the technical team to enable full functionality.
- VI. Overall, the committee identified several next steps, including coordinating with the Committee on Conventions to improve session recordings, informing chapter officers about the photo upload feature, finalizing the standardized activity submission form, updating member information records, obtaining the official subspecialty list, and following up on the activation of credit card payments for online convention registration.

10.14. Committee on Patient Safety and Quality Assurance (PSQA)

FOR INFORMATION

1. Participated - 81nd Annual Clinical Congress last December 9, 2025 (Tuesday) at 10:30am to 12nn (Palawan)
  - Session 1: Quality Outcome Metrics in Thyroid Surgery
  - Session 2: Quality in Surgery: A Correlational Analysis of perioperative Surgical Risk Assessment in Predicting Surgical Outcomes
2. A memorable moment during our book launch last December 9, 2025 with photo opportunity alongside with our President Dr. De Leon and Vice President Dr. Mendoza.



3. After the sessions, all the members of the committee had lunch at Red Lotus last December 9, 2025.



4. Participation - Lifestage Technical Working Group (TWG): National Practice Guidelines Program (NPGP) Evidence Summit has been re-scheduled on May 20-21, 2026 and will take place in Iloilo City.
  - We are currently awaiting the final announcement letter from DOH for the confirmation of the venue and date, which were already coordinated with Mr. Miggy last March 5, 2026.
5. Participated - Meeting on Third Doctor last February 10, 2026 at 11:00am in Amusop, Intramuros, Manila
  - o We had our second meeting last March 10, 2026 (Please see letter of invitation)

- Attended By:
1. Jorge M. Concepcion, MD - Last February 10, 2026
  2. Rex A. Madrigal, MD (via Google Meet) - Last March 10, 2026
    - Will have next meeting on March 16-18, 2026 via F2F at Richmond Hotel, Quezon City at 9:30am-5pm and via
      - Google Meet link: <https://meet.google.com/tqs-zatp-jjm>
      - Registration lnk: <https://forms.gle/tQQtwp1qQVyzq1F36> (Please see below file)

10.15. Committee on Finance

FOR APPROVAL

- 10.15.1. For revision in the Admin Manual:
  - a. #3.3 Contracts and Encumbrances:
    - i. CURRENT: The BOR shall not sign any contract or business transaction, which will encumber more than thirty percent (30%) of the current assets of the College, without prior authorization from membership.
    - ii. PROPOSAL: An exemption to this rule will be for the purchase of real property as an investment of the College, allowing a maximum thirty percent (30%) of the TOTAL ASSET (money) of the College. Terminologies APPROVED
    - iii. NOTE: The restricted funds are considered because the Committee believes that for these to be sustained, they need a higher yield investment.
  - b. Flow charts for disbursements
  - c. Amnesty – That this should only be done not less than 5 years from the last offer. JUST FOR THIS YEAR TILL DEC. 31, 2026 (ADMIN MANUAL FOR 5 YEARS)
  - d. Inclusion of the Investment Guidelines which was approved previously by the BOR.
  - e. 3.1.3. Change the word re-shuffling to re-allocation.
  - f. Previously approved by the BOR – the ED is given the authority to approve expenses of up to Php100,000.00

2. HMO for the employees:
  - a. Icare was the only HMO who responded to the query. From this, the Committee is proposing to avail of the semi-private with MBL of Php200,000 at Php14,000/employee (APPROVED)
  - b. Still in the process is AVEGA:

NOTE: Utilization of Medicard last year was Php21,158 vs. premium paid at Php323,741.00. In addition, the employees use this benefit for out-patient consultations.

10.16. Committee on PCS Building

FOR APPROVAL / Approved

# COMMITTEE APPOINTMENTS, 2026

## 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

Vicente D. Bernardo III, MD  
PAFP (By invitation)  
Aileen R. Espina, MD

## CLUSTER A: NATIONAL PROGRAMS (Trauma, Cancer, Outreach Services, Infection Control)

Head: Jeselito M. Mendoza, MD

## COMMITTEE ON RUV AND HMO

Chair: Carlos E. Ejercito Jr., MD  
Co - Chair: Jardine Lua, MD (PUA)  
Members: Edmundo R. Mercado, MD  
Abdel Jeffri A. Abdulla, MD  
Mary Geraldine B. Remucal, MD  
Jose Christopher G. Sanchez, MD

Society Representative: Anthony Laurence P. Escovidal, MD (PUA)  
Mikail Ver, MD (POA)  
Luz Acosta-Barrientos, MD (PAO)  
Benjamin G. Herbosa, MD (PAPRAS)  
Orlino Bisquera, MD (SOSP)  
Kelvin Uy, MD (PSCRS)  
Jay Villavicencio, MD (AFN)

Regent-in-Charge: Rouel Mateo M. Azores, MD

## COMMITTEE ON UHC

Chair: Rodney B. Dofitas, MD  
Co-Chair: Vivencio Jose P. Villafior III, MD  
Members: Maria Concepcion C. Vesagas, MD  
Roberto A. Chacon Jr., MD  
Vicente Aaron L. Bernardo, MD  
Brent Andrew G. Viray, MD  
Jose Rhoel C. De Leon, MD  
Jeselito M. Mendoza, MD  
Albert P. Paulino Jr., MD  
Esperanza R. Lahoz, MD  
Dures Fe. E. Tagayuna, MD  
Manuel Francisco T. Roxas, MD  
Edwin M. Mercado, MD  
Alfred Phillip O. De Dios, MD (rep. PhilHealth)  
Eduardo Banzon, MD (By invitation)  
Carlo Panelo, MD (By Invitation)  
Enrique T. Ona, MD – Honorary Chair

Representatives from ALL surgical specialties

Regent-in-Charge: Robert B. Bandolon, MD

## SUB-COMMITTEE ON PRIMARY CARE SURGERY FOR FAMILY PHYSICIANS 2026

Chair: Roberto A. Chacon Jr., MD  
Members: Alfred Q. Lasala II, MD  
Leonardo O. Ona III, MD  
Brent Andrew J. Viray, MD  
Ismael R. Dimaren, MD  
Bernard Julius A. Rocha, MD

## ADHOC COMMITTEE ON ASEAN SUMMIT & INTERNATIONAL RELATIONS 2026

Chair: Jose Rhoel C. De Leon, MD  
Members: 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  
Maximo H. Simbulan Jr., MD  
Samuel D. Ang, MD  
Joana Pauline R. Baltazar, MD

Regent-in-charge: Alfred Allen E. Buenafe, MD

## COMMITTEE ON TRAUMA

Chair: Aileen Patricia M. Madrid, MD  
Co-Chair: Andrew Jay G. Pusung, MD  
Members: Chandler E. Andrade, MD  
Gene Gerald SJ. Tiongco, MD  
Warren M. Roraldo, MD  
Halima M. Romancap, MD  
Joseph T. Juico, MD  
Maria Benita T. Gatmaitan, MD  
Ma. Adela Nable-Aguilera, MD  
Esther A. Saguil, MD  
Albertson R. Gumarao, MD  
Ma. Cheryl L. Cucueco, MD  
Michael June C. Perez, MD  
Sonaira U. Maunting, MD  
Alfonso C. Danac, MD  
Ralphtrín Gel B. Hermosisima, MD  
Maria Lourdes Gutierrez, MD (PSST President)  
Nicola Rafaela R. Tison, MD (PSBS BOD)  
Rico P. Estrella, MD  
Kevin R. De Asis, MD  
Jan Michael V. Yap, MD  
Raymundo F. Resurreccion, MD  
Oliver L. Belarma, MD  
Lawrence Alfeche, MD  
Jaime Palanca, MD  
Jorge M. Concepcion, MD

Regent-in-Charge: Alfred Allen E. Buenafe, MD

## SUB-COMMITTEE ON ATLS

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

## SUB-COMMITTEE ON BEST

Program Director: Halima M. Romancap, MD  
Members: Aileen Patricia M. Madrid, MD  
Edgar M. Palacol, MD  
Maria Benita T. Gatmaitan, MD

# COMMITTEE APPOINTMENTS, 2026

## **SUB-COMMITTEE ON BETTER**

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

## **SUB-COMMITTEE ON CRITICAL CARE & NUTRITION**

Chair: Ma. Corazon Cabanilla-Manuntag, MD  
Member: Danilo C. Del Rosario, 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 S.J. 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  
Rowena S. Lumague, MD

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

## **COMMITTEE ON CANCER 2026**

Chair: Carlo Angelo C. Cajucom, MD  
Members: Jose Modesto B. Abellera, III, MD  
Ida Marie T. Lim, MD  
Alex S. Sua, MD  
Richard Mallen, MD  
Aldine Astrid A. Basa, MD  
Anthony Q. Yap, MD  
Catherine SC Teh, MD  
Ma. Dulce L. Consuegra, MD  
Rose Belle R. Sugcang, MD  
Shalimar C. Cortez, MD  
Emmeline Elaine Cua-Delos Santos, MD  
Nicola Raphaela R. Tison, MD  
Jan Andrew D. Bueno, MD  
Sittie Aneza Camille A. Maglangit, MD  
Rowena S. Lumague, MD

Roel C. Peña, MD (BOG representative)

Regent-in-Charge: Manuel Francisco T. Roxas, MD

## **AD-HOC COMMITTEE ON SENTINEL LYMPH NODE PROGRAM**

Chair: Aldine Astrid A. Basa, MD  
Co-chair: Gerald T. Alcid, MD  
Members: Alejandro C. Dizon, MD  
Jose Rhoel C. De Leon MD  
Carlo C. Cajucom, MD  
Dakila P. Delos Angeles, MD  
Felicidad Claudia R. Ordoñez, MD  
Gemma Leonora B. Uy, MD  
Nicola Rafaela R. Tison, MD

Ma. Cecilia M. Pagdanganan, MD  
Christopher Q. Victorio, MD  
Alfred Q. Lasala II, MD  
Ann Cocos-Alcantara, MD (Young Fellow)  
Jorge M. Concepcion, MD  
Diana Elomina, MD (Chief resident Asian Hospital)  
Orlino C. Bisquera Jr., MD  
Jose Macario V. Faylona, MD

## **COMMITTEE ON S.U.R.E. AND COMMUNITY SERVICES 2026**

Chair: Rhoderick C. De Leon, MD  
Members: Benedicto S. Joson Jr., MD (BOG Chair)  
Rodolfo G. Tuazon Jr., MD (BOG rep)  
Enrique Hilario O. Esguerra, MD  
Vincent Paul C. Olalia, MD  
Michael B. Mercado, MD  
Benedict Edward P. Valdez, MD  
Alfonso C. Danac, MD  
Henry C. Chua, MD  
Ernesto R. Tolentino Jr., RN - ORNAP Rep  
Henrique Samuel De Roza, MD - PSA Rep  
Michael T. Catiwala-an, MD (PSCRS)

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

## **COMMITTEE ON SURGICAL INFECTIONS 2026**

Chair: Domingo S. Bongala Jr., MD  
Members: Maria Cielo G. Ampuan, MD (PSCRS)  
George Robert L. Uyquiengco, MD  
Justine Andrea P. Molina, MD (PAPRAS)  
Katrina Victoria B. Angeles, MD (PAPRAS)  
Niño P. Isabedra, MD (PSPS)  
Carlo Angelo C. Cajucom, MD  
Briccio G. Alcantara, MD  
Sir Emmanuel S. Astudillo, MD  
Gabriel F. Naig, RN  
Sheree Velasco, RN (ORNAP President)

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

## **CLUSTER B: SURGICAL EDUCATION**

Head: Rodney B. Dofitas, MD

## **COMMITTEE ON CONVENTIONS**

Chair: Rodney B. Dofitas, MD  
Members: Maria Rica M. Lumague (CSE-RIC)  
Esperanza R. Lahoz, MD (Treasurer)  
Alfred Phillip O. De Dios, MD  
(CSE & Physical Arrangements)  
July A. Aguilar, MD  
(Publications & Documentations)  
Raquel Caroline Malimas-Labro, MD  
(Socials & Sports)  
Helen B. Amo, MD (MYC 2026)  
Romulo R. Cabantac III, MD (ACC 2026)  
Emelene Cua-Delos Santos, MD (MYC 2027)  
Deogracias Alberto Reyes, MD (ACC 2027)  
Christine Joyce M. Santicruz, MD (MYC 2028)  
Rex A. Madrigal MD  
Michael F. Mapalad, MD

# COMMITTEE APPOINTMENTS, 2026

## COMMITTEE ON CONTINUING SURGICAL EDUCATION 2026

Chair: Alfred Phillip O. De Dios, MD  
Members: Roberto A. Chacon Jr., MD (Primary Care)  
Omar O. Ocampo, MD  
Jeffrey Jeronimo P. Domino, MD  
(Regular member)  
Leonardo O. Ona III, MD (Regular member)  
Helen B. Amo, MD (MYC 2026)  
Romulo Cabantac, MD (ACC 2026)  
Emmeline Elaine L. De Los Santos-Cua, MD  
(MYC 2027)  
Deogracias Alberto Reyes, MD (ACC 2027)  
Joyce Santicruz, MD (MYC 2028)

Regent-in-Charge: Maria Rica M. Lumague, MD

## SUB-COMMITTEE ON MYC 2026:

Chair: Helen B. Amo, MD  
Members: Richard T. Mallen, MD  
Raymond Joseph R. Manzo, MD  
Arturo S. Mendoza III, MD  
Joyce Hazel C. Chua, MD  
Francis M. Roque, MD

PAPRAS Representatives: Gerald Abesamis, MD  
Vice Firmalo, MD  
Angela Hernandez, MD

CHAPTER Representatives: Benedicto S. Josen Jr., MD  
Jose Emiliano T. Gatchalian, MD

## SUB-COMMITTEE ON ACC 2026:

Chair: Romulo R. Cabantac III, MD  
Members: Omar O. Ocampo, 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

## SUB-COMMITTEE ON MYC 2027:

Chair: Emmeline Elaine L. De Los Santos-Cua, MD  
Members: Ma. Michaela Rosette R. Liquete, MD  
Maureen Elvira V. Dumlao, MD  
Dawn Andrea N. Fontanar, MD  
Kyle Gervin Y. Ong, MD  
Elfrank P. Clarit, MD  
Mark Augustine S. Onglao, MD  
Rachelle Joanne C. Tugano, MD  
Aireen Patricia M. Madrid, MD  
Christelle Anne M. Almanon, MD  
Abel Francisco Barroga Ramos II, MD

CHAPTER Representatives: Leo E. Cacawa, MD  
Roque Xerxes G. Torres, MD  
Abel Francisco B. Ramos II, MD

## SUB-COMMITTEE ON ACC 2027:

Chair: Deogracias Alberto G. Reyes, MD  
Members: Ma. Amornetta J. Casupang, MD  
Orlino C. Bisquera Jr., MD  
Rannie R. Baquiran, MD  
Natasha B. Emano-Elazegui, MD  
Andrew Jay G. Pusung, MD  
Vicente Francisco Q. Firmalo, MD  
Joy Grace G. Jerusalem, MD  
Genlinus D. Yusi, MD  
Alvin A. Amador, MD  
Genevieve P. Evangelista, MD  
Janix M. De Guzman, MD  
Julian Franco P. Flores, MD

## COMMITTEE ON LEARNING MANAGEMENT SYSTEM (LMS)

Chair: Warren M. Roraldo, MD  
Members: Marie Dione P. Sacdalan, MD  
Michael M. Lawenko, MD  
Raymond Joseph R. Manzo, MD

Contributors: 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  
Karen B. Latorre, MD  
Shiela Jane Lampa-Garcia, MD  
Deejay Pacheco, MD  
Christelle Anne M. Almanon, MD  
Remi Karis M. Velasco, MD  
George Robert C. Uyquienco, MD  
Maria Lourdes C. Gutierrez, MD  
(PSST President)  
Nicola Rafaela R. Tison, MD – PSBS BOD  
Rico D. Estrella, MD  
Orlando O. Ocampo, MD

Regent-in-Charge: Albert P. Paulino Jr., MD

## JOINT ACCREDITATION COUNCIL

Chair: Jose Y. Cueto, Jr., MD  
Co-Chair: Edgar A. Baltazar MD  
Members: Alfred H. Belmonte, MD  
Justinian Aquino IV Cyrille LL Pimentel, MD  
Jose A. Solomon, MD  
Dakila P. Delos Angeles, MD

Chairs of Sub-specialties Accreditation Committee

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

## COMMITTEE ON SURGICAL RESEARCH

Chair: Joy Grace G. Jerusalem, MD  
Co-Chair: Jose Modesto B. Abellera III, MD  
Members: Clarence Pio Rey C. Yacapin, MD

# COMMITTEE APPOINTMENTS, 2026

Esther A. Saguil, MD  
Jose Benito A. Abraham, MD  
Mayeen D. Fernandez, MD  
Ida Marie T. Lim, MD  
Raymond Joseph R. Manzo, MD  
Maila Rose L. Torillo, MD  
Apple P. Valparaiso, MD  
Vilma Jane S. Yacapin, MD  
Gemma Leonora B. Uy, MD  
Marie Dione P. Sacdalan, MD  
Carmella Caballero, MD  
Beverlee Verona L. Mante, MD  
Anthony L. Dofitas, MD  
Ma. Concepcion L. Cruz, MD (By Invitation)  
Gilbert C. Oporto, MD  
Myra Alexandra Firasas, MD  
Gilmyr Jude Maranon, MD (PSCRS)  
Domingo Sampang, MD

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

## SUB-COMMITTEE ON ERB

Chair: Joy Grace G. Jerusalem, MD  
Members: Bayani B. Tecson, MD  
Jose Modesto Abellera, MD  
Vivencio Jose P. Villafior, 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  
Marie Chery Rose Villegas –  
Assistant Administrative Officer for ERB

## SUB-COMMITTEE ON SURGICAL INNOVATION AND TECHNOLOGY (including Robotics & AI)

Chair: Anthony L. Dofitas, MD  
Members: Catherine S. Co, MD  
Deogracias Alberto G. Reyes, MD  
Rafael C. Bundoc, MD  
Philip B. Fullante, MD  
Alvin B. Marcelo, MD  
Eric SM Talens, MD  
Ray I. Sarmiento, MD  
Ricardo Jose T. Quintos II, MD  
Domingo Sampang, MD

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

## COMMITTEE ON SURGICAL TRAINING 2026

Chair: Deogracias Alberto G. Reyes, MD  
Co-Chair: Orlino C. Bisquera, Jr., MD  
Members: Ma. Amornetta J. Casupang, MD  
Janix M. De Guzman, MD  
Natasha E. Elazegui, MD  
Hilda M. Sagayaga, MD  
Julian Flores, MD  
Ann Camille Q. Yuga-Florendo (representing BOG)

Representatives  
from Specialties: Vicente Francisco Q. Firmalo III, MD (PAPRAS)  
Genevieve P. Evangelista, MD (PSGS)  
Juan Alejandro Sotto, MD (PSTS) Non-Fellow  
Alvin A. Amador, MD (POA)  
Natalie Faye Lee, MD (AFNI)  
Joy Grace G. Jerusalem, MD (PSGS)  
Genlinus D. Yusi, MD (PUA-PBU)  
Jose Modesto B. Abellera III, MD (PSPS)  
Seigfride James T. Yap, MD (PSGS)  
Andrew Jay G. Pusung, MD  
Romarico Azores, MD (PSCRS)  
Mac Onglao, MD (PSCRS)

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

## SUB-COMMITTEE ON NOTSS:

Chair: Natasha E. Elazegui, MD  
Members: Alejandro C. Dizon, MD  
Andrea Joanne A. Torre, MD  
Catherine S.C. Teh, MD  
Andrew Jay G. Pusung, MD  
Maximo H. Simbulan, Jr., MD  
Jose Antonio M. Salud, MD  
Miguel C. Mendoza, MD  
Joy Grace G. Jerusalem, MD  
Rannie R. Baquiran, MD  
Enrico P. Ragaza, MD

## SUB-COMMITTEE ON INTERNATIONAL SCHOLARSHIP GRANTS

Chair: Miguel C. Mendoza, MD  
Members: Maximo H. Simbulan, Jr.  
Jose Antonio M. Salud, MD  
Josefina R. Almonte, MD  
Alberto B. Roxas, MD

## CLUSTER C: MEMBERSHIP DEVELOPMENT

Head: Rex A. Madrigal, MD

## COMMITTEE ON ETHICS & JUDICIAL MATTERS 2026

Chair: Alfred H. Belmonte, MD  
Members: Ramon L. de Vera, MD  
Gabriel L. Martinez, MD  
Jose Vicente T. Prodigalidad, MD  
Alejandro C. Dizon, MD  
Hector M. Santos, Jr., MD  
Francisco C. Manalo, MD  
Darius Parinas, MD  
Atty. Jesus M. Disini Jr. (By Invitation)

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

# COMMITTEE APPOINTMENTS, 2026

## COMMITTEE ON BY-LAWS AND AMENDMENTS 2026

Chair: Emmanuel D. Loyola, MD, LIB  
Members: Teresita R. Sanchez, MD, LIB  
Hector M. Santos Jr., MD  
Servando Sergio DC Simangan Jr., MD  
Roy Joseph T. Trinidad, MD  
Darius R. Parinas, MD  
Halima M. Romancap, MD  
Benedicto S. Joson Jr., MD (BOG Rep)  
Atty. Jesus M. Disini Jr. (by invitation)

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

## COUNCIL OF SURGICAL SUBSPECIALTY BOARDS OF THE PHILIPPINES (CSSBP)2026

Council Head – Dr. Jose Modesto O. Abellera III (PBPS)  
Assistant Council Head – Dr. Emmanuel C. San Pedro (PBTCVS)  
Council Secretary – Dr. Alfred Phillip O. de Dios (PBS)

Members: Philippine Board of Colon & Rectal Surgery (PBCRS)  
• Hermogenes J. Monroy III, MD  
• Omar O. Ocampo, MD  
Philippine Board of Orthopaedics (PBO)  
• Adrian B. Catbagan, MD  
• Richard V. Condor, MD

Philippine Board of Pediatric Surgery (PBPS)  
• Neila F. Batucan, MD

Philippine Board of Plastic Surgery  
• Jay G. Estoya, MD  
• Ferri P. David-Paloyo, MD

Philippine Board of Urology (PBU)  
• Genlinus D. Yusi, MD  
• Jose Rizalito C. Catipay, MD

Philippine Board of Transplant Surgery (PBTS)  
• Jose Benito A. Abraham, MD

Philippine Board on Surgical Oncology (PBSO)  
• Gerald T. Alcid, MD

Philippine Board of Neurosurgery (PBN)  
• Jaime E. Rama, Jr. MD

Regent-in-Charge: Ma. Rica M. Lumague, MD

## COMMITTEE ON NOMINATIONS

Chair: Ramon S. Inso, MD  
Members: Maria Concepcion C. Vesagas, MD  
Vivencio Jose P. Villafior III, MD  
Jose Rhoel C. De Leon, MD  
Joselito M. Mendoza, MD  
Benedicto S. Joson, Jr., MD (BOG Chair)

## COMMITTEE ON MEMBERSHIP 2026

Chair: Avelino L. Aventura, Jr., MD  
Co-Chair: Rose Marie R. Lique, MD  
Members: Darwin S. Salonga, MD  
Karlos Noel R. Aleta, MD (PCSMCM)  
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## Trauma Essentials for First Responders: Where Are We Now?

• CPO Roy Joseph T. Trinidad, MD, FPCS, FPSGS •

Trauma Essentials for First Responders was borne out of a realization that 1) the incidence of trauma cases is rising and may already be in epidemic proportions and 2) in-hospital care has improved by leaps and bounds but prehospital care is still basically a load -and-go affair. For surgeons and surgical residents in training, there are a lot of programs available locally and abroad to augment their knowledge and improve their skills in trauma care especially in the hospital setting. These include Advance Trauma Life Support (ATLS), Definitive Surgical Trauma Care (DSTC), Advance Surgical Skills for Exposure in Trauma, Definitive Surgical Trauma Skills (DSTS), Basic Emergency Skills in Trauma (BEST) and Basic Evaluation and Training in Trauma and Emergency Response (BETTER) to name a few. Furthermore, surgical residents must finish a five-year residency training program and pass examinations before becoming full pledged surgeons. For prehospital care however, there is no governing agency and the trainings available are limited. The Department of Health offers Basic Life Support and Standard First Aid Training (SFAT) and the Technical Education and Skills Development Authority offers Emergency Medical Technician training thru accredited private training centers. EMT training is a 110-to-170-hour program and consists of classroom lectures, skills training and an internship. However, due to lack of accredited training centers and qualified instructors, often, graduates sorely lack the necessary knowledge and skills to function effectively as an EMT. Furthermore, the absence of a law governing prehospital care in the Philippines is a major constraint. This law is needed to institutionalize a standardized national EMS system, create a National Pre-Hospital Care Council (NPHCC) to regulate the profession, establish a national standard for EMT

certification and practice and implement a universal emergency telephone number for easier public access.

At the Western Visayas Medical Center and the West Visayas State University Medical Center where most of the trauma victims are brought, the common observation is that almost all the patients were load-and-go cases even if they were not critically ill. It was surmised that this was due to a lack of training of responders. It was during the first meeting of the Philippine College of Surgeons Panay Chapter in 2023 with Dr. John Paul Gonzales as the newly elected president that it was decided to adopt training for first responders as a flagship project. It was Dr Gonzales who came up with the project name: Trauma Essentials for First Responders. Since I was already a trainer for prehospital trauma response being the national president of the International Trauma Life Support Philippine Chapter as well as a trainer for Advance Trauma Life Support, the job of organizing the training was assigned to me. There were many challenges including lack of equipment, lack of funds, lack of instructors among others. It was also decided that we would give this training for free to government agencies as well as to municipalities who request for it. The Philippine College of Surgeons gave us 20 Combat Application Tourniquets (CAT) for use in Stop the Bleed, and I also lent my other equipment (KED, junctional TQ's, SAM splints, neck collars etc). So, this started this project. We get requests from different municipalities, the Bureau of Fire Protection as well as from the Philippine National Police. We would often travel to Antique, Capiz and other municipalities. Since the training was just for 8 hours, we could finish in one day.

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# A Masterclass in Surgical Leadership: The 52nd PCS Midyear Convention and the Resilient Spirit of Central Luzon

The Philippine College of Surgeons (PCS) currently stands at a momentous crossroads of history and progress as it celebrates its 90th foundation year. This platinum anniversary is not merely a chronological milestone, but a profound reflection of the College's enduring status as the premier organization of surgical professionals in the country. Under the banner of this year's theme, "Precision Care in Surgery by Cultivating Leadership and Competence," the upcoming 52nd PCS Midyear Convention—scheduled for May 6–8, 2026, at the SMX Convention Center, Clark Freeport Zone, Pampanga—promises to be a definitive chapter in the College's storied narrative.

## A Legacy Reclaiming Its Roots

The genesis of the PCS is inextricably linked to the visionary brilliance of its founder, Dr. Gregorio Singian. A titan of Philippine medicine and a beacon of surgical ethics, Dr. Singian was a proud son of San Fernando, Pampanga. As PCS President Dr. Joselito M.



Mendoza leads the College into its ninth decade, the decision to hold this midyear assembly in the heart of Pampanga serves as a symbolic homecoming. It is a tribute to the man who first envisioned a unified body of surgeons dedicated to Quality Surgery for All, returning the College's highest academic and professional deliberations to the very soil that nurtured its founder.

## The "100-Day Miracle": Integrity, Versatility, and Excellence in Action

The hallmark of a surgeon is the ability to maintain composure and precision when a clinical situation shifts instantaneously. This year, the College's organizational fortitude was put to a similar high-stakes test. Originally slated for the Bicol region, the

convention faced an insurmountable challenge due to the volatile activity of the Mayon Volcano. In a display of Versatility—the core value that compels the College to embrace change and connect through boundless collaboration—the PCS Central Luzon Chapter (CLC) rose to the occasion.

While a convention of this magnitude typically demands a preparatory timeline of one to two years, the CLC accepted the mantle of responsibility with a mere 100 days to spare. Led by the distinguished 2026 Board of Governors Chair, Dr. Benedicto S. Joson, Jr., and the tireless Central Luzon Chapter President, Dr. Jose Emiliano T. Gatchalian, the chapter transformed a potential logistical crisis into an opportunity for brilliance. This rapid transition is a masterclass in Excellence and Accountability, proving that the surgeons of Central Luzon possess a leadership capacity as sharp and refined as their surgical technique. They have effectively compressed years of planning into weeks of intensive, high-level coordination, embodying the College's commitment to uplifting society through unwavering professional resolve.

## Elevating the Fellow: Academic Rigor and Professional Camaraderie

At the heart of this convention lies a dual purpose: to provide the most current academic updates that ensure our Fellows remain at the cutting edge of global surgical standards, and to foster a deep sense of camaraderie that binds our community together. The CLC believes that uplifting the Fellow is the first step toward uplifting the patient. By curating a scientific program rich in innovation and evidence-based practice, the convention fulfills its mission of professional advancement.

The College's framework extends beyond the lecture hall. To truly cultivate leadership, one must build strong fraternal bonds. This spirit of fellowship is ignited through an array of vibrant pre-convention activities starting as early as May 5th, designed to showcase the beauty of the region while strengthening professional ties:

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- SIKAD PCS-CLC (May 5): A scenic pre-convention ride from the Clark Parade Ground. This event invites Fellows and Non-fellows alike to experience the sprawling vistas of Clark on two wheels, promoting health and wellness.
- Golf for a Cause (May 6): Set against the majestic backdrop of Mt. Arayat at the Pradera Verde Golf and Country Club, this tournament combines the precision of the sport with the spirit of philanthropy.
- Scalpel Down, Paddle Up! (May 6): The PCS Dink & Play Pickleball Tournament at the Angeles Pickleball Center offers a high-energy, friendly competition, perfect for building agile spirits and lasting friendships.
- The Great Pampanga Food Crawl (May 6): An immersive journey through the Culinary Capital. From sisig to halo-halo and palabok, this shared experience of world-class gastronomy serves as the ultimate catalyst for camaraderie.

### Showcasing the Heart of Central Luzon

For Dr. Joson, Dr. Gatchalian, and the entire CLC, the convention is an exercise in Social Responsibility. By hosting the for the Filipino surgeons in Clark, the CLC highlights a region that mirrors the College's own resilience. Much like the PCS, Clark has risen from the challenges of the past to become a global hub of innovation.

In collaboration with the Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS), the 52nd Midyear Convention stands as a testament to the College's mission. Amidst the plains of Central Luzon, the values of Integrity, Social Responsibility, Accountability, Versatility, and Excellence converge. Guided by the steady hands of its leaders, the Central Luzon Chapter invites all Fellows to witness how a "100-day challenge" became a crowning achievement in the history of the Philippine College of Surgeons.

### A Future Defined by Excellence: Quality Surgery for All

As the final preparations reach their crescendo, the 52nd PCS Midyear Convention stands as a testament to what can be achieved when a



community of professionals is bound by a shared vision. By meeting the sudden demands of a venue shift with such decisive action, the PCS Central Luzon Chapter has already demonstrated the very "Precision Care" it seeks to promote. This gathering is not merely a fulfillment of a professional requirement; it is a profound manifestation of the College's core values— Integrity, Accountability, and Excellence—in their highest form.

The success of this convention will be measured not just by the caliber of the academic updates or the warmth of the camaraderie built on the pre-convention activities, but by the lasting impact it will have on the Filipino patient. Every lecture attended and every surgical innovation discussed in the halls of the SMX Convention Center serves a singular, higher purpose: the realization of the PCS mission to provide "Quality Surgery for All." The surgeons of Central Luzon are ready to welcome everyone to a convention that bridges the gap between a 90-year legacy and the cutting-edge future of our craft.

As we gather in the shadow of Mt. Arayat and beneath the colorful horizons of Clark, we reaffirm our commitment to being the premier organization of surgical professionals—a home where P-recision and C-are are embedded in the heart of every S-urgeon, where C-ultivating L-eadership is executed, C-ompetence is celebrated, and the pursuit of excellence never wavers.

Mabuhay ang Philippine College of Surgeons!  
Mabuhay ang Central Luzon Chapter!

# Resilience Amid Adversity, Vision for Impactful PCS Bicol Chapter Ahead

The Philippine College of Surgeons (PCS) Bicol Chapter has long been a pillar of surgical excellence and community service in the region, and its recent nomination for the Midyear Convention stands as a testament to its unwavering commitment to advancing the field. Over knowledge-sharing, setting the stage for what was intended to be a landmark event-until the past months, the chapter has laid a strong foundation through consistent engagement and nature intervened.

## **A Foundation of Consistent Learning and Collaboration**

Prior to the unforeseen challenges, the PCS Bicol Chapter maintained a robust schedule of monthly meetings. These gatherings served as vital platforms for surgeons across the region to discuss clinical cases, and stay updated on the latest advancements in surgical connect, practice True to its mission of fostering interdisciplinary learning, the chapter also invited speakers from various medical specialties, broadening the scope of discussions and encouraging cross-specialty collaboration that benefits both practitioners and patients.

## **Mayon Eruption Forces Postponement: Resilience in the Face of Nature's Wrath**

However, the chapter's plans for the Midyear Convention took an unexpected turn due to the eruption of Mayon Volcano. The natural disaster, which brought significant disruption to the Bicol region, particularly in Legazpi City and surrounding areas, prompted the PCS Bicol Chapter - Naga City to make the difficult but necessary decision to move the convention to the following year. Prioritizing the safety of its members, guests, and the community at large, the chapter demonstrated its commitment to responsible leadership and adaptability in the face of adversity.

## **A Vision for Fruitful Activities and Impactful Service**

Despite the postponement, the PCS Bicol Chapter remains undeterred in its goals. Looking ahead to the rescheduled Midyear Convention and beyond, the chapter has outlined an ambitious array of activities designed to drive professional growth and make a tangible difference in the lives of Bicolanos.

Planned initiatives include pre-convention events, comprehensive surgical missions, and post-graduate courses that will equip surgeons with cutting-edge skills and knowledge. The chapter is also gearing up for the PSGS,PALES Bicol Chapter Mission, the Simultaneous Cutting by PCS, and the Pink Light/ Pink Run---activities that combine medical service with advocacy, particularly in raising awareness for health causes. Additionally, the chapter aims to organize separate surgical missions by province ensuring that even remote communities have access to quality surgical care, alongside other outreach programs that address the diverse health needs of the region.

## **A Commitment to Excellence and Service**

The PCS Bicol Chapter's journey from its consistent monthly engagements and interdisciplinary collaborations to its resilient response to the Mayon Eruption and its forward looking vision exemplifies the spirit of the surgical profession in the Philippines. As it prepares for the rescheduled Midyear Convention and the array of activities that will follow, the chapter continues to stand as beacon of hope, excellence, and service, dedicated to improving health outcomes and strengthening the surgical community in Bicol.

In the face challenges, the PCS Bicol Chapter has shown that resilience, adaptability, and a steadfast commitment to its mission can turn setback into opportunities for even greater impact. The region can look forward to a future filled with meaningful initiatives that will not only elevate surgical practice but also touch the lives of countless individuals in need.

# The Surgeon Scientist: Innovation, Minimal Invasiveness, and Patient-Centered Progress

• Jose Benito A. Abraham, MD, FPCS, FPUA, FPSTS, FPBAMIS •

In the evolving landscape of modern medicine, the figure of the “Surgeon Scientist” stands as both pioneer and guardian. He is not merely a technician of the operating room, nor solely a scholar of the laboratory. He is a forward-looking surgeon who refuses complacency, constantly seeking innovation to refine the art and science of healing. His mission is clear: to rise above the comfort zone, to challenge what is considered the “gold standard,” and to apply new techniques that promise gentler, safer, and more humane ways of managing disease.

## Rising Above the Comfort Zone

The comfort zone in surgery is defined by established protocols, tried-and-tested procedures, and the reassuring familiarity of tradition. Yet, the Surgeon Scientist recognizes that comfort can breed stagnation. He understands that medicine is dynamic, that yesterday’s breakthroughs can become tomorrow’s limitations. To rise above the comfort zone is not to discard tradition recklessly, but to interrogate it thoughtfully. It is to ask: Can this be done better? Can this be done safer? Can this be done with greater compassion for the patient’s journey?

This mindset demands courage. It is easier to remain within the boundaries of what is already accepted. But the Surgeon Scientist embraces discomfort as the crucible of progress. He knows that innovation often begins with unease—with the recognition that the current way, though effective, may not be the most humane or efficient path forward.

## Minimal Invasiveness as a Philosophy

For the Surgeon Scientist, innovation finds its most profound expression in the pursuit of minimal invasiveness. As an endourologist, laparoscopic urologist, and robotic surgeon, he embodies this philosophy in practice. Minimal invasiveness is not merely a technical approach—it is a moral commitment to reduce the burden of surgery on the patient. It is the belief that healing should be as gentle as possible, that scars should be minimized, that recovery should be accelerated, and that dignity should be preserved.

Where once large incisions were the hallmark of surgical mastery, the Surgeon Scientist now champions laparoscopic and robotic techniques that leave only small scars. Where once prolonged hospital stays were inevitable, he now pursues enhanced recovery protocols that allow patients to return to their lives sooner. Innovation, in his hands, is not a disruption—it is a refinement, a compassionate recalibration of the surgical experience.

## Respect for Evidence

Yet, the Surgeon Scientist is not a dreamer untethered from reality. He respects evidence deeply. He knows that innovation without validation is dangerous, that progress without proof can compromise trust. Therefore, he persistently measures outcomes, designs trials, and contributes to the body of knowledge that defines modern medicine. He does not simply apply new techniques—he interrogates them, documents them, and shares them with the scientific community.

This dual commitment—to innovation and to evidence—distinguishes him from both the complacent practitioner and

the reckless experimenter. He fills knowledge gaps in clinical problems, not by speculation, but by rigorous inquiry. His laboratory is the operating room, his data are real experiences of patients, and his goal is the advancement of collective understanding.

## Patient Safety as the Non-Negotiable

Above all, the Surgeon Scientist never compromises patient safety. Innovation must never come at the expense of trust. Every new technique, every bold idea, is filtered through the unwavering principle that the patient’s life and dignity are paramount. He balances risk with benefit, novelty with prudence. He knows that the true measure of progress is not the brilliance of the technique, but the safety and well-being of the patient who entrusts him with their body and their hope.

This commitment to safety is what allows him to challenge the gold standard without arrogance. He does not dismiss tradition; he honors it. But he also recognizes that tradition must evolve. The gold standard is not a ceiling—it is a foundation upon which new heights can be built, provided that safety remains the cornerstone.

## The Dual Identity: Surgeon and Scientist

The Surgeon Scientist embodies a dual identity. As a surgeon, he is a craftsman of precision, a master of anatomy, a steward of the operating theater. As a scientist, he is a seeker of truth, a designer of experiments, a contributor to knowledge. These identities are not in conflict—they are synergistic. His surgical practice informs his scientific inquiry, and his scientific rigor enriches his surgical practice.

This duality requires balance. Too much focus on surgery alone risks complacency; too much focus on science alone risks detachment from the patient’s immediate needs. The Surgeon Scientist harmonizes both, ensuring that his innovations are grounded in reality and his practice is elevated by inquiry.



## The Human Dimension

Beyond technique and evidence, the Surgeon Scientist is deeply human. He understands that surgery is not merely about disease—it is about people. Patients come with fears, families, and futures. Innovation must therefore be compassionate, not only in its physical outcomes but in its emotional resonance. A gentler surgery is not only one that reduces pain, but one that restores dignity, alleviates anxiety, and honors the patient's humanity.

In this sense, the Surgeon Scientist is also a communicator. He explains new techniques with clarity, reassures patients with empathy, and engages colleagues with humility. His pursuit of innovation is not solitary—it is collaborative, involving multidisciplinary teams, shared decision-making, and collective wisdom.

## The Legacy of the Surgeon Scientist

The legacy of the Surgeon Scientist is not measured in accolades or titles, but in the lives transformed by his refusal to settle. He leaves behind not only healed bodies, but also new pathways for future surgeons to follow. His work becomes the new evidence, his innovations the new standards, his compassion the new expectation.

In the broader arc of medicine, the Surgeon Scientist represents the spirit of progress. He reminds us that healing is not static, that the pursuit of better ways is endless, that the comfort zone is a place to rest briefly, not to remain permanently. His journey is one of perpetual motion—forward, upward, always seeking, always refining.

## Conclusion

The Surgeon Scientist is a visionary grounded in reality, a pioneer anchored in safety, a dreamer disciplined by evidence. He rises

above complacency not to chase novelty, but to pursue gentler, safer, more compassionate ways of healing. He respects tradition but refuses stagnation. He measures outcomes, fills knowledge gaps, and contributes to the collective wisdom of medicine. And through it all, he never compromises the trust placed in him by his patients.

In him, we see the future of surgery—not as a static discipline bound by gold standards, but as a living science, constantly evolving, constantly improving, constantly human. The Surgeon Scientist is not only a practitioner of medicine; he is its steward, its innovator, its conscience. And in his hands, the future of healing is both safer and more compassionate.

## Inspired by a Guru

On a personal note, this philosophy of a constant search for a more gentle way of doing surgery, the concept of minimal invasiveness, which I hold dearly, was not born in isolation. It was nurtured in me, under the guidance of Dr. Ralph V. Clayman, the guru of minimally invasive urology, who served as my fellowship director at University of California, Irvine Medical Center. Under his mentorship, the concept of the "Surgeon Scientist" was engrained in me, the idea that surgery could be transformed—not by abandoning rigor, but by reimagining its possibilities. Dr. Clayman remains my daily source of inspiration, a reminder that innovation must always be tethered to compassion and evidence.

The fellowship experience was transformative. It instilled not only technical mastery but also a mindset: that the surgeon's responsibility is not only to cure disease but to do so in the gentlest way possible. This legacy continues to shape my practice, guiding the pursuit of new techniques and refusal to settle for complacency.

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# Understanding The Dualities of Life: For Mental Wealth

• Benjamin G Herbosa, MD, FPCS, FPAPRAS •

How does one survive anguish? And how do we try to recover from it. Is there actually a way?

As I walk through my own turmoils—alongside so many who battle their minds—I offer these reflections on the brutal dualities that shape our existence.

Life's Dualities .

Life is never gentle enough to choose one path. It hurls joy and tragedy at us in the same breath, forcing us to hold light and darkness simultaneously. This is the unrelenting rhythm of human existence.

Then comes the abundance and the adversity—the blessings that glitter for a moment before the next storm rolls in. We are all trapped in this violent pendulum swing between elation and despair, a relentless human roller coaster that lifts us skyward only to plunge us back into the abyss. It is a cycle of rising and breaking, of gathering strength only to have it tested once again and again.

Loss is catastrophic if not cataclysmic. In my case, the recent death of someone I love hit like a force powerful enough to freeze time itself. Yet paradoxically, it can also ignite something within us—an aching drive to push beyond what we once believed possible. Grief hollowed me out, carved an emptiness so severe it felt physical, a void of mind and spirit that leaves you gasping for meaning.

Still, resilience demands its reckoning.

Life will erupt with chaos, and then—without warning—it will offer small triumphs that remind us we are still alive. Joy can overflow, abundance can surprise us, even as unspeakable events shake our fragile existence. We fall, then we claw ourselves upright. We

stumble, then we force our feet forward. Death arrives with its strange timing, but life responds with its own strange invitations—to surrender or to rise, to break apart or to rebuild.

In my descent toward despair, the weight of grief pulled me close to a kind of inner death—a state where even thought felt empty. And yet, even in that void, something faint and stubborn whispers that healing is not impossible.

There are those moments, when no language nor consoling words, collapse the spirit under the heaviness of pain, when only music or pure feeling can reach the fractured places inside us. And as people entrusted with responsibility like you and me as surgeons—whether in healing, in leadership, in service—we often try to hold ourselves together long past our breaking point. The real courage, sometimes, is to Stop. To breathe. To allow the world to slow down long enough for your shattered pieces to settle. And hoping to even be able to collect them.

Let the tears fall if they must. Let them saturate the emptiness. And if they do not, let your purpose, your calling, your quiet convictions seep into the cracks. I no longer believe vulnerability is a weakness to hide. It is a companion to strength—its fuel, not its undoing.

We fight to regain the rhythm of thought, even when suffering has stolen all rhyme and tempo. Take a step back—away from phones, your tablet, your notifications, the noise of relatives and the demands of the world. Healing often begins in silence, in stillness, in the calm that waits behind the chaos.

There is an unseen work happening in those quiet moments, a slow rebuilding that strengthens from within. Will it feel half-filled or half empty? Is it of happiness or of the torment. And though anguish feels endless, it does not own the entirety of you—I hope and fervently pray not longer nor forever!

# When Only the Songs Remain

• Siegfredo R. Paloyo, MD, MPH, FPCS •

There are moments in life when language fails and only prayer remains. During the most vulnerable nights of my recent illness and recovery, two hymns accompanied me: Lead Me, Lord and Anima Christi. They became less like songs and more like companions — patient witnesses to fear, surrender, and fragile hope.

In the long hours when sleep would not come and uncertainty pressed heavily on the mind, my wife would play these hymns on Spotify throughout the night. Sometimes the music flowed softly into the room from her phone; at other times I listened through earphones while lying in the hospital bed, suspended between waking and sleep. I still remember opening my eyes in the middle of the night and hearing the familiar melodies filling the darkness — unhurried, measured, almost breathing alongside me. Many of those nights ended in relentless tears — not only from anxiety or exhaustion, but from a profound sense of powerlessness. When the familiar anchors of competence, planning, and control dissolved, all that remained was a plea to be led, and a deeper longing to be held.

The words of Lead Me, Lord carried particular weight: “Lead me, Lord, lead me by the hand, and make me face the rising sun.” What once felt like a gentle prayer became an urgent petition — not for certainty or comfort, but for direction in the midst of unknowing. The hymn does not promise clarity or ease; it asks only for trust, obedience, and perseverance. In those moments, that was all I could offer. To be led, even when I could not see where the road might turn, became a form of surrender that felt both frightening and liberating.

Anima Christi carried a different resonance. Its ancient petition — “Soul of Christ, sanctify me; Body of Christ, save me; Water from the side of Christ, wash me” — speaks not to escape from suffering, but to transformation within it. It is a Eucharistic prayer, deeply incarnational, grounded in the mystery that grace enters precisely through brokenness, flesh, and sacrifice. In weakness, confusion, and fear, the prayer offered a reminder that something sacred can still be shaped even when life feels profoundly unstable.

One line from the prayer lodged itself deeply in me: “Hide me in Thy wounds, that I may never leave Thy side. From all the evil that surrounds me, defend

me. And when the call of death arrives, bid me come to Thee, that I may praise Thee with Thy saints.” In those words, I recognized what complete surrender truly meant — not a plea to be spared from death, but a willingness to be held even if death came. It was an act of trust stripped of negotiation, an unspoken offering of the self when control had finally been exhausted.

Hearing Anima Christi during this season unexpectedly transported me back to my high school years in an Augustinian school, where I first encountered the prayer — not yet understanding its depth, but absorbing its cadence and reverence. Those early years formed much of my interior landscape: the restlessness of the heart, the pursuit of truth through humility, and the conviction that grace meets us most intimately in our fragility. In moments of illness and helplessness decades later, those roots resurfaced naturally, as though a spiritual memory had been waiting patiently for the moment it would be needed again.

There was something deeply consoling in realizing that the same prayer that once shaped a young student’s faith now steadied a middle-aged physician facing his own mortality. It reminded me that faith is not something we outgrow; it is something that matures with us, deepening through

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## About the Author

Siegfredo R. Paloyo, MD, MPH, is an associate professor at the University of the Philippines College of Medicine and a surgeon specializing in liver, kidney, pancreas and intestinal transplantation. He completed his multi-organ transplant fellowship at the University of Miami–Jackson Memorial Hospital. In 2025, while on vacation in the United States, he underwent an emergency Bio-Bentall procedure for an acute aortic dissection—an experience that profoundly reshaped his understanding of vulnerability, vocation, and faith. His wife is a plastic surgeon who accompanied him throughout his hospitalization and recovery. He lives in Manila with his family.

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seasons of suffering, doubt, and surrender. Even the wider Church has been gently reminded in recent years of the richness of the Augustinian tradition, a gentle affirmation that those formative roots continue to bear fruit across generations.

Seven months later, I remain surprised by how powerfully these hymns still affect me. Even now, hearing either song often brings an unexpected tightening in the chest and tears that arrive without invitation. The body remembers what the intellect has already begun to archive as past. Trauma imprints itself not only in memory but in rhythm, breath, and sound. These melodies now carry with them the weight of survival — the echo of nights when life felt borrowed rather than assumed, when each breath felt more like gift than entitlement.

The tears that come are not expressions of sadness alone. They are layered with gratitude, humility, reverence, and awe. They are the acknowledgment of having been carried through a season where outcomes were uncertain and control was largely illusory. They remind me that healing is not always linear or complete, and that some experiences leave holy residues rather than scars.

In medicine and in life, we are trained to recover quickly, to regain function, to move forward efficiently. Yet certain encounters do not simply resolve; they reshape us. They recalibrate our understanding of

vulnerability and dependence. They gently dismantle the illusion of self-sufficiency. The continued emotional response to these hymns is not a sign of weakness or unresolved pain, but a testament to how profoundly the encounter with fragility altered the interior landscape of faith.

Catholic spirituality has long recognized the sanctifying power of suffering when united with Christ — not as something to be sought, but as something that can be redeemed when it arrives uninvited. In the repetition of these prayers, I learned again what it means to entrust what cannot be controlled: the body, the future, the people we love, and even our own sense of identity. The sacraments, the prayers of the Church, and the familiar language of devotion become anchors when the mind can no longer generate certainty.

Music, in this way, becomes more than memory. It becomes a sacramental echo — a tangible reminder that grace once met us in a particular place and continues to meet us again whenever the melody returns. What once sustained survival now continues to shape meaning.

There are wounds that heal invisibly and others that leave echoes rather than scars. If certain songs continue to move us long after the storm has passed, perhaps it is because the soul remembers the miracle of having endured — and the mercy of having been led when the path could not yet be seen.

*Across the Board... from page 25*

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|---|---|
| <ul style="list-style-type: none"> <li>10.16.1. Suppliers for PCS Information and Coordinating Office (PICO)               <ul style="list-style-type: none"> <li>1. Equipment's will be used in Online Broadcasting of all activity of PCS and PCSF.</li> <li>2. Committee's Recommendation:                   <ul style="list-style-type: none"> <li>2.1. Lighting Equipment – Metatech Solutions and Systems Corp. (Php68,890.00)</li> <li>2.2. Streaming Equipment – Tawrus Professional Equipment (Php118,629.00)</li> <li>Grand Total: Php187,519.00).</li> </ul> </li> </ul> </li> <li>10.17. Committee on Internal Audit</li> </ul> | <ul style="list-style-type: none"> <li>enhance accuracy, efficiency and profitability of the company, the Audit Committee will implement.</li> </ul>  |
| <ul style="list-style-type: none"> <li>FOR APPROVAL / Approved</li> <li>10.17.1. To outsource Internal Auditor</li> <li>10.17.1.1. Due to the volume of transactions, the hiring of an Internal Auditor will ensure that internal controls have safeguards against fraud. This will involve an expense (Retainer's Fee) which will be determined by the frequency of audit which is dependent on the volume of data/documents presented.</li> <li>10.17.1.2. The Internal Auditor will recommend improvements in the transaction process to</li> </ul>  | <ul style="list-style-type: none"> <li>10.18. Other Matters               <ul style="list-style-type: none"> <li>10.18.1. PJSS ESBSCO MOA</li> <li>10.18.2. Philippine Urological Association, Inc. (PUA) – Raffle Ticket</li> <li>10.18.3. PMA Scientific for 119th Annual Convention (May 13-16, 2026)</li> <li>10.18.4. PMA TB Summit</li> <li>10.18.5. DOH Third Doctor Meeting                   <ul style="list-style-type: none"> <li>10.18.5.1. Feb. 10, 2026 (Representative Dr. Jorge Concepcion)</li> <li>10.18.5.2. March 10, 2026 (Attended by Dr. Madrigal, Dr. Mendoza via Zoom)</li> <li>10.18.5.3. March 16 – 18, 2026 (next meeting via zoom)</li> </ul> </li> <li>10.18.6. Google Admin payment</li> <li>10.18.7. ADM Catering MYC 2026</li> <li>10.18.8. Event Organizer MYC 2026                   <ul style="list-style-type: none"> <li>10.18.8.1. Portfolio</li> <li>10.18.8.2. Orange Component</li> </ul> </li> <li>10.18.9. Dream Journey Corporation</li> </ul> </li> <li>10.19. Next Meeting on March 14, 2026 (GT Singian)</li> <li>11. Adjournment -3:33 pm</li> </ul> |

# A Surgeon's Safari: Reclaiming the Essence of Surgery

• Catherine SC Teh, MD, MSc, FPCS, FRCSED, FACS(Hon), ESA(Hon), G.CIEHF •

**M**y journey through the South African wilderness was more than an escape from the operating room (OR). It became an experience that reframed my understanding of life, precision, and resilience—offering profound parallels to my work as a hepatobiliary-pancreatic (HBP) surgeon. Amid the unfiltered rhythm of nature, I saw echoes of the challenges and rewards encountered in the OR: humility, teamwork, trust, and the unyielding demand for adaptability.

In HBP surgery, we face daunting complexity—tumors encasing vessels, fragile cirrhotic livers, and anatomical anomalies that defy textbook diagrams. Each case is high stakes, and every decision is critical. However, amid the stress and pressure of the OR, the safari reminded me of the need to reconnect with the core values that transcend the technical. Beyond the OR, I rediscover the essence of surgery in the unpredictable patterns of the natural world.

## **Camouflage and Humility: Knowing When to Stay Invisible**

On the savannah, survival depends on being invisible—whether it's a lion stalking prey or a zebra disappearing into the landscape. Their quiet mastery of invisibility reminded me of a crucial tenet in surgery: humility. In the OR, success often relies not on grand gestures but on restraint, precision, and seamless integration within a team. Pellegrini and de Santibañes identify humility as a hallmark of surgical mastery, keeping surgeons grounded despite technical excellence<sup>1</sup>.

Like wild animals, the best surgeons act with precision and purpose. Just as predators in the wild bide their time, the skilled surgeon knows what to watch, when to act or slow down<sup>2</sup>, and when to defer. Knowing when not to act, pause, or withdraw altogether is one of the most underappreciated virtues in surgery. This delicate balance between presence and restraint, between action and observation, is where humility truly reveals itself.

I've seen this play out in real surgical settings—moments when acknowledging limitations prompts deferment or a crucial second opinion. When stepping back and trusting a colleague or trainee take the lead is the best form of guidance. Humility doesn't weaken a surgeon; it deepens his/her wisdom.

## **Leadership and Protection: The Elephant and the Pride**

Watching a mother elephant shield her calf from danger or a lion king patrol his territory reminded me that leadership in surgery is not about dominance but responsibility.

Protecting patients, guiding teams, and mentoring trainees require deliberate, compassionate stewardship. The surgical leader stands at the nexus of patient care and team coordination, where technical skill and emotional acuity are required.

Today's surgical leadership demands more than technical expertise. It involves managing high-performing teams, fostering psychological safety, and leading with emotional intelligence—traits distinguishing those who master the profession<sup>3</sup>. In the same way that a lion leads its pride not through fear but presence and vigilance, surgeons guide their teams through confidence tempered by humility.

Leadership also involves the less glamorous but vital work of shielding junior team members from systemic pressures, advocating for patient safety even when it is unpopular, and carrying the emotional burden of tough calls. Like the lioness protecting her cubs, we lead through strategy and selflessness.

## **Precision and Pattern Recognition: Following the Signs**

Our safari guide could read barely visible signs—a broken branch, a faint pawprint, a resting vulture—to track elusive animals. His attention to detail reminded me of surgical awareness, where pattern recognition, “anticipation, forward planning, tactical re-evaluation”<sup>4</sup> and strategic management mark a seasoned operator. Intraoperative performance is shaped by non-technical skills such as situational awareness, adaptive decision-making, and the development of shared mental models that foster team cohesion and safe surgical flow<sup>5,6</sup>.

In HBP surgery, missing a subtle cue—a slight anatomical variation, tension in tissue planes—can alter the course of a procedure. Mastery lies in reading the landscape, interpreting the signals, and acting precisely. Reflecting on Henri Bismuth's legacy, surgical excellence in hepatobiliary surgery demands deep anatomical insight and the wisdom of strategic timing<sup>7</sup>.

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Interpreting minute anatomical cues like reading animal tracks in the sand demands focus, context, and experience. The surgeon's ability to anticipate will ripple through the operation where each variation impacting a decision carries potential consequences.

### **Teamwork and Trust: Lessons from the Lions**

Before each game drive, we were briefed on a list of do's and don'ts. Every member played a role to ensure our safety—just as each person in the operating room contributes to a successful surgical outcome. Watching a lion pride hunt in unison brought this into focus. It echoed the essence of surgical teamwork, where coordination, trust, and timing can mean the difference between success and failure.

As Gawande emphasizes, even the most skilled professionals benefit from structured preparation and open communication—where simple tools like checklists help reduce preventable errors in complex systems<sup>8</sup>. In the OR, anesthesiologists, surgical assistants, scrub nurses, and trainees must operate as a synchronized unit, each attuned to the others' cues and responsibilities. In high-stakes surgery, individual excellence means little without collective harmony<sup>3</sup>.

Trust—the keystone of the patient–surgeon relationship—also underpins the dynamics within the surgical team<sup>9</sup>. It is built through clear communication, mutual respect, and psychological safety. When team members feel empowered and supported, outcomes improve, stress levels fall, and the OR becomes a space of focused collaboration.

Once, a young nurse quietly flagged a missing instrument before closure. Her voice was heard, her concern respected, and a potential complication was avoided. That moment wasn't about hierarchy—it was about shared accountability.

Just as lions depend on each other in the hunt, we rely on one another in the OR. In this ecosystem, survival depends on collaboration, not competition. We lead by being present, listening with intention, and recognizing that no one operates alone in surgery or the wild.

### **Adaptability and Uncertainty: Pivoting With Purpose**

On safari, the weather changed, trails disappeared, and animals altered their paths. Our guide adapted in real time—a vital trait in surgery. No matter how detailed the plan is, unexpected turns are inevitable. In those moments, we rely on adaptability and composure.

Madani et al. place this adaptability alongside technical proficiency among the core components of surgical expertise<sup>4</sup>. Mastery in surgery involves fluid

thinking, rapid reassessment, and a calm pivot in response to new information. Nature's unpredictability mirrors that of the human body.

Adaptability is not improvisation; it is intentional flexibility. It means preparing for multiple scenarios, rehearsing mental algorithms, and clearly responding when certainty dissolves. Pivoting under pressure defines not just surgical expertise but resilience.

Unexpected operative findings can occur despite careful pre-operative planning. A carefully considered change in approach often makes the difference between complication and success. Adaptability is not optional—it is elemental.

### **The Circle of Life: Fragility and Resilience**

An impala fleeing a predator, a buffalo standing its ground, a pride feasting on the giraffe carcass, the mother elephant raging at us as we fled—these scenes underscored the fragility of life and the resilience woven into survival. As surgeons, we live at that same edge—between life and loss, hope and uncertainty.

In those crucial moments on the safari, we placed our lives in the hands of our guide. Similarly, our patients entrust us with their most vulnerable moments. This profound responsibility demands more than technical competence—it calls for integrity, presence, and emotional clarity. Trust is the keystone in the arch of the patient–physician relationship: remove it, and the entire structure falls<sup>9</sup>.

Our commitment to act with fidelity, acknowledge vulnerability, and communicate transparently sustains trust. These are not abstract virtues; lived values emerge most powerfully when outcomes hang in the balance.

The operating room is not merely a space of intervention but a crucible where human resilience meets scientific possibility. We do not always win. However, every decision we make reverberates with meaning.

### **Final Reflections: A Stewardship of Life**

The safari was more than a journey into the wilderness. It was a rediscovery of the principles that define the surgical profession. Mastery is not only about technical skill but also the 3C's - character, communication, and commitment to others<sup>1,3,5</sup>. True surgical mastery transcends the tools we use and lies in strategic thinking, situational awareness, and moral judgment<sup>10</sup>.

In surgery and the savannah, we operate within intricate systems that demand awareness, humility, and respect. Whether guiding a patient through resection or watching a lion lead its pride, the essence remains: we

# The Cost of Convenience: Disposables, Reusables, and Patient Safety

• Jose Benito A. Abraham, MD, FPCS, FPUA, FPSTS, FPBAMIS •

The operating room is where clinical excellence collides with economic realities and environmental consequences. Over recent decades the adoption of single-use surgical devices has been framed as progress: disposables reduce the risk of cross-contamination, guarantee sterility at the start of each case, and simplify logistics in busy suites. Yet that convenience carries a growing moral and practical cost. Hospitals must now reconcile three interdependent obligations—protecting patients from instrument failure and infection, stewarding limited financial resources, and reducing the mounting tide of non-biodegradable medical waste. Finding the right balance is not a technical exercise alone; it is a policy and ethical challenge that demands clear principles and sustained institutional commitment.

## Surgeon Accountability with Disposable Devices

Surgeons occupy a central ethical and operational role in decisions about device selection and use. Accountability begins with clinical judgment: the surgeon must justify the choice of a disposable device on the basis of patient risk, procedural complexity, and evidence of benefit. That justification should be documented in the operative plan and available for review in morbidity and mortality discussions. Beyond selection, surgeons share responsibility for ensuring that the sterile field contains only appropriate, intact instruments; they must pause and escalate when an instrument appears compromised or when a team member raises a concern.

Institutional policy should make surgeon accountability explicit. This includes requiring surgeons to participate in procurement committees, to review device performance data, and to sign off on protocols that define when disposables are mandatory versus optional. When a disposable device is used, surgeons should document the clinical rationale and report any device-related adverse events promptly. Where inappropriate reuse of single-use devices is discovered, investigations should examine system failures and individual decisions; remediation should focus on education, process redesign, and, when

warranted, disciplinary measures. Accountability is not punitive alone—it is a mechanism to ensure transparency, continuous learning, and patient protection.

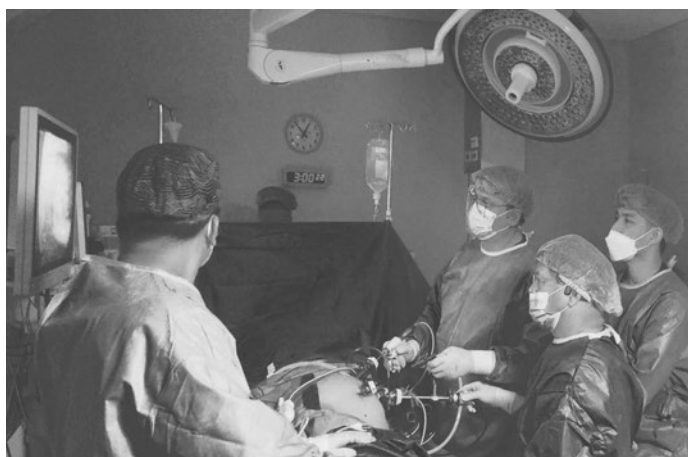
Surgeon leadership also matters for sustainability. Surgeons who champion evidence-based substitution of reusables where safe can influence procurement and culture. Conversely, when surgeons insist on disposables for convenience without clinical justification, they shift costs and environmental burdens onto the institution and community. Embedding surgeon accountability into governance structures aligns clinical autonomy with institutional stewardship.

## Patient Safety as the Primary Imperative

Patient safety must be the lodestar of any policy. Instruments that fail during a procedure or transmit pathogens because of inadequate reprocessing produce immediate, measurable harm: additional operations, prolonged hospitalization, morbidity, and sometimes mortality. The clinical consequences of a broken instrument or a surgical site infection are not abstract line items in a budget; they are human lives and livelihoods. For that reason, single-use devices have an important role. Where the margin for error is smallest and the consequences of contamination or mechanical failure are greatest, disposables can be the safer choice. Equally, the reuse or reesterilization of devices explicitly labeled for single use is indefensible from a safety standpoint and should be prohibited by institutional policy. Patient trust depends on the assurance that instruments will perform as intended.

## Economics and the Hidden Costs of Convenience

The economics of modern healthcare cannot be ignored. Disposable instruments shift costs from capital investment and sterilization infrastructure to recurring procurement expenses. In high-volume centers, the cumulative price of single-use items can be substantial, squeezing budgets that might otherwise fund staffing, training, or investments



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in quality improvement. Reusable instruments, when managed correctly, offer a pathway to cost containment: durable tools amortize their purchase price over many procedures, and centralized sterilization units can achieve economies of scale. But cost savings are only real when safety is preserved. That requires investment in validated sterilization processes, rigorous inspection protocols, and lifecycle tracking so instruments are retired before they become a hazard. A false economy—saving money today by cutting corners on maintenance or inspection—inevitably produces higher costs and worse outcomes tomorrow.

### **Managing Reusables with Discipline and Transparency**

If reusables are to deliver both safety and savings, they demand systems. Centralized sterile processing units must be accredited and resourced; sterilization cycles must be validated and monitored; staff must be trained and empowered to flag worn or damaged instruments. Digital tracking of instrument lifecycles is not a luxury but a necessity: knowing how many cycles an instrument has undergone, who handled it, and when it was last inspected turns guesswork into governance. Procurement decisions should be guided by total cost of ownership rather than unit price alone, and replacement schedules should be proactive rather than reactive. When these elements are in place, reusables can reduce waste and cost without compromising patient safety.

### **Instrument Failure Breakage and Cross Contamination Safeguards**

Mechanical integrity and sterility are inseparable. Instruments subjected to repeated mechanical stress or aggressive sterilization can develop microfractures, corrosion, or loss of precision that are not always visible to the naked eye. These defects increase the risk of intraoperative breakage and retained fragments, which can cause immediate harm and complicate postoperative recovery. Similarly, inadequate cleaning or lapses in sterilization protocols create vectors for cross contamination and surgical site infections. Effective safeguards include routine preoperative inspection, standardized cleaning checklists, validated sterilization cycles, and mandatory reporting of near misses and instrument failures. Accountability structures that link procurement, sterile processing, and clinical teams reduce the chance that a compromised instrument reaches the patient.

### **Environmental Consequences and Institutional Responsibility**

The environmental dimension complicates the calculus further. The proliferation of single-use plastics in operating rooms contributes to a growing stream of non-biodegradable waste that hospitals must manage.

Much of this material cannot be recycled because of contamination, and it ends up in landfills or incinerators with attendant ecological and public health consequences. The healthcare sector's carbon footprint and waste generation are not peripheral concerns; they are part of the sector's ethical ledger. We care for individual patients, but we also have a collective duty to minimize harm to communities and ecosystems that sustain health. Ignoring the environmental costs of disposables is a form of intergenerational negligence.

### **A Pragmatic Hybrid Model**

The solution is not ideological purity—declaring disposables evil or reusables always superior—but a pragmatic, context-sensitive approach. A hybrid model, guided by clinical risk, cost-effectiveness, and environmental impact, is the most defensible path. For high-risk, invasive procedures where instrument integrity and sterility are paramount, single-use devices should be the default. For lower-risk contexts, or for instruments that are robustly designed for repeated reprocessing, reusables should be favored, provided that sterilization and inspection systems meet rigorous standards. This framework requires local adaptation, continuous monitoring, and the willingness to change course when data indicate a different balance of risks and benefits.

### **Measurement Accountability and Ethical Framing**

Transparency and measurement are essential. Institutions should track surgical site infection rates, instrument failure incidents, procurement costs, and waste volumes, and use these metrics to inform policy and practice. Decisions to use disposables for specific procedures should be defensible with data showing improved safety or cost-effectiveness. Decisions to favor reusables must be supported by documented evidence of validated sterilization and inspection practices. Beyond metrics, this is a conversation about values: the choices made in operating rooms reflect how we weigh immediate patient safety against longer-term communal responsibilities. The right answer is rarely absolute; it is the product of careful deliberation, evidence, and humility.

### **Conclusion**

Balancing surgical cost efficiency, patient safety, and environmental responsibility is not merely an administrative task. It is an ethical imperative. Hospitals that succeed will be those that integrate clinical excellence with fiscal prudence and environmental stewardship—institutions that recognize that doing right by today's patient includes doing right by the world that patient and future patients will inherit. Surgeon accountability, robust sterile processing, transparent measurement, and a pragmatic hybrid approach together create a pathway to safer, more sustainable surgical care.

# Scalpel, Suction... Spotify?

• Jose Benito A. Abraham, MD, FPCS, FPUA, FPSTS, FPBAMIS •

## The Soundtrack of Modern Surgery

Operating rooms have long been the stage for high drama: tense silences, whispered commands, and the occasional beeping monitor that seems determined to audition for a horror film. But in recent years, a new player has entered the surgical theater—not a robotic arm or cutting-edge laser, but something far more human: music. Yes, the humble Bluetooth speaker has become as essential as the scalpel, and Spotify playlists are now as carefully curated as the instrument tray.

## The Science of Sound (and Sanity)

Music has a remarkable ability to reduce stress, sharpen focus, and even lower blood pressure. Surgeons, nurses, and anesthesiologists alike benefit from the calming effect of a ballad or the energizing pulse of a pop anthem. After all, if Mozart could compose symphonies while half-blind, surely a surgeon can tie a knot more gracefully with Bruno Mars cheering them on.

But beyond the science lies the undeniable truth: surgery is stressful, and music is the universal antidote. A playlist can transform the atmosphere from “tense battlefield” to “collaborative groove session.” The patient may be asleep, but the team is wide awake—and nothing keeps spirits high like Taylor Swift reminding everyone to “shake it off.”



## The Playlist Wars

No operating room is immune to the eternal debate: what to play? The anesthesiologist might prefer 80s rock ballads, the scrub nurse swears by 90s R&B, and the surgeon insists that only Taylor Swift’s “Folklore” can steady their hand. Cue the great playlist wars, fought not with scalpels but with Bluetooth pairing rights.

## Hammer Time in the OR

One unforgettable afternoon, the Bluetooth speaker staged a coup. Mid-procedure, it abandoned soothing Kenny G’s “Silhouette” and exploded into a thumping rendition of MC Hammer’s “U Can’t Touch This.” Instantly, the operating room shifted from a temple of precision into a dance floor. The circulating nurse nearly dropped her clipboard—not from fatigue, but from attempting a moonwalk in surgical clogs. The anesthesiologist bobbed their head like they were at a club, while the surgical resident risked a wobble without breaching the sterile field. For a few glorious minutes, sutures were stitched to the beat, instruments passed in rhythm, and surgery wasn’t just about saving lives—it was about keeping the groove alive.

## Mood Management in the OR

Music doesn’t just reduce stress—it sets the tone. Need focus? Cue instrumental jazz. Need energy? Bring on the 90s dance hits. Need comic relief after a long case? Nothing beats the guilty pleasure of the Backstreet Boys’ “I Want It That Way.” The right track can diffuse tension faster than a sedative.

There’s also the subtle choreography music creates. A bass line can synchronize movements, a chorus can cue transitions, and a dramatic crescendo can make even the most routine suture feel like the climax of a Broadway show. The OR becomes less a sterile chamber and more a stage, with the surgical team as performers in a well-scored drama.

## The Technology Behind the Tunes

Gone are the days of clunky CD players balanced precariously on a counter. Today, sleek Bluetooth speakers broadcast Spotify playlists with the clarity of a concert hall. The postgraduate intern doubles as DJ, carefully ensuring the score is uninterrupted. Premium subscriptions are prized possessions—because nothing kills the mood faster than a detergent commercial mid-appendectomy.

And let's not forget the occasional technical hiccup: Wi-Fi drops, phones die, playlists shuffle unpredictably. Siri mishears “play Bon Jovi” as “call radiology.” Yet somehow, these glitches only add to the camaraderie. After all, nothing bonds a team like collectively groaning when the speaker decides to play “Baby Shark” on repeat.

## The Human Side of Surgery

At its core, music in the OR reminds us that surgery is not just about precision—it's about people. Behind the masks are humans who laugh, stress, and occasionally sing along to Madonna. Music levels the hierarchy: the chief surgeon and the intern both

belt out the chorus to “Say a Little Prayer,” united in rhythm if not in pitch.

Patients may never know their gallbladder was removed to the soundtrack of Bruno Mars' “Chunky” and “Finesse,” but they benefit nonetheless. A relaxed, happy team is a safer, sharper team. And if the surgeon hums while suturing, perhaps it's proof that healing is as much art as science.

## Conclusion: The Final Note

So, the next time you picture an operating room, don't imagine silence punctuated only by beeps. Imagine a team swaying slightly to the beat, stress melting away as Spotify delivers the perfect track. Surgery may be serious business, but music ensures it's not joyless. After all, if laughter is the best medicine, surely a good playlist is the best anesthesia—for the team, at least.

And should you ever find yourself under the knife, rest assured: while you dream in anesthesia, your surgeons may be harmonizing to Celine Dion, Lady Gaga, or Whitney Houston. It's not just surgery—it's surgery with a soundtrack.

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*A Surgeon's Safari... from page 42*

are stewards of life, trusted to navigate its uncertainties with grace and resilience.

Viewing surgery through the metaphor of nature deepened my appreciation for the profession and revealed its underlying rhythm. The wild reminded me that the fundamentals of great surgery—leadership, technical mastery, trust, adaptability, and reverence for life—are not confined to textbooks or technologies. They are deeply human values, shaped through reflection and affirmed in practice. Sometimes, it takes stepping away from the OR and into the wilderness to remember why we chose this path in the first place.

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# The Responsibility of Doctors as Vloggers: Beyond Popularity and Toward Public Health

• Jose Benito A. Abraham, MD, FPCS, FPUA, FPSTS, FPBAMIS •

## Physician Vloggers: When “Influence” Risks Overshadowing Responsibility

In today’s digital age, the stethoscope is no longer the only symbol of a doctor’s authority. Increasingly, physicians are trading white coats for ring lights, stepping into the role of vloggers and influencers. Platforms like TikTok, Instagram, and YouTube have become stages where young doctors showcase not only their medical expertise but also their personalities. Yet as the line between healthcare and entertainment blurs, a pressing question emerges: are doctors forgetting their responsibility in pursuit of online fame?

## The Allure of the Spotlight

For many young physicians, social media offers a chance to connect with audiences beyond the clinic walls. A clever skit, a humorous dance, or a playful anecdote can rack up thousands of views overnight. The dopamine rush of likes and shares is hard to resist. But the pursuit of virality often comes at a cost. Instead of focusing on health education, some doctors drift toward content that is funny, sensual, or even materialistic—designed to entertain rather than inform. The danger is subtle but real. What begins as an attempt to be relatable can quickly slide into superficiality. Algorithms reward what is clickable, not necessarily what is responsible. And in the race for popularity, the core mission of medicine—healing, guiding, preventing—risks being sidelined.

## Authority Comes with Responsibility

Unlike ordinary influencers, doctors carry a unique weight. Their words are not just opinions; they are perceived as authoritative. A casual remark about diet, a playful take on a medical condition, or even a joke about treatment can shape public perception. That authority is a privilege, but it is also a responsibility. Doctors who vlog must remember that their audiences often look to them for guidance, not just entertainment. A video that trivializes disease or reduces medicine to a punchline may garner laughs, but it also risks eroding trust. Worse, it can misinform viewers who rely on medical voices to cut through the noise of online misinformation.

## The Missed Opportunity

The irony is that social media could be a powerful tool for public health. Doctors have the ability to demystify complex diagnoses, explain preventive measures, and counteract dangerous myths. A short, engaging video on recognizing early signs of hypertension could save lives. A creative campaign on vaccination could combat misinformation more effectively than a dry press release. But when doctors focus on frivolous content, they squander this opportunity. Instead of shaping healthier communities, they contribute to the endless scroll of superficial media. The result: medicine risks being seen as just another form of entertainment, stripped of its seriousness and credibility.

## Striking the Balance

This is not to say that humor and creativity have no place in medical vlogging. On the contrary, they can be powerful tools—when used with purpose. A witty skit about handwashing can make hygiene memorable. A playful analogy can make complex science accessible. The challenge is intentionality. Every piece of content should answer a simple question: does this contribute to public health? If the answer is no, then popularity is being pursued at the expense of responsibility.

## Certain Practical Guardrails Can Help:

- Use storytelling to educate. Narratives resonate more than lectures.



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Tele-mentoring, short-term observerships, and modular certification programs could serve as interim solutions while formal pathways are being developed. These approaches have shown promise in other low- to middle-income countries and deserve consideration.

### 3. Fostering Collaboration, Not Division

The article's tone, while passionate, risks alienating skilled surgeons who have contributed meaningfully to liver surgery in the Philippines. Collaboration—not substitution—should be the guiding principle. HPB and pediatric surgeons bring valuable expertise in complex anatomy, vascular control, and pediatric physiology. Their inclusion in transplant teams, under appropriate supervision, can enhance outcomes rather than compromise them.

We must avoid framing this issue as a binary choice between safety and inclusion. Instead, we should build multidisciplinary teams where roles are clearly defined, and training is ongoing.

### 4. Centering the Patient in the Debate

Ultimately, the goal of any transplant program is to serve patients. In a country where liver transplantation is still inaccessible to

many, we must balance ideal standards with pragmatic solutions. Patients deserve safe, timely, and equitable care. This requires not only credentialing but also capacity-building, infrastructure development, and public education on organ donation.

### 5. Strengthening Governance Without Stifling Progress

Dr. Paloyo's concerns about undermining the Philippine Board of Transplant Surgery (PBTSS) are valid. However, governance should evolve to accommodate the realities of a growing field. Clear guidelines for transitional training, collaborative practice models, and institutional credentialing can help maintain standards without stifling innovation or access.

### Conclusion

Dr. Paloyo's article is a valuable contribution to the ongoing dialogue on liver transplantation in the Philippines. As we strive to uphold excellence, let us also embrace inclusivity, innovation, and context-sensitive solutions. The future of transplant care lies not in rigid boundaries, but in collaborative, patient-centered progress.

**Jose Benito A. Abraham, MD, FPCS, FPUA, FPSTS, FPBAMIS**  
*Chairman, Philippine Board of Transplant Surgery*



## Response from PAHPBSI



### Executive Summary

This article is being written in response to recent arguments advocating a strict prohibition on independent participation by hepatopancreatobiliary (HPB) surgeons in liver transplantation unless those surgeons possess specific formal transplant fellowship credentials. While we fully endorse the primacy of patient safety, structured team-based care, and formal credentialing, a blanket exclusion of experienced HPB surgeons from substantive, accountable roles in liver transplant programs is neither practical nor in the best interest of Filipino patients given current national realities. Instead, PAHPBSI advocates an outcomes-based, accountable pathway that enables structured inclusion of HPB surgeons through supervised progression, proctorship, and transparent credentialing—while protecting program integrity and patient safety.

### Background: The Philippine Reality

Liver transplantation in the Philippines has been performed intermittently since 1988 but remains a very low-volume, nascent service nationally. Published reviews and institutional reports document that only a small number of liver transplants have been performed over multiple decades, with gradual but uneven improvements in outcomes in recent years. For example, retrospective reviews covering active centers report several dozen total transplants across decades and note improving 1-year graft survival in the more recent era following renewed program development. These figures underline that the country still faces severe constraints in donor supply, center capacity, and trained manpower.

At the same time, the burden of end-stage liver disease remains substantial in the Philippines. National and regional health analyses emphasize the mismatch between disease burden and treatment capacity—a gap that will only widen unless pragmatic, safety-driven capacity building is undertaken. Official organ donation and transplant program efforts have begun to strengthen infrastructure and policies, but growth remains slow and resource-limited.

### Why categorical exclusion of HPB surgeons is problematic

#### 1. Workforce scarcity and access to care

A rigid policy that limits significant transplant roles to a small, historically defined set of fellowship-trained transplant surgeons would concentrate procedures in even fewer hands and institutions. In the Philippines—where transplant volumes have been very low and training opportunities limited—this risks worsening access to life-saving therapy, particularly for children and patients in regions without established transplant centers. Pragmatic and ethically defensible expansion of capacity requires harnessing all competent surgical resources available, including experienced HPB surgeons, under strict governance.

#### 2. Overlapping domains of advanced surgical expertise

HPB surgery and liver transplantation share substantial technical overlap: complex hepatic parenchymal transection, vascular reconstruction, portal and biliary anastomoses, and reoperative abdominal surgery. HPB surgeons bring high-level skills directly

# First AFN Neurosurgery Bootcamp: Training the Next Generation of Brain and Spine Surgeons

• The Academy of Filipino Neurosurgeons Inc. •

Neurosurgery is one of the most intricate and demanding fields among all surgical specialties. To prepare junior residents for the complexities of neurosurgical procedures, the Academy of Filipino Neurosurgeons, Inc. has developed the first ever, dedicated neurosurgery bootcamp as an invaluable training program. Conceived by Dr. Kathleen Khu and Dr. Nathalie Faye Lee, this bootcamp aims to provide comprehensive hands-on experience and mentorship, focusing on the essential skills and knowledge required for successful practice. By immersing trainees in simulated surgical environments and guided experiences, the bootcamp fosters both the technical skills and conceptual understanding critical for future neurosurgeons.

The curriculum of the bootcamp was conceptualized by the Board of Trustees under the leadership of President Dr. Eric Legaspi and Vice President Dr. Anabelle Alcarde; implemented under the guidance of Course Director Dr. Khalil Ibaoc. It comprised a series of focused training modules covering a wide range of essential topics. Foundational modules ensured that residents developed basic skills necessary for any surgical procedure.

The event was held at the Philippine Center for Advanced Surgery of Cardinal Santos Medical Center on March 22, 2026. It was well-attended by all neurosurgery training institutions across the Philippines, with delegates ranging from NS1 to NS3, and a handful of senior NS5 residents. To

ensure maximal exposure, all delegates received lectures in the morning and hands-on didactics in the afternoon.

The day kicked off with the fundamentals. Dr. Jesus Nigos lectured on basic cranial anatomic landmarks and their clinical applications, followed by Dr. Jose Carlos Alcazaren, who delivered an extensive discourse on patient positioning in the operating room. Microscope draping and the application of the Mayfield head holder are basic skills that beginners often find challenging. Thanks to the enthusiastic lecture by Dr. Nathalie Faye Lee, these topics were easily absorbed by the junior residents. Other basic topics were also covered in the morning session. Dr. Roel Anthony Domingo and Dr. Bryan Soberon



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lectured on the basics of intracranial monitoring and cerebrospinal fluid diversion systems—two closely related topics that are essential for any junior neurosurgical resident starting his or her surgical journey.

The course also benefited from the participation of several spine neurosurgeons. Spine surgery is, after all, one of the oldest and most fundamental disciplines in neurosurgery. Joining the faculty were Dr. Ian Ray Caluscusin and Dr. Charles Neil Tan, who lectured on basic spine care and supervised hands-on training in cervical collar application and Gardner-Wells tong placement. Furthermore, advanced topics such as neuronavigation, awake craniotomy, and assisting in aneurysm surgery enriched the trainees' experience, allowing them to engage with cutting-edge techniques and technologies. This structured yet dynamic learning environment offered a strong blend of didactic instruction and practical application. Dr. Levi Maliwat and Dr. Gilbert Ranoa introduced the more technologically complex Brainlab and Stealth image-guidance systems, leaving many of the young neurosurgeons in awe. These machines—and more—are now available in centers across the country. Dr. Abigail Javier-Lizan provided an excellent first look at the extremely exciting field of awake craniotomy. While these procedures may appear straightforward in movies and television series, Dr. Lizan demonstrated that what the residents saw in this basic course is only the tip of the iceberg.

Beyond technical skills, the bootcamp stressed the importance of teamwork and clear communication in the operating room. Through group exercises and mentorship, residents didn't just learn how to perform a task; they learned how to work as a cohesive team. This is vital, since a successful surgery often depends on seamless coordination under pressure. Dr. Eric Legaspi drove this point home with a hands-on workshop on how to assist in aneurysm surgery—one of the most stressful situations a junior resident will ever face.

A key note towards the end of the day was the induction of the Philippine Association of Neurosurgical Residents (PANsR) officers headed by the President, Dr. Sara Rulloda from Rizal Medical Center, Vice- President, Dr. Benjo Olano from the armed Forces of the Philippines- Victoriano Luna Neurosurgical training center, and Dr. Toni Espenido from the Philippine General Hospital as the secretary.

In the end, the bootcamp was more than just a training event; it was a launching pad for the next generation of Filipino neurosurgeons. By focusing on immersive learning and mentorship, the program built not only technical skill but also the confidence and competence residents need to face the challenges ahead. As these aspiring surgeons move forward in their careers, they'll carry the lessons from this formative experience with them into their training institutions, and in the future, their own operating rooms.

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...the bootcamp stressed the importance of teamwork and clear communication in the operating room

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relevant to transplantation. The central question is therefore not whether HPB surgeons have relevant technical skills, but how those skills are integrated into a multidisciplinary transplant program that provides immunology, donor management, long-term follow-up, and outcomes surveillance.

### 3. Training and competence are a continuum

Modern surgical education emphasizes graduated responsibility, mentorship, competency assessment, and outcomes monitoring. A single rigid credential requirement ignores legitimate alternative pathways to competence—such as focused proctorship, structured mentorship with progressive autonomy, observed case performance, and demonstrable outcomes. Many high-performing transplant programs internationally developed by necessity through hybrid pathways as capacity grew; credentialing frameworks must therefore be outcome-focused and flexible while upholding standards.

### International Comparative Perspectives

Several transplant programs across Asia have demonstrated that capacity expansion and patient protection can coexist when governance frameworks are robust. Countries in the region have pursued stepwise program maturation—beginning with concentrated teams, focused training visits, cross-institutional proctorships, and regional collaboration—rather than insisting on a single rigid credential as the sole route to practice. Where national registries, outcome benchmarking, and transparent credentialing were implemented in parallel, program quality improved while access to transplantation broadened. These regional experiences reinforce the value of mentorship, registry-based outcome monitoring, and multidisciplinary team integration as pillars of program development, complementing formal fellowship training.

Closer to home, the evolution of HPB surgery itself in the Philippines offers a relevant parallel. Complex hepatic resections, major biliary reconstructions, and portal vein surgery were once considered the exclusive domain of overseas-trained specialists. Through structured mentorship, proctorship, and outcome accountability within organized societies such as PAHPBSI, a generation of competent HPB surgeons has been developed locally. A similar, appropriately governed pathway is both conceivable and necessary for transplantation.

### PAHPBSI Position and Recommendations

#### *Overarching Principle*

Patient safety, program quality, and transparent accountability must guide workforce participation in liver transplantation. Within this principle, we support structured pathways that allow experienced HPB surgeons to participate meaningfully in transplantation under defined conditions rather than being categorically excluded.

#### *Minimum Requirements for HPB Surgeon Involvement*

PAHPBSI recommends that an HPB surgeon may be permitted to lead or co-lead specific transplant activities only after completion of all the following, documented and audited by the institutional transplant committee and the national certifying body:

1. Documented baseline competency in complex hepatic resections, vascular and biliary reconstruction, and critical care management (case logs and references).
2. Structured transplant proctorship: supervised involvement in a minimum number of transplant cases consistent with international benchmarks with documented progressive responsibility under an established high-volume center training program. This proctorship shall be undertaken

through a formal partnership or collaborative agreement with a recognized high-volume transplant center, ensuring that the HPB surgeon gains structured exposure to the full transplant program continuum—including donor evaluation, organ procurement, recipient surgery, perioperative management, and long-term follow-up—under an environment of high case volume and established program excellence.

3. Multidisciplinary integration: formal membership and active participation in the transplant team (hepatology, transplant anesthesiology, infectious disease, nursing, social work, ethics).
4. Outcomes monitoring and transparency: mandatory reporting of outcomes to a national registry and periodic peer review; minimum acceptable performance thresholds defined by national societies.
5. Continual professional development: documented ongoing transplant-specific training (courses, workshops, congresses) and recertification cycles.

These steps protect patients by ensuring competence while pragmatically expanding the workforce needed to serve Filipino patients.

### Institutional and National Safeguards

- National registry & benchmarking. Strengthen mandatory outcome reporting with public-facing benchmarks to promote transparency and continuous quality improvement.
- Proctorship networks. Establish regional proctorship and visiting faculty programs leveraging centers of excellence in the region for hands-on mentorship.
- Credentialing framework. The Philippine Society of Transplant Surgeons (PSTS) and related societies (i.e., PAHPBS – for liver transplantation) should promulgate clear, evidence-based criteria for graduated privileges that recognize alternative, verifiable pathways to competence.
- Ethics and donor protections. Expand safeguards for living donors, including independent donor advocates and rigorous psychosocial screening—non-negotiable irrespective of surgeon background.

### Addressing Common Concerns

“Allowing HPB surgeons will dilute standards.”

Not if participation is conditional, documented, supervised, and continuously audited. Outcome-based credentialing holds individuals and institutions accountable more effectively than exclusionary credential labels.

“Pediatric transplants require pediatric transplant surgeons.”

Pediatric liver transplantation has unique demands. For pediatric cases, we recommend additional pediatric-specific proctorship, mandatory pediatric anesthesia and ICU support, and case selection thresholds during the early phase of program development.

### Conclusion

The goal of any policy should be to maximize patient access to safe, high-quality liver transplantation. In the Philippine setting—where transplant volumes and manpower remain limited—an inflexible prohibition on HPB surgeon involvement will likely perpetuate under-capacity and inequitable access. PAHPBSI therefore supports a measured, outcomes-driven pathway that permits structured, supervised participation of qualified HPB surgeons in transplant programs while preserving the highest standards of safety, ethics, and transparency.

# From Collaboration to the Cure: The PAHPBS Virtual Multidisciplinary Tumor Board Series 2026

*A Report by the PAHPBS Subcommittee on MDT*

Cancer care in the 21st century demands more than surgical precision or pharmacologic expertise — it demands convergence. The Multidisciplinary Tumor Board (MDT) is the gold standard platform through which surgeons, oncologists, radiologists, and allied specialists converge to craft individualized, evidence-based treatment strategies for complex oncologic cases. Recognizing this imperative within the Philippine context, the Philippine Association of Hepato-Pancreato-Biliary Surgeons (PAHPBS), through its Committee on Continuing Surgical Education (CSE) - Subcommittee on Multidisciplinary Team, and in partnership with the Philippine College of Surgeons Cancer Commission (PCS CanCom) launched its 2026 Virtual MDTB (vMDTB) Series.

The Series was conceived not merely as an academic exercise, but as a deliberate institutional effort to build a lasting culture of multidisciplinary collaboration in hepatobiliary oncology across the Philippines. By leveraging the Zoom platform, the vMDTB Series removed geographic barriers and brought specialist-level tumor board discussions to physicians throughout the archipelago.

## 1st vMDTB: Hepatocellular Carcinoma

### Event Overview

The first vMDTB of the PAHPBS was held on January 29, 2026 at 6:00 PM via Zoom, strategically timed to coincide with January — the national Liver Cancer and Viral Hepatitis Awareness and Prevention Month. The event marked the 80th Virtual Multidisciplinary Tumor Board organized by the PCS Cancer Commission, and represented a landmark collaborative effort between PAHPBS, the PCS Cancer Commission, the Hepatology Society of the Philippines (HSP), the Department of Health (DOH), and partner societies including the Philippine College of Physicians (PCP), the Philippine Society of Medical Oncology (PSMO), the Philippine Society of Gastroenterology (PSG), etc.



80th Virtual Multidisciplinary Tumor Board — HCC Edition, January 29, 2026

### Program and Panelists

Three HCC cases of varying clinical complexity were presented and deliberated upon by a distinguished multidisciplinary panel. The case spectrum deliberately covered the breadth of HCC presentations encountered in Philippine clinical practice — from potentially resectable disease to borderline and advanced cases — enabling a rich, practical discussion that reflected real-world decision-making.

Role	Panelist
Opening Remarks	Dr. Cathy Teh
Welcome Remarks	Dr. Tony Perez
Moderator	Dr. JD Omolida
HPB Surgery	Dr. Cathy Teh   Dr. RJ Romero   Dr. Tarsi Bacaro
Colorectal Surgery	Dr. Alyanna Mae Manching
Hepatology	Dr. Angelo Lozada
Radiation Oncology	Dr. Ryan Agas
Medical Oncology	Dr. Jonne Mendoza
Interventional Radiology	Dr. Mike Cabato
Palliative Medicine	Dr. Eunice F. Cristobal
Closing Remarks	Dr. Rommel Romano

### Attendance and Impact

The event was attended by more than one hundred participants — a remarkable turnout that underscored the enthusiasm of the Philippine medical community for structured multidisciplinary discussions. Critically, the audience extended well beyond liver specialists and HPB surgeons to include generalist physicians and practitioners across multiple specialties. This inclusive participation highlighted the vMDTB's dual function: as both a specialist deliberation forum and an accessible CME platform for the broader medical community.

The discussions that emerged were vibrant and clinically nuanced, reflecting the diversity of perspectives that only a truly multidisciplinary panel can offer. Participants left with practical insights applicable to their own clinical settings — from community hospitals to tertiary referral centers.

## 2nd vMDTB: Biliary and Gallbladder Cancers

### Event Overview

Building on the energy and success of the first session, the 2nd vMDTB was held on February 26, 2026 at 6:00 PM via Zoom, in observance of Biliary Cancer Awareness Month. This edition, the 81st Virtual Multidisciplinary Tumor Board of the PCS CanCom, again brought together the collaborative resources of PAHPBS and the PCS Cancer Commission, with participation from multiple specialty societies.

Three cases involving biliary tract and gallbladder malignancies of varying complexity were presented and deliberated. The case selection spanned the spectrum of biliary oncology — from early-stage, potentially curative disease to locally advanced and unresectable presentations — generating discussions that traversed surgical planning, systemic therapy, biliary drainage strategies, and palliative intent.

### International Guest Faculty

Special Guest: Prof. Nakata Kohei — Department of Surgery and Oncology, Kyushu University, Japan

A defining and celebrated feature of the 2nd vMDTB was the participation of Prof. Nakata Kohei from Kyushu University, Japan — an internationally recognized expert in HPB surgery. His involvement as an international panelist significantly elevated the academic caliber of the proceedings, offering participants direct access to globally-benchmarked expert opinion on complex biliary cancer cases. Prof. Nakata's insights complemented the expertise of the Philippine faculty and enriched discussions with contemporary international surgical and oncologic practice, reinforcing the PAHPBS's commitment to world-class standards in HPB education.

### Program and Panelists

Role	Panelist
Opening Remarks	Dr. Cathy Teh
Welcome Address	Dr. Tony Perez (President, PAHPBS)
Moderator	Dr. Avril David
HPB Surgery (International Guest)	Prof. Nakata Kohei (Kyushu University, Japan)
HPB Surgery	Dr. Alex Erasmo
Medical Oncology	Dr. Paulo Vergara
Surgical Endoscopy	Dr. Mikki Lugtu
Radiation Oncology	Dr. JM Carabeo
Interventional Radiology	Dr. Rudi Kuhn
Palliative Medicine	Dr. Julius Arkhe Atacador
Closing Remarks	Dr. Christine Susan Sagpao (Director, PCS CAnCom)

### The Significance of the vMDTB Series

The PAHPBS vMDTB Series 2026 represents more than a digital series of case conferences. It is a strategic institutional response to a recognized structural gap in Philippine cancer care: the absence of regular, accessible, specialty-integrated tumor boards for hepatobiliary and gastrointestinal malignancies that can be participated in by physicians across the country.



81st Virtual Multidisciplinary Tumor Board — Biliary Cancer Edition, February 26, 2026

By assembling experts from HPB surgery, medical oncology, radiation oncology, interventional radiology, hepatology, surgical endoscopy, and palliative medicine on a single platform, the vMDTB demonstrates in real time how collaborative decision-making leads to more comprehensive, individualized, and evidence-based treatment plans — the kind of care that patients with complex GI cancers deserve.

The Series also serves a vital continuing medical education function. The participation of generalist physicians alongside subspecialists reflects the vMDTB's unique value in bridging the knowledge gap between specialist referral centers and community practice — democratizing access to subspecialty clinical reasoning across all regions of the Philippines.

### Looking Ahead

With two successful sessions completed and strong attendance sustained across both events, the PAHPBS Subcommittee on MDT and the PCS Cancer Commission are fully committed to expanding and continuing this Series through 2026 and beyond. Future sessions will address the full spectrum of HPB malignancies, continue to engage both local and international faculty, and strive to reach an ever-wider audience of Philippine physicians.

The PAHPBS extends its sincere appreciation to all panelists, partner societies, institutional collaborators, and participants who made these events a resounding success. Your commitment to multidisciplinary excellence is the foundation upon which better cancer outcomes for Filipino patients will be built.

**The PAHPBS vMDTB Series: Connecting Specialists. Elevating Care. Advancing Filipino Oncology.**

# Legacy of Excellence: ATCSA Returns to its Roots in Manila

• Rafael Angelo S. Fernandez, MD, FPATACSI •

In November 2025, the Association of Thoracic and Cardiovascular Surgeons of Asia (ATCSA) marked a historic milestone, returning to its founding city for the 33rd Annual Convention. Hosted in conjunction with the 31st Annual Convention of the Philippine Association of Thoracic, Cardiac and Vascular Surgery Inc. (PATACSI), the event served as a powerful testament to over 50 years of surgical advancement in the region.

From its inaugural meeting at the Manila Hotel in 1972 to this most recent gathering, ATCSA has evolved into a cornerstone of regional collaboration. Under the theme “*Innovations in Thoracic, Cardiac and Vascular Surgery*,” the 2025 congress brought together nearly 400 delegates to benchmark Asian surgical capabilities against the world’s best.

## Scientific Highlights & Clinical Breakthroughs

Guided by the General Chairman Dr. Antonio B. Ramos and Scientific Program Chairman, Dr. Jose L. Danguilan, the curriculum focused on the transition toward high-tech, minimally invasive care.

- **Minimally Invasive Evolution:** A deep dive into Robotic-Assisted Surgery and Advanced VATS Techniques.
- **The Hybrid Revolution:** Experts shared outcomes and protocols for the use of Hybrid Operating Rooms in complex pathologies.
- **Transplantation & Heart Failure:** Critical updates on Lung and Cardiac transplantation strategies currently employed across Asia.

- **Vascular Innovations:** New surgical approaches for Chronic Venous Insufficiency and pediatric central venous access.

## Specialized Tracks:

- **Thoracic Surgery (Dr. Nelson Bambalan):** Focused on the clinical experiences of Hybrid Operating Rooms and VATS.
- **Cardiac Surgery (Dr. Robin Flores):** Explored the latest in Cardiac Transplantation and complex root procedures.
- **Vascular and Endovascular Surgery (Dr. Emmanuel San Pedro):** Addressed emerging technologies in central venous access and chronic venous insufficiency.

## Allied Health: Empowering the Surgical Team

Recognizing that superior patient outcomes depend on a unified team, a special two-day comprehensive care course was held for Allied Health Professionals. Chaired by Dr. Racel Ireneo Luis C. Querol, these sessions focused on:



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- Surgical & Critical Care Nursing: Enhancing competencies in mechanical ventilation, from basic principles to emergency management.
- Renal Nursing: A blend of didactics and hands-on training dedicated to maximizing the lifespan and function of hemodialysis vascular access.
- Wound Care: Advanced training for vascular nurses in managing complex diabetic and vascular wounds, featuring Negative Pressure Wound Therapy (NPWT) and bioactive dressings.

#### **Hands-On Excellence: Pre-Congress Workshops**

Participants engaged in rigorous practical sessions across Metro Manila's premier institutions:

1. The Lung Center of the Philippines: Live demo of VATS for Inflammatory Lung Diseases.
2. Philippine Heart Center: Simulations for Aortic Root Enlargement and Off-Pump Coronary Artery Bypass (OPCAB).
3. Quirino Memorial Medical Center: Specialized workshops on adult and pediatric vascular access.

#### **Advancing the Next Generation: The Young Investigator Awards**

Research remains the lifeblood of ATCSA. The Research Committee, led by Drs. Twinkle Mata and Sabrina Gonzalez, evaluated over 80 submissions ranging from experimental papers to complex case reports.

We extend our highest congratulations to the Young Investigator Awardees, particularly Dr. Christine Elaine Tadeo (Ospital ng Makati), whose winning paper on Small-Bore Intercostal Catheters represented the pinnacle of clinical inquiry this year. Notable recognition was also earned by:

- Dr. Rudolph De Juras (Philippine General Hospital)
- Dr. Michael Louis Burdador (Philippine Heart Center)
- Dr. Jee Yap Siang (Queen Elizabeth II Hospital, Malaysia)

As we look forward to the coming year, the insights gained from ATCSA 2025 remind us that our strength lies in our shared knowledge. By embracing these technological breakthroughs, we continue our mission to become not just better surgeons but superior healthcare providers for the people of Asia.

# PAHNSI in 2026: Strengthening Collaboration, Advancing Care

• **Adrian F. Fernando, MD, FPSOHNS, FPCS** •

President, Philippine Academy of Head and Neck Surgery, Inc. (2025-2026)

As 2026 unfolds, you can see the Philippine Academy of Head and Neck Surgery, Inc. (PAHNSI) steadily building momentum; strengthening its community, advancing clinical practice, and deepening its impact on patient care. This year reflects a renewed commitment to collaboration, meaningful engagement, and forward direction for the specialty.

The year opened with active participation in key advocacy efforts, most notably Goiter Awareness Week (GAW) in January, in collaboration with the Philippine Thyroid Association. During the PTA Convention at Novotel, Dr. Rainier Lutanco and Dr. Adrian Fernando served as panelists, sharing insights on the management of thyrotoxicosis and thyroid storm. These initiatives highlight a shared commitment to early detection, patient education, and unified partnerships.

In February, PAHNSI convened its General Assembly, setting the tone for the year ahead. It was a timely opportunity to align priorities and reinforce a shared vision—reminding everyone that while practice settings may differ, the goals remain the same. This March, PAHNSI moves forward through the 6th Philippine Thyroid Ablation Workshop and Congress (PTACW) at The Medical City, Ortigas. As minimally invasive and image-guided therapies continue to evolve, you are invited to be part of a growing movement that prioritizes innovation, safety, and excellence in thyroid care.

Engagement extends beyond national borders. In April, together with the Philippine Society of Otolaryngology–Head and Neck Surgery (PSO-HNS), PAHNSI will participate in the Asia-Pacific Society of Thyroid Surgery (APTS) Congress in Singapore. Dr. Adrian Fernando will represent both PAHNSI and PSO-HNS as a speaker, presenting on the aggressive behavior of differentiated

thyroid cancer among Filipinos—bringing local insights to the global stage. At the same time, efforts are underway to support the bid to host the 2028 APTS Congress in Manila.

At its core, PAHNSI continues to invest in learning together. Multidisciplinary engagement remains a priority through collaborative case discussions and tumor boards, in partnership with the PCS Cancer Commission Foundation. This April, in line with Head and Neck Cancer Awareness Week (HANDACOW), a virtual multidisciplinary tumor board will be conducted, reinforcing a shared responsibility in improving cancer care. The Academy also continues to support long-standing advocacy efforts such as Thyroid Cancer Awareness Week (TCAW) every September.

In the months ahead, PAHNSI will take part in the PCS Midyear Convention in Clark this May and the Surgical Oncology Society of the Philippines Annual Convention this July. You can also look forward to the PCS Annual Convention this December, where PAHNSI will hold its General Assembly and a dedicated scientific session on head and neck cancer.

Looking ahead, the direction is clear. Academic symposia, skills-based workshops in thyroid ablation and point-of-care ultrasound, and the planned revival of the PAHNSI Biennial Convention by 2027 are all in motion. These are more than scheduled activities—they are opportunities for you to build, contribute, and grow alongside colleagues.

More than anything, PAHNSI is a community shaped by the people within it. Its strength lies in your willingness to participate, collaborate, and lead.

You are invited to be part of what comes next.



# PALES @20: Back to the Future

• Catherine SC Teh, MD, MSc, FPCS, FRCSED, FACS(Hon), ESA(Hon), G.CIEHF •

## NOT ABOUT INNOVATION. ABOUT DIRECTION.

For years, surgical conferences have been predictable.

We gather. We present. We celebrate “innovation.” We leave with slides full of new techniques—yet quietly aware that many of our systems remain unchanged, our inequities unresolved, and our trainees still navigating complexity beyond the operating room.

At 20 years, PALES chooses to pause—and to ask a more uncomfortable question: What kind of future are we actually building?



This year’s theme, “Back to the Future,” is not about nostalgia. It is a deliberate reset.

Because the truth is, minimally invasive surgery did not begin with systems, or robotics, or artificial intelligence. It began with courage. With surgeons willing to try, to fail, and to persist. It was built on discipline, mentorship, and the quiet transmission of skill from one generation to the next.

We mastered technique first.

Only now are we beginning to understand the systems that sustain it.

## PALES @20 reflects that reality.

Day 1 returns us to the origins of our field—technical mastery, decision-making under pressure,

and the weight of complications that shaped our judgment. We confront not only what worked, but what failed—and why those failures mattered.

Day 2 moves forward—toward mentorship, systems thinking, and the responsibility to build structures that make excellence reproducible, not exceptional. Because today, the question is no longer just how well we operate, but how well our team’s function, how safe our systems are, and how accessible our care has become.

And perhaps most importantly—who gets left behind.

This year’s annual meeting is not designed to impress.

It is designed to realign.

Through its Leadership Honors, PALES recognizes not only those who achieved, but those who served—and those whose greatest impact will be seen in the people they shaped. Because legacy in surgery, is not what we accumulate. It is what continues because of us.

There will be workshops.

There will be plenaries.

There will be innovation.

But more than that, there will be intention.

Because the future of surgery will not be defined by technology alone. It will be defined by whether we have the discipline to return to our foundations—and the courage to build systems that carry everyone forward.

At 20 years, PALES is no longer asking where surgery is going.

We are asking if we are moving in the right direction. And that is a question worth gathering for.

# Philippine Association of Metabolic and Obesity Surgery (PAMOS): 2025 Milestones and 2026 Strategic Directions

• **Miguel C Mendoza, MD, FPCS, FACS, FPSGS, FPALES** •  
President, Philippine Association of Metabolic and Obesity Surgery

The Philippine Association of Metabolic and Obesity Surgery (PAMOS), the youngest affiliate society of the Philippine College of Surgeons (PCS), marked 2025 as a transformative year, defined by organizational strengthening, academic excellence, and expanded national and global engagement in metabolic and bariatric surgery. This year also marked for the first time, the formal recognition of PAMOS as an affiliate member organization of the PCS.

## Key Highlights for 2025

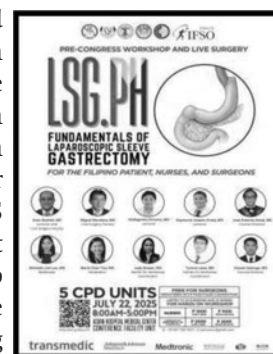
A major milestone was the restructuring and reorganization of PAMOS, with the renaming of the organization, election of a new set of officers, creation of new By-Laws which introduced updated nomenclature and broadened membership categories to include surgeons, physicians, and allied health professionals, and creation of new active committees that had an assigned director-in charge from the board and a Chair of the committee appointed from the general membership. This strategic shift underscores

PAMOS' commitment to continuing surgical education, training, and research and membership engagement and alignment, as well as multidisciplinary team-based approach in addressing obesity and metabolic diseases.

PAMOS took off running with several activities that were accomplished in 2025. PAMOS played a pivotal

role in surgical education and skills development through its first Laparoscopic Sleeve Gastrectomy Pre Convention Workshop held at Asian Hospital and Medical Center during the Joint PALES-PSGS Annual Surgical Forum last August 2025. The workshop featured a live operative demonstration in the morning by internationally renowned bariatric surgeon Dr. Asim Shabbir, President of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and an afternoon hands-on workshop for surgeons and nurses further elevating the academic standard of the program.

Leadership development was strengthened through the induction of new officers and members, alongside the conferment of Honorary Membership to Dr. Shabbir held during the joint PALE-SPSGS Annual Convention



in 2025., this strategic move reinforces PAMOS' alignment with global leaders in the field of obesity surgery

In advancing evidence-based practice, PAMOS initiated a national consensusbuilding process using the modified Delphi method, aimed at standardizing clinical pathways and surgical practices in metabolic and bariatric surgery across the Philippines. The results were presented during a dedicated PAMOS scientific session with a panel of experts during the joint convention as well. During this joint session, the new website of PAMOS was presented for the members to utilize and the people to access for more information about obesity issues. In addition, the creation of this website was to ensure the presence and visibility of PAMOS in the digital world.

Another landmark initiative was the Obesity Summit held at Makati Life Medical Center (September 2025), which convened key stakeholders and experts to foster collaboration, share innovations, and align national strategies. This was indeed a successful event with lively interaction between surgeons, physicians, and related allied health professionals.



PAMOS also actively contributed to the Philippine College of Surgeons Annual Clinical Congress for 2025 through various activities like the dedicated scientific session discussing various bariatric procedures presented by the membership. The very first General Membership Assembly and Business Meeting in the history of obesity organization was held where the annual report was presented by the President and the Finance Report was presented by the Treasurer to the general membership. During this time, the induction of new members was done. This vital activity further strengthened its organizational presence among its members highlighting the value of the organization in relation to its members and the community.

To support research, quality improvement, and policy development, PAMOS initiated the development of a National Metabolic and Bariatric Surgery Registry,

reinforcing its commitment to data-driven decision making and scientific advancement. In addition, PAMOS also launched its new website <https://pamos.ph> where members and the public may access to know more about obesity and its related comorbid illness as well as various treatment options available in the country.



On the international front, PAMOS has committed itself with being a member of IFSO, a world-renowned international mother society of various metabolic and bariatric surgery societies in the world. Through this, a significant number of PAMOS members are now members of IFSO benefiting from its various educational activities and access to its scientific journal. Furthermore, PAMOS made its international presence felt by formalizing its global engagement through a Memorandum of Understanding (MOU) with the Society of Robotic Surgery (SRS), signed in Strasbourg, France during the SRS Annual Meeting last July 2025) This partnership marks a significant step in expanding robotic surgery collaboration, training, and research opportunities.

### Strategic Directions for 2026

Building on its strong foundation, PAMOS is poised to further expand its educational, research, and collaborative initiatives in 2026:



## Planned Educational Programs

- Pre-Convention Workshop on Laparoscopic Sleeve Gastrectomy  
Philippine College of Surgeons Midyear Convention – Pampanga (May 2026)
- Bariatric Surgery Pre-Convention Workshop (July/August 2026) in collaboration with PALES or PSGS (under discussion) Participation during the PCS 90th Foundation Celebration and the PCS Annual Clinical Congress (December 2026)

## Key Strategic Priorities

- Operationalization of the PAMOS National Registry  
(Data collection, benchmarking, and outcomes reporting)
- Expansion of Research and Publications  
(Multicenter studies, consensus statements, and international journal submissions)
- Strengthening International Partnerships  
(Training exchanges, fellowships, and joint academic programs)
- Advocacy and Public Health Engagement  
(Increasing awareness on obesity as a chronic disease and promoting metabolic surgery as a standard of care)

## International Engagement

- We will be sending a contingent representing the Philippines too the Asia Pacific Metabolic and

Bariatric Surgery Society (APMBSS) meeting in Taichung Taiwan in June 2026 and the IFSO meeting in Toronto Canada in September 2026 building strong strategic international relations.

## Moving Forward

Through its dynamic initiatives in 2025 and forward-looking strategic agenda for 2026, PAMOS continues to establish itself as a national leader and emerging regional authority in metabolic and bariatric surgery.

Its sustained commitment to education, research, multidisciplinary collaboration, and global engagement positions the organization at the forefront of efforts to address the growing burden of obesity and metabolic disease in the Philippines.

These are just a few of the activities PAMOS has accomplished since its birth in 2025 and definitely there are more to come. This is a testament of PAMOS to its commitment to support not only its advocacy for surgical education, training research and the multidisciplinary approach in the treatment of obesity but also in providing avenues of opportunities for the upcoming young surgeons trained in the field of metabolic and Bariatric surgery to align and engage themselves with these society endeavors.

Mabuhay ang PAMOS! Mabuhay ang PCS!



# From Training to Transformation: PAPRAS Inducts its 2026 Diplomates and Fellows

• Muriel B. Toledo, MD •

The Philippine Association of Plastic, Reconstructive and Aesthetic Surgeons (PAPRAS) proudly celebrated a significant milestone in the journey of its newest members during the Induction of Diplomates and Fellows held on February 21, 2026—a moment that marks both culmination and commencement in the field of plastic and reconstructive surgery.

Renowned as one of the specialty societies with the smallest number of members, PAPRAS upholds exceptionally rigorous standards in both training and clinical practice. Hence, admission is not a mere achievement, but a reflection of the utmost professional skill and commitment that the profession is known for.

The event commemorated a new crop of surgeons whose trajectory was forged under the same exact crucible. Their conferment as Diplomates and induction as Fellows signify not only professional achievement but also a greater commitment to the profession that serves to drive forth higher and better standards on reconstructive and aesthetic practice in the Philippines.

The event was attended by distinguished leaders in medicine. Dr. Efren C. Laxamana, Chairman of the PRC Board of Medicine, shared a wonderful message of integrity, competence, and lifelong learning. Dr. Manuel Francisco T. Roxas, Regent of the Philippine College of Surgeons, also expressed impassioned sentiments that emphasized the importance of plastic surgeons in multidisciplinary patient management. Adding to the significance of the occasion, Dr. Hector Santos, President of the Philippine Medical Association, and Dr. Joselito Mendoza, President of the Philippine College of Surgeons, took the stage virtually to give their best hearts out and send cheers to all the newly inducted members.

Among those honored in the gathering were:

## **Fellows**

Dr. Veronica G. Cruz-Abellera  
Dr. Anthony Philip P. Calimag  
Dr. Pacifico Armando M. Cruz  
Dr. Clarissa Mae C. Gonzales  
Dr. Michelle Andres Villegas-Hao  
Dr. John Marquis K. Joaquimo  
Dr. Donna D. San Antonio  
Dr. Demetrio Roberto L. Sioco  
Dr. Kenny A. Tablizo

## **Diplomates**

Dr. Mark Angelo Briccio M. Alcantara  
Dr. Mikhail G. Amante  
Dr. Ana Patricia Aninang-Protacio  
Dr. Katrina Marie G. Bangaoet  
Dr. Lawrence T. Bello  
Dr. Julio Raphael V. Santos  
Dr. Rochelle M. de Leon  
Dr. Lisa Marie C. Jayme  
Dr. Oliver D. Lee  
Dr. Paolo Lorenzo Y. Sunga

These new Diplomates and Fellows now join PAPRAS as part of the medical elite with the legacy of both joining one of the most selective surgical societies in the nation, and their task of shaping the next chapter of the medicine's history. Their work will not just restore form and function but rebuild dignity and change lives — true to plastic surgery, art and science. The organization now looks forward to their invaluable contributions as they help “mold” a better future for patients, in the proud tradition of excellence that PAPRAS has cultivated.

Kudos to the new PAPRAS fellows and diplomates!

# POA in 2026!

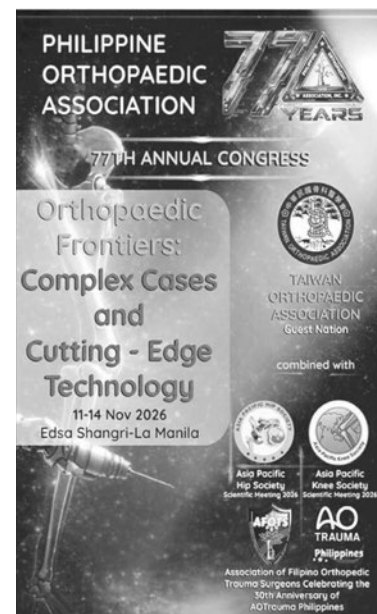
The Philippine Orthopaedic Association, Inc. (POA) welcomes 2026 with Dr. Marcelino T. Cadag as President. We invite you to join us on our 77th Annual Congress on ORTHOPAEDIC FRONTIERS: Complex Cases and Cutting - Edge Technology. A high-level scientific gathering designed to bridge the gap between clinical mastery and the innovations of tomorrow. This congress ventures beyond routine procedures to focus on high-stakes decision-making, the management of multifaceted trauma, and the integration of transformative tools like robotics, AI, and 3D printing. By exploring the intersection of biological principles and digital transformation, we aim to equip the modern surgeon with the expertise needed to navigate the most challenging frontiers of musculoskeletal care.

Visit us at <https://www.poacongress.org> for more details.

**Mission:** To advance the art and science of Orthopaedics by promoting excellence in research, training, and service.

**Vision:** A national organization of qualified, competent and compassionate Orthopaedic surgeons dedicated to the advancement of research, training, and service to the highest standards.

**Core Values:** God Fearing; Ethical; Professional; Compassionate; Socially Conscious



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# PSPS Kicks Off 2026 Through a Series of Key Collaborative Events

At the start of the year, the Philippine Society of Pediatric Surgeons (PSPS) continued to strengthen its commitment on delivering the best specialized surgical care for the Filipino children through a series of key events for the first quarter of 2026.

Last January 22, the PSPS Council got the ball rolling as they convened for a strategic planning meeting at the Quezon City Sports Club. The session focused on reaffirming organizational goals and setting objectives for the year ahead, reinforcing the society's dedication to advancing pediatric surgical care in the Philippines.

Just days later, on January 26, society members gathered once again to participate in the Philippine College of Surgeons (PCS) Welcome Dinner at The Manila Hotel. The event served as an opportunity to foster camaraderie with the other members of the PCS, and strengthen networks within the community.

In line with the society's commitment to foster excellence among our Pediatric Surgery fellowship training programs, a re-accreditation visit was conducted at Jose R. Reyes Memorial Medical Center (JRRMMC), last February 20 by the members of the PSPS accreditation committee. The PSPS remains steadfast in ensuring that the standards of care and training continue to meet expectations and keep pace with the latest innovations in the field. The following day, the society's 1st Interhospital Conference was hosted by the National Children's Hospital (NCH). In addition to the regular case discussion and dialogue, the event featured specialized sessions on Point-of-Care Ultrasound for Pediatric Surgeons and a Stapled Circumcision Workshop, equipping participants with practical skills and updated clinical techniques.

Momentum continued into March with JRRMMC hosting the 2nd Interhospital Conference held last March 14. This conference featured advancements in pediatric endoscopy, through a dedicated Pediatric Endoscopy Workshop

which highlighted the facet of minimally invasive procedures.

For the upcoming second quarter of the year, the Philippine Children's Medical Center (PCMC) will then host the society's 3rd Interhospital Conference on April 18, 2026, with the aim of further strengthening inter-institutional collaboration among pediatric surgeons and other specialists.

Members of the society will also participate in the upcoming virtual Multidisciplinary Tumor Board (vMDTB) of the PCS Cancer Commission (CanCom) on April 23. This is in support of the PCS CanCom's effort in bringing together experts across specialties to discuss complex cases and promote comprehensive cancer care.

The PSPS is also gearing up for a special event this year, as it will host the 18th ASEAN Pediatric Surgery (ASPS) Congress in Bohol, Philippines on November 19-20, 2026. The two-day congress is expected to bring together leading pediatric surgeons, specialists, and healthcare professionals from across Southeast Asia, fostering collaboration and the exchange of cutting-edge knowledge in the field.

Set against the backdrop of Bohol's scenic splendor, this year's event is also distinguished by a strong collaborative effort among key medical organizations in the Philippines, including the Philippine Society of Pediatric Oncology and the Philippine Society for Pediatric Anesthesia. This collaboration reinforces the importance of a multidisciplinary approach to advancing pediatric healthcare, committed to serving the Filipino children.

# Shared Mission, Stronger Response: PCS, PSST and PNPA Partnership

• Aireen Patricia M. Madrid, MD •

On February 25, 2026, a productive and forward-looking breakfast meeting was hosted by PBGEN Andre Perez Dizon at the Philippine National Police Academy (PNPA) in Silang, Cavite. The gathering brought together key representatives from the Philippine College of Surgeons (PCS) Committee on Trauma and the Philippine Society for the Surgery of Trauma (PSST), marking an important step toward strengthening collaboration between the medical and law enforcement sectors.



The delegation was led by PCS Regent Dr. Alfred Allen E. Buenafe, alongside members of the trauma and surgical community who are actively engaged in advancing trauma care systems in the country. They were warmly received by the PNPA leadership,



with discussions focused on identifying meaningful opportunities for partnership—particularly to enhance the capacity of police officers as frontline responders during emergencies.



A key highlight of the meeting was the proposal to integrate structured trauma and burn care modules into the PNPA curriculum. These modules are intended to provide cadets with essential, practical knowledge and hands-on skills that can be readily applied in real-world situations, including road traffic accidents, natural disasters, mass-casualty incidents, and other life-threatening events. By equipping future police officers with foundational competencies in trauma response, the initiative aims to bridge critical gaps in pre-hospital care and improve survival outcomes.

Both the PCS Committee on Trauma and PSST emphasized the pivotal role that police officers play in the early stages of emergency response. Often serving as first on the scene, law enforcement personnel are

> 65



uniquely positioned to initiate life-saving interventions even before medical teams arrive. Recognizing this, the proposed collaboration underscores the importance of empowering police cadets with the confidence and capability to manage injuries, perform basic life support, control bleeding, and stabilize victims during the crucial “golden hour.”

The meeting was characterized by a relaxed yet highly constructive atmosphere, fostering open dialogue and the exchange of insights from both medical professionals and law enforcement leaders. Participants shared experiences, best practices, and perspectives on how interdisciplinary cooperation can

significantly enhance emergency preparedness and response systems in the Philippines.

Ultimately, the discussion reflected a shared commitment to public safety and patient care. By aligning the expertise of the surgical community with the operational readiness of the police force, both sectors aim to contribute to a more resilient and responsive emergency care framework. The collaboration between PCS, PSST, and PNPA represents a promising step toward a future where timely, well-coordinated interventions can save more lives and mitigate the impact of traumatic injuries across communities.



From just first responders requesting for training, this soon spread to medical personnel especially doctors and nurses who also wanted to undergo training. This was a whole different type of training. When we trained first responders, the scenario was almost always a setting in the streets. Thus, we taught then to assess patients while kneeling, the proper way of removing a motorcycle helmet, how to load a victim on a Long Back Board, how to use a Kendrick’s Extrication Device or a Rescue Boa. On the other hand, we did not teach them how to insert an NGT, a foley catheter, how to take an ECG tracing or how to do endotracheal intubation. On the other hand, these were skills we had to include when we trained doctors and nurses. Thus, we had to rent or borrow some equipment when we trained hospital health care providers. This training was called “Trauma Essentials for Hospital Health Care Providers”. Since this program started, we have trained close to 500 responders, doctors, nurses and Military and other Uniformed Personnel.

Presently, from just 8 hours, the training has been extended to 16 hours. It now is standardized to include lectures, skills training and Simulation Exercises. For

hospital-based health care providers, our simulation exercises are done in the setting of an emergency room. On the other hand, for first responders, the setting is usually a scenario on the scene such as a motorcycle crash, fall for victim of intentional violence.

What is next for Trauma essentials? We would like to extend our reach and train others who are interested to offer this training in their respective localities. To the best of our knowledge, there is no other training that is structured for local responders. All the training available in the market are patterned after foreign modules which may not be applicable to our unique situation in the Philippines. This would require “Training the Trainers” type of training activity. Furthermore, this will require that those interested procure materials needed for training. Which by itself is also a challenge. But to quote Dr JP Gonzales, “if we don’t start now, when will we?”

We are looking forward to training more responders and MUP to empower them with skills and knowledge to respond appropriately to trauma victims . This way, more lives will be saved.

“Ut Alii Possunt Vivere”.

# PUA to Host Asia's Premier Congress: Urological Association of Asia 2026

The Philippines is set to take center stage in regional urology as it hosts the 23rd Urological Association of Asia (UAA) Congress in conjunction with the 69th Philippine Urological Association (PUA) Annual Meeting on September 3–6, 2026 at the Manila Marriott Hotel.

This marks a significant milestone for the local urologic community, as the UAA Congress is recognized as one of the largest and most influential scientific gatherings in Asia, bringing together thousands of urologists, researchers, and industry leaders across the region.

Carrying the theme centered on innovation, technology, and collaboration for urologic excellence, the congress underscores Asia's growing role as a hub for cutting-edge developments in urologic care.

The scientific program is expected to feature a comprehensive range of sessions spanning the breadth of urology, including uro-oncology, endourology, functional urology, reconstructive surgery, pediatric urology, and emerging fields such as artificial intelligence and minimally invasive technologies. Structured activities will include plenary lectures, subspecialty symposia, resident courses (such as the Asian Urological Residents Course), free paper presentations, and video sessions, highlighting both regional expertise and global collaboration.

With the Philippines serving as host, the event also reflects the country's expanding leadership role in Asian urology. The UAA itself represents a network of over

25,000 urologists from multiple member societies, fostering education, research, and international partnerships across the region.

As preparations continue, the upcoming UAA 2026 Congress is poised to be a landmark event—highlighting both the scientific progress of urology in Asia and the Philippines' growing prominence in the global urologic community.



# Strengthening Surgical Access in the Cordillera: PCS–Cordillera Chapter and Parkway Hospital and Residences, Inc. Conduct “Surgery for a Cause” Surgical Assistance Programs

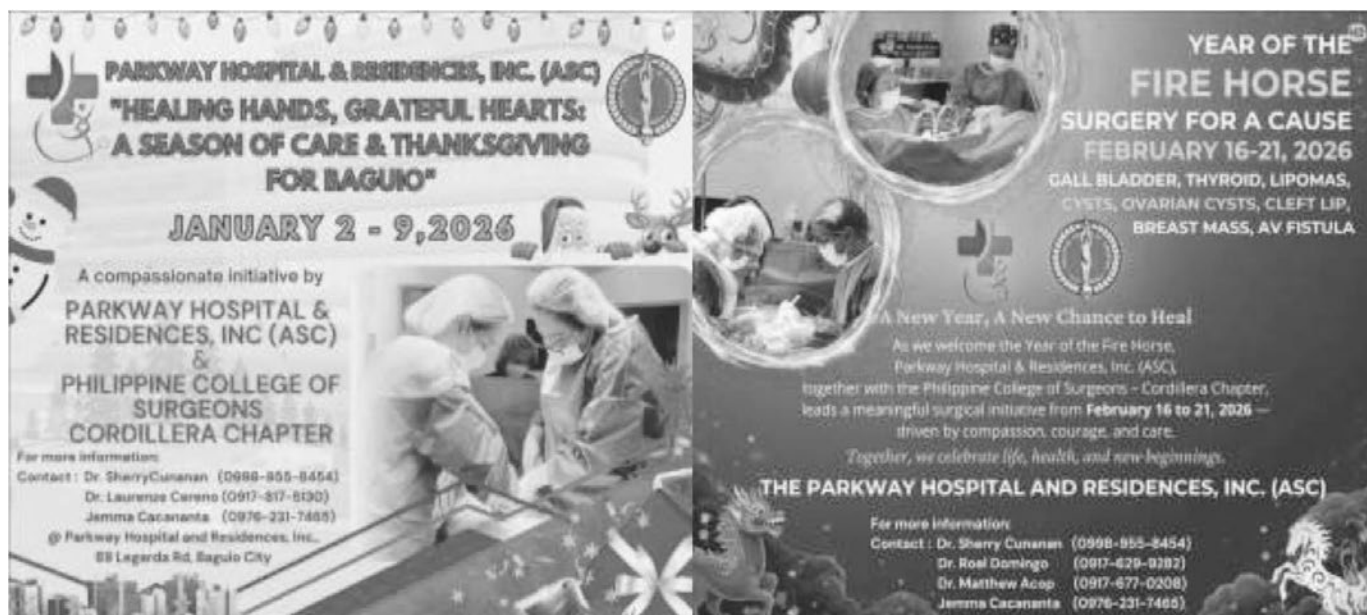
• Roel Anthony T. Domingo, MD, FPCS, FAFN •

In an ongoing effort to improve access to surgical care and reduce the backlog of operative cases in the region, the Philippine College of Surgeons – Cordillera Chapter, in partnership with Parkway Hospital and Residences, Inc., successfully conducted two “Surgery for a Cause” surgical assistance programs during the first quarter of 2026.

The surgical assistance programs were held from January 2–9, 2026, and February 16–21, 2026, bringing together volunteer surgeons, anesthesiologists, nurses, and allied health professionals who dedicated their time and expertise to serve patients in need. The primary goal of these initiatives was to help declog the long waiting list of surgical cases in the region while providing safe, modern, and state-of-the-art surgical services to the community with zero expenses from patients.

The initiative was undertaken through the leadership and collaboration of both institutions. Parkway Hospital and Residences, Inc., a rising medical institution in the region that aims to provide modern and state-of-the-art services to the locality, was represented by Dr. Sherry Ong Cunanan, FPCS, FPSGS, FPALES, while the Philippine College of Surgeons – Cordillera Chapter was represented by its incumbent president, Dr. Roel Anthony Domingo, FAFN, FPCS. Their joint commitment reflects a shared vision of strengthening surgical care delivery and expanding access to quality healthcare in the Cordillera region.

Across the two surgical assistance programs, a wide spectrum of procedures were performed, ranging from hepatobiliary and endocrine surgeries to soft tissue and vascular access procedures. These cases addressed both elective surgical conditions and essential procedures for patients requiring dialysis access and oncologic management.



Surgery for a Cause. Official publication materials used for the surgical assistance programs held last January 2-9 and February 16-21, 2026.

**Summary of Cases Rendered** during the surgical missions conducted for the 1<sup>st</sup> quarter of 2026. (N = 48)

<b>Procedures</b>	<b>Jan 2–9, 2026</b>	<b>Feb 16–21, 2026</b>	<b>Total</b>
<b>Open Cholecystectomy</b>	3	7	<b>10</b>
<b>Laparoscopic Cholecystectomy</b>	3	2	<b>5</b>
<b>Excision of Mass / Soft Tissue</b>	9	3	<b>12</b>
<b>Thyroidectomy</b>	1	1	<b>2</b>
<b>Parotidectomy (Superficial)</b>	1	–	<b>1</b>
<b>Radical Resection</b>	1	–	<b>1</b>
<b>Arteriovenous Fistula Creation</b>	6	3	<b>9</b>
<b>Permanent Catheter Insertion</b>	–	1	<b>1</b>
<b>Ovarian Cystectomy / Oophorocystectomy</b>	1	1	<b>2</b>
<b>Umbilical Hernia Repair</b>	1	–	<b>1</b>
<b>Hemorrhoidectomy</b>	1	–	<b>1</b>
<b>TAHBSO</b>	1	–	<b>1</b>
<b>Subtotal Mastectomy</b>	1	–	<b>1</b>
<b>Fistulectomy</b>	1	–	<b>1</b>
<b>Total</b>	<b>30</b>	<b>18</b>	<b>48</b>

Through these combined efforts, more than 40 surgical procedures were successfully performed during the first quarter programs. Beyond the numbers, the initiative exemplifies the enduring mission of the surgical profession: to extend healing, hope, and compassionate care to those who need it most. Through the continued partnership between the Philippine College of Surgeons – Cordillera Chapter and Parkway Hospital and Residences, Inc. (ASC), these surgical missions serve as a testament to how collaborative healthcare initiatives can make a lasting impact on the lives of patients across the Cordillera region.

With the success of these early-year missions, both organizations expressed optimism that similar outreach programs will continue in the future—bringing quality surgical care closer to communities

and reaffirming the commitment of surgeons to serve with excellence, compassion, and dedication.

This successful collaboration between Philippine College of Surgeons – Cordillera Chapter and Parkway Hospital and Residences, Inc. (ASC) marks only the beginning of a continuing commitment to serve the community. As emphasized by Dr. Sherry Ong Cunanan, FPCS, FPSGS, and Dr. Roel Domingo, FAFN, FPCS, these missions represent the foundation of a broader vision—to sustain similar initiatives that expand access to safe, modern surgical care for patients across the Cordillera region. With the strong partnership between institutions and the dedication of volunteer healthcare professionals, this effort signals the start of many more programs aimed at bringing healing, hope, and quality surgical services closer to those who need them most.



*Mission Snapshot.* Photocollage of PCS-Cordillera surgeons providing their service for free during the surgical assistance programs held during the first quarter of 2026.

# PCS - Davao Southern Mindanao Chapter (DSMC): Advancing Surgical Excellence and Community Care 2025

In 2025, the Philippine College of Surgeons (PCS)-Davao Southern Mindanao Chapter (DSMC) reaffirmed its dedication to surgical excellence, professional growth, and compassionate community service. Guided by the PCS vision of global leadership in surgical care and its mission to uphold the highest standards in practice, education, and research, the chapter benefited from strong leadership under President Dr. Hannah Angela Acosta, supported by Vice President Dr. Eillen Borje, Secretary Dr. Wenelito Clapano, Treasurer Dr. Ivan Flores, Public Relations Officer Dr. Lydcelle Ann Encarnacion-Rongo, and Board Members: Dr. Romeo Vincy Naranjo and Dr. Roland Victor Chiu, with the Governor and Immediate Past President Dr. Laura Lee Leano-Samonte. This capable team steered a year marked

by impactful initiatives and steadfast commitment to advancing surgical care in the region.

The year commenced with significant environmental and organizational initiatives. On February 22, 2025, members participated in a Tree Planting Activity in Toril, Davao City, reaffirming the PCS's dedication to both health and environmental stewardship. Concurrently, the chapter collaborated with other Mindanao chapters in the PCS Tripartite Induction ceremony at the Grand Acacia Ballroom, demonstrating unity and shared commitment among surgeons within the region.

Community service remained central, with the chapter sponsoring Operation Tuli at Southern



Tree Planting Activity with the national PCS Officers and PCS Mindanao Chapter Officers at Toril, Davao City.



PCS DSMC Surgical Education - 2 Alex Lay Tan Memorial Conference and Breast Ultrasound Workshop.



Winners and judges of the research contest (from right - Dr. Delbryth Mitchao (Judge), Dr. Luigi Orland Pocot (Champion), Dr. Joni Leih Dongallo(2nd Place), Dr. Marco Calimbas(1st Place), Dr. Manuel Tesoro (Judge) and Dr. Hannah Angela Acosta (President-DSMC).



In partnership with the Philippine Society of General Surgeons (PSGS) Davao Southern Mindanao for the Pink Run D'feeting Breast Cancer and Breast Cancer Awareness Lay Forum.



Philippines Medical Center on May 31, offering free circumcision services to the underserved pediatric patients.

September featured national collaboration and public health advocacy, including participation in the PCS 89th Foundation Celebration, National Surgical Outreach Day Simultaneous Surgery, the “Stop the Bleed” Campaign, and a Blood Donation Drive.

The chapter furthered surgical education with the 2nd Alex Lay Tan Memorial Conference and Breast Ultrasound Workshop on September 13, and recognized academic excellence through a Research and Interesting Case Contest on September 27, with winners from Southern Philippines Medical Center,



Davao Doctors’ Hospital, and Davao Regional Medical Center.

In October, members intensified cancer awareness by participating in the PCS Simultaneous Pink Lighting and collaborating with the Philippine Society of General Surgeons (PSGS) Davao Southern Mindanao Chapter for the Pink Run: D’Feeting Breast Cancer and Breast Cancer Awareness Lay Forum.

Through these initiatives, the PCS-DSMC has demonstrated a balanced integration of service, education, research, and advocacy. It remains steadfast in its commitment to shaping competent, compassionate, and socially responsible surgeons, contributing meaningfully to the advancement of healthcare not only in Mindanao but across the nation.

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*The Responsibility of Doctors as Vloggers... from page 47*

- Employ humor with purpose. Wit should reinforce, not distract from, health messages.
- Maintain transparency. Distinguish clearly between evidence-based advice and personal opinion.
- Set boundaries. Avoid content that trivializes or sensationalizes medicine.

### **Ethics in the Digital Era**

The Hippocratic Oath’s principle of “do no harm” extends beyond the clinic. In the digital age, harm can occur through irresponsible communication. A misleading video or a trivialized portrayal of illness can misinform thousands, even millions. Doctors must recognize that their ethical duty applies as much to their online presence as to their bedside manner.

### **The Bigger Picture**

The rise of doctor-vloggers is not inherently problematic. In fact, it represents a remarkable opportunity to extend the reach of medical knowledge. But with influence comes responsibility. Doctors must resist the lure of superficial popularity and embrace their role as guardians of public trust. Their content should inspire, educate, and empower—not trivialize or sensationalize. In a world saturated with influencers, doctors stand apart. Their voices can shape healthier communities, counter misinformation, and promote preventive care. To squander that influence on frivolous pursuits is to betray the essence of medicine. Social media may reward clicks, but society rewards integrity. And in the end, it is integrity—not virality—that sustains the true influence of a physician.

# PCS Northern Luzon Chapter Activities January to March 2026

On January 20, the mangroves planted by the PCS NLC last 2025 in Badoc, Ilocos Norte was visited by the chapter members together with Drs Joselito Mendoza, Rex Madrigal and Esperanza Lahoz



On January 30, a MIS Outreach Program in Ilocos Sur Medical Center at Candon was done, attended by Drs Juvie Villaflor, Mayeen Fernandez, Ralph Rapacon and Vicente Bernardo



On January 31, another Mangrove Reforestation project was done by the chapter in Caoyan, Ilocos Sur attended also by Drs Joselito Mendoza, Rex Madrigal, Esperanza Lahoz, Juvie Villaflor and Ms. Anette Tolentino.



Later that day, the Induction Ceremonies of the PCS NLC was held in La Casa Blanca, Vigan, Ilocos Sur



On February 6 a Breast Cancer Awareness Lecture was held in Ilocos Sur Provincial Hospital Gabriela Silang by the PCS NLC.



On March 7, a Wound Care and Management Workshop was held in Laoag, Ilocos Norte.



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On March 12 in celebration of National Women's Month, PCS NLC in partnership with POGS conducted a lay fora on Breast And Cervical Cancer in Batac, Ilocos Norte. Free Clinical Breast Examination and VIA was also provided.



On March 22, a Coastal Cleanup and Green Rx Papaya Plant Distribution was held by the ISMC and PCS NLC at Caoayan, Ilocos Sur.



On March 16 at the Ilocos Sur Provincial Hospital Gabriela Silang, the STAR 2 Project- Healing Hands Across Borders was launched by the Ilocos Sur Medical Society together with the PCS NLC. The event was attended by Gov Jerry Singson, Chief of Hospital Dr. Pocholo Baquiran, ISMC President Dr. Glenda Rabino and PCS NLC members.



On March 27, the Bust Out Cancer Breast Screening and Lay Forum was done in the Ilocos Sur Provincial Hospital Gabriela Silang. A simultaneous activity was held in the Klinika ng Bayan in Dagupan, Pangasinan headed by Dr. Anita Tarectecan.



# 2026 PCS -STC Handover and Induction Ceremonies

Date: February 28, 2026 at 4PM

Venue: Mt. Malarayat Golf & Country Club, Lipa City, Batangas

The PCS–STC Handover and Induction Ceremonies of 2026, hosted at the picturesque Mt. Malarayat Golf and Country Club, transcended a mere formal occasion. It was an evening steeped in appreciation, a celebration of accomplishments, and a reaffirmation of dedication among the members of the Philippine College of Surgeons Southern Tagalog Chapter. Fellows, officers, esteemed guests, and chapter members united to acknowledge the prior year's successes while also welcoming the leaders who would steer the chapter into the future. The evening opened with a heartfelt invocation by Sophia Ysabella P. Lantang, followed by the Philippine National Anthem and the PCS Hymn, setting a meaningful and reflective tone. The program was further enriched by special performances from the Lyceum of the Philippines University–Lahing Batangan Dance Troupe, which brought a sense of cultural pride and vibrancy to the event.

PCS–STC Past President Dr. Alejandro M. Palines, Jr. gave the welcome remarks during the ceremony's opening segment. He greeted everyone with warmth and acknowledged the presence of honored guests and members of the PCS National and PCS-STC. Additionally, Hon. Atty. Gerville Luistro, the Guest of Honor, imparted a distinctive speech emphasizing professional dedication, leadership, and service. Dr. Mark Louie M. Lanting and Dr. Ronan Chris J. Inso gave the Guest of Honor a plaque of recognition in gratitude for this support.

The Master of the Knife 2026 award was one of the highlights of the program. It commenced with an audiovisual presentation that honored the recipient, Dr. Shirard Leonardo C. Adiviso. Dr. Gabriel Natividad formally announced the awardee and distinction, and then Dr. Mark Louie M. Lanting and Dr. Ronan Chris J. Inso led the presentation of the award. The awardee, Dr. Adiviso, then delivered an acceptance speech expressing gratitude and dedication to the profession. This part honored excellence and recognized the work of outstanding members of the PCS - STC surgical community.

The night went on with a dinner symposium hosted by Cathay Drug that featured Dr. Raymond Joseph Romero. Also, Shooting Star Trading showed a video to promote their products. This part of the program provided both learning and engagement for the attendees while fostering professional discussion and fellowship among members.

The induction of officers and fellows was an additional significant aspect of the ceremony. Dr. Joselito M. Mendoza, then delivered the message as the Inducting Officer. He stressed the newly appointed leadership's duties and values including the PCS' future activities and collaborative projects for the year 2026-2027. Moreover, Dr. Alfred Allen E. Buenafe then introduced the new PCS–STC President for 2026, acknowledging the new group of leaders that will lead the chapter in the coming year. After being introduced, Dr. Mark Louie M. Lanting delivered his acceptance speech, in which he acknowledged everyone and shared his vision for his presidency.

The induction of the new PCS–STC Fellows was then conducted by Dr. Mark Louie M. Lanting, after which all fellows participated in the Renewal of the Fellowship Pledge, reaffirming their commitment to the organization and the profession. Also, as part of the program, the Southern Tagalog Association of Residents in Surgery (STARS) was also recognized, with its presentation likewise led by Dr. Lanting, highlighting the vital role of residents in Southern Tagalog.

For the closing segment, Dr. Ronald M. Cabral delivered his inspiring remarks. This was followed by the playing of the PCS–STC Hymn, after which the fellows had the opportunity to engage in a meaningful dialogue with the PCS National Officers. The program was gracefully hosted by the masters of ceremonies, Mr. Marcky Millar and Dr. Katherine C. Guevarra.



Welcome remarks by PCS-STC Past President Dr. Alejandro M. Palines Jr.



Hon. Atty. Gerville Luistro, the Guest of Honor



Dr. Mark Louie M. Lanting and Dr. Ronan Chris J. Inso with Hon. Atty. Gerville Luistro



Acceptance speech of the Master of the Knife 2026 awardee, Dr. Shirard Leonardo C. Adiviso.



Dr. Joselito M. Mendoza, the PCS National President



Induction of the new PCS-STC Fellows



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Assistant Commissioner  
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**00004545**

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