

PSREI Newsletter

Volume 10, Issue 20

October 2008

Busy year for the PSREI

- Consensus guidelines development
- PSREI outreach lectures on PCOS
- Induction of new members
- Annual convention set October
- New format for newsletter
- Development of working groups

INSIDE THIS ISSUE:

Message from the President	1
Annual Convention Set	1
Editor's Corner	2
Endometriosis Consensus Workshop	3
2008 Research Paper Contest	4
New Format and Content of Newsletter	4
PSREI Outreach	4
New Members of PSREI	4
Future Guidelines Devt.	4
Dysfunctional Uterine Bleeding	5
Review of Labial Adhesion Cases	5
In Vitro Maturation	5
Reproductive Surgery	6
IMS on HRT	6
Upcoming Meetings	7
2008 Board of Directors	7
Organizing Committee	7



MESSAGE FROM THE PRESIDENT

Gilda G. Martinez, MD, FPOGS, FPSREI

For the past 15 years from its inception, the Philippine Society of Reproductive Endocrinology and Infertility has evolved and grown. The Society continues to promote activities and projects geared in fulfilling the main objective: to improve the quality of training and practice in reproductive medicine and surgery.

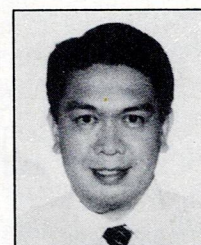
The current board of directors, as had been with the past, zealously maintained this year's calendar of events in line with our Society's vision of "world-class experts committed to the noble promotion of competent and ethical practice of REI."

With the emerging clamor for evidence-based medicine, we deemed it appropriate to replace the regular mid-year convention with workshops on topics that target common clinical problems in reproductive medicine facing OB-GYN practitioners. We identified important

➤ 2

2008 PSREI ANNUAL CONVENTION: "REI GUIDELINES MADE SIMPLE"

Enrico Gil C. Oblepias MD, FPOGS, FPSREI
Over-all Chairman, 14th PSREI Annual Convention



Greetings!

Clinical Practice Guidelines or CPGs have been the buzz word in the study of medicine for some time now. As the name indicates, these are guidelines and are meant to guide us in the practice of medicine. This is backed-up by evidence based on the results of reported researches and studies.

The concept of CPGs is not really that new. As a matter of fact, its standard definition of "systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances" was made by Field and Lohr in 1990.

According to Wikipedia, such statements have even been in use for thousands of years during the entire history of medicine. However, in contrast to previous approaches which were often based on tradition or authority, modern medical guidelines are based on an examination of current evidence within the paradigm of evidence-based medicine. They usually include summarized consensus statements, but unlike the latter, CPGs also address practical issues.

➤ 3

EDITOR'S CORNER

Angela G. Sison-Aguilar MD FPOGS FPSREI

Not at anytime in the history of REI has the technology to assist fertility been so widely accepted as it is today. Worldwide, in many countries and among many cultures, couples seeking assistance are flocking to doctors' clinics and crossing national borders in droves in search of solutions.

Fertility problems are not the monopoly of any segment of the population. However, women from the less advantaged sector bear the brunt of the social stigma attached to infertility. Not only are they the subject of criticism and ridicule from their family and peers, in certain societies, infertility leads to disempowerment, economic hardship and ostracism.

Enlightened sectors within our subspecialty have recognized this problem and have sought to improve access to care. Pioneering work is being done by people like Geeta Nargund, William Ombelet, and the like on mild stimulation IVF, effective insemination strategies and embryo incubation techniques—all directed at decreasing the costs of the entire experience. Minimal stimulation means less medication costs and the avoidance of complications from hyperstimulation. Single embryo transfers may save the couple and any third party—be it government or insurance—the eventual expense of multiple births and prematurity. Expectant and IUI protocols, most especially for patients with unexplained infertility, are being maximized. We can contribute to this effort by likewise providing cost-effective strategies in managing our patients. Knowledge of these developments help clinicians to provide affordable evidence based care. Thus this issue aims to update the practitioner of appropriate technology for clinical use.

These are the exciting new developments happening in the field of assisted reproduction. It is hoped, that as we celebrate 30 years of ART, starting from the birth of Louise Brown in 1978, we will ultimately be able to provide kinder, gentler, affordable and accessible reproductive care for women all over the world.

President's message . . . from page 1

topics such as endometriosis, abnormal uterine bleeding, PCOS, reproductive surgery, among others. This year, the midyear workshop focused on Endometriosis. The sessions were participated by registered fellows of the society with the objective of coming up with a consensus guideline on endometriosis. Dr. Angela Aguilar, the overall director, together with the technical working group, organized a well-participated one-day workshop on Endometriosis held at the Discovery Suites. Six working groups represented different topics on endometriosis: 1) definition 2) endometriosis-related pain 3) endometriosis-related infertility 4) endometriosis in the adolescent 5) endometriosis in the menopause 6) alternative treatments for endometriosis-related pain. The groups met on several occasions prior to the actual workshop to gather existing evidence, evaluate its strengths and weaknesses, and prepare for the groups' collated statements with corresponding levels of evidence. While the ideal is to come up with clinical practice guidelines on endometriosis, the consensus statements as outcomes is an important step towards realizing this goal. With Drs. Gonzaga and Habana as editors, the printed version of the workshop will hopefully be available at our annual convention.

Another project that will be launched is the PSREI website. It is envisioned to serve not just the members of the society, but all health practitioners engaged in women's health as well as couples and individuals with REI concerns. The site will provide a venue where members can exchange information and opinions on clinical case dilemmas, share updates on the society's activities and current literature about REI topics. Likewise, patients may be provided with accurate and updated information on their REI concerns.

While we strive to be creative in our future activities, the Society continues to support worthwhile projects like the Outreach program. The cities covered this year include Butuan, Vigan, and Iloilo. By holding symposiums on specific REI topics requested by local OB-GYN societies, we are able to provide continuing medical education pertaining to our expertise to various areas of the country.

I trust that future initiatives will generate awareness and enthusiasm among the Society's members as well as obstetrician-gynecologists with interest in REI. At this point, I wish to extend my warmest invitation to all for this year's Annual Convention, "REI guidelines made simple" and a half day workshop "Controversies on PCOS" at the Intercontinental Manila on October 1-3, 2008.

2008 Annual Convention . . . from page 1

Modern clinical guidelines briefly identify, summarize and evaluate the best evidence and most current data about prevention, diagnosis and prognosis, therapy including dosage of medications, risks versus benefits, and cost-effectiveness. Then they define the most important questions related to clinical practice and identify all possible decision options and their outcomes.

This is the very spirit with which the organizing committee embarked on in the planning and preparation for of this year's PSREI convention, "REI Guidelines Made Simple". This is in conjunction with the thrust of our society to join the mainstream of standardizing REI practice globally.

Also, this year's workshop will focus on Polycystic Ovary Syndrome (PCOS). It is the most common hormonal disorder among women. Aside from the irregular menstruation, concerns may vary from acne in the adolescent patients, infertility in women of reproductive ages, to the risk of endometrial carcinoma in the perimenopausal. Considering its impact may be different for every patient, PCOS definitely deserves the full understanding of all gynecologists.

The convention programme was designed not only to update, but also to give a general appreciation of the practice of reproductive endocrinology. With the line up of speakers we have for you, which include Dr. P.C. Wong of Singapore, this will not be difficult to do. There is sure to be something in it for everybody.

The PSREI Newsletter

The PSREI Newsletter is an official publication of the Philippine Society of Reproductive Endocrinology and Infertility, Inc. It is printed quarterly in cooperation with Bayer and distributed to the members of PSREI.

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Endometriosis Consensus Workshop Held at Discovery Suites

The first PSREI consensus workshop on endometriosis was held last June 2, 2008 at the Columbus ballroom of the Discovery Suites in Pasig City. Attended by the active members of our society, the workshop's aims were to review current evidence and practice regarding the diagnosis and management of endometriosis. Six major sub topics were covered in the workshop, namely, the diagnosis of endometriosis, endometriosis and pain, endometriosis and infertility, endometriosis in the adolescent, endometriosis in menopause and lastly, complementary and alternative treatment of endometriosis.

The members of the PSREI were divided among these six groups each led by Dr. Delfin A. Tan, Dr. Blanca de Guia, Dr. Leonardo Almeda, Dr. Eileen Manalo, Dr. Lyra Ruth Clemente-Chua and Dr. Gilda Germar- Martinez. The group leaders presented their recommendations during the workshop. The workshop also heard the perspectives of various stakeholders from the following sectors: the professional society (Dr. Ma. Corazon Quevedo of POGS), the academe (Dr. Alberto Roxas of the UP College of Medicine), the patients (Ms. Ella Evangelista of GMA News and Public Affairs) and the pharmaceutical industry (Dr. Tom Realiza of Astra Zeneca). A technical working group (TWG) set the scope and methodology of the guidelines and provided input and editorial support. The group was led by Dr. Angela Aguilar and comprised of the following members: Dr. Marlyn T. Dee (Co-Chair), Dr. Lourdes Abeleda, Dr. Janice Lacuna, Dr. Anna Lynn A. Matignas, Dr. Danilo Milla, Dr. Judith Perez and Dr. Claudette Ricero. The workshop recommendations and proceedings were edited by Drs. Florante Gonzaga and Antonia Habana. The guidelines went through external review and stakeholder hearings before its publication this September.

The consensus guidelines will be distributed to the members of the PSREI free of charge. For a minimal fee, members of the POGS and other interested parties may avail of the guidelines during the annual convention of the PSREI this October and during the POGS annual convention this November.

Interested parties may contact PSREI Secretariat at POGS Bldg., Malakas St., Diliman, Quezon City, Telephone 920-9565

NEWS BITS

2008 Research Paper Contest

All the submitted papers were screened by the Committee on Research and the chosen papers for the competition will be presented during the Annual Convention on October 2 at 8:00 am. A total of three (3) interesting papers and three (3) research papers on reproductive endocrinology and infertility will vie for cash prizes. Invited judges include Dr. Florante P. Gonzaga, Dr. Rogelio P. Mendiola and Dr. Concepcion Ilao-Oreta for the Resident's interesting case contest and Dr. Corazon T. Lim, Dr. Trinidad R. Vera and Dr. Grace P. Serrano for the Research paper contest. This affair is sponsored by Victory ART Lab. The chosen papers were:

Research Paper Contest:

- 1) The effect of gum-chewing in the resolution of post-operative ileus following gynecologic laparoscopy surgery: A randomized controlled trial
- 2) Filipino male partners in couples with infertility: Semen quality profile and effects of age.
- 3) Qualitative study on the knowledge attitude and practice on prophylactic oophorectomy among women awaiting hysterectomy for a benign gynecologic lesion.

Interesting Paper Contest:

- 1) Conservative surgical management arteriovenous malformation of the uterus.
- 2) What are the chances? A rare case of primary amenorrhea in a patient with Turner Syndrome with concomitant Mayer-Rokitansky Kuster-Hauser syndrome
- 3) Successful management with ART & pre implantation genetic diagnosis of a patient with alpha thalassemia trait and repeated hemoglobin bart's hydrops fetalis syndrome

New format and content of PSREI Newsletter

Apart from carrying news about the organization and its members, the newsletter will endeavor to publish relevant topics of interest to its members and the output of various working groups. Notice that in our table of contents, the following topics are highlighted: DUB, menopause, reproductive surgery, polycystic ovary, assisted reproductive technology and pediatric gynecology. We hope these will become regular features of the newsletter carrying updates relevant most especially to both academicians and practitioners alike.

PSREI outreach lectures on Polycystic Ovarian Syndrome

The first of a series of lectures on polycystic ovary syndrome, its diagnosis and management, was held last April 20, 2008 at the Inland Resort, Butuan City.

Nearly a hundred delegates from the CARAGA region and nearby Cagayan de Oro were present to hear Dr. Noel Raymundo talk about the management of the syndrome. Dr. Angela Aguilar also discussed the diagnosis and pathophysiology of this already common condition.

The local society, led by Dr. Kathy Gamutan, welcomed the PSREI delegation and presided over the ceremonies.

Congratulations and Welcome to the new PSREI members!

The Society welcomes to its fold two new fellows who have recently passed the written and oral examinations for membership given last September 21, 2008 at the Cardinal Santos Medical Center. The new fellows are: Dr. Vivienne Bombita and Dr. Leonila A. Estole-Casanova. They will be formally inducted to the society in brief ceremonies to be held in this year's annual convention.

Future Guidelines Development

With the success of the Consensus Statements on Endometriosis, the PSREI is organizing several working groups on topics such as dysfunctional uterine bleeding, infertility, polycystic ovary syndrome, reproductive surgery, andrology and others of interest to the membership. Each group is tasked to search best and current evidence on their topic and distill their recommendations through the regular process of consensus guidelines development. This will be a yearly activity and the guidelines will be revised every 3 to 4 years.

Dysfunctional Uterine Bleeding

Patria P. Punsalan, MD, FPSREI

Alterations in the pattern or volume of blood flow, otherwise known as abnormal uterine bleeding, are among the most common health concerns of women. Heavy menstrual bleeding (menorrhagia) is a leading cause of diminished quality of life among women of reproductive age. In the early 1990's, it was estimated that at least 60% of women presenting with heavy menstrual bleeding would have a hysterectomy to treat the problem often as a first line. However, things have changed and the number of hysterectomies is decreasing rapidly.

Surgical alternatives (excluding a hysterectomy) should be considered in cases of heavy menstrual bleeding when this problem is having a severe impact on a woman's quality of life and the woman has completed her family. Hysterectomy should not be used as a first line treatment solely for heavy menstrual bleeding unless in the presence of large fibroids or other symptoms.

Endometrial ablation may be offered to women with heavy menstrual bleeding as an initial treatment after full discussion of outcomes and other treatment options. Endometrial ablation should be considered in those patients with a normal uterus and small uterine fibroids (< 3cm). Prior to performing endometrial ablation, hysteroscopy should be undertaken. One systematic review and subsequent randomized control trials showed that pre-treatment endometrial thinning for endometrial ablation has limited effect on the outcome, but improved operating conditions for the surgeon. Endometrial ablation should not be undertaken on women wishing to become pregnant in the future. The second generation ablation techniques (MEA - microwave endometrial ablation; TBA - thermal balloon ablation; HTA - hydrothermablation) should be considered ahead of the first generation techniques (TCRE - transcervical resection of the endometrium; REA - rollerball endometrial ablation; ELA - endometrial laser ablation). Women must be counselled on the need to use effective contraception after endometrial ablation.

The introduction of these alternative options to address the problem of heavy menstrual bleeding has caused a decrease in the number of hysterectomies, as this is a major operation associated with significant complications.

A Review of Labial Adhesion Cases

Blanca C. De Guia, MD, FPSREI

Introduction: The purpose of the study is to present the clinical symptomatology and management of labial adhesion cases in a tertiary hospital.

Methods: The charts of 20 cases of labial adhesions seen at the Pediatric and Adolescent Gynecology Clinic from January 1, 2003 to December 31, 2003 were reviewed.

Results: The age range of the patients with labial adhesions is 4 months to 5 years old. Absence of a vaginal opening was noted by the mother or relative in the majority of cases. There was associated urinary tract infection in 7 cases, diaper rash in 3, bloody vaginal discharge and pain in 1, and skin allergy at other sites in 2 patients. The other three cases had concomitant impetigo contagiosa at extremities, Koch's lung infection in another, and ventricular septa defect in failure in another patient. Four patients were completely asymptomatic. The four asymptomatic patients were advised supportive treatment as perineal hygiene and observed. There was complete resolution of adhesions in 2 to 8 weeks; one was lost to follow-up. Five patients had mechanical separation of the labia using either K-Y jelly, xylocaine jelly, Vaseline, and petrolatum jelly. Three of the adhesions resolved in 2 to 4 weeks. One did not resolve after 4 weeks and received estrogen cream for additional 2 weeks; one patient did not follow up. 11 patients received estrogen vaginal cream applied twice daily for 2 weeks. 9 patients had complete resolution of labial adhesions in 9 days to 4 weeks. One patient had irregular application of the cream and adhesion resolved in 6 weeks. One patient did not follow-up.

Conclusion: Most of the labial adhesions in the study were associated with urinary tract infections and skin infections. One cannot say if the labial adhesions are the consequences of such infections or rather contributory to the associated infections. There is a trend for better response to estrogen cream treatment. We suggest a randomized trial comparing mechanical separation of labial adhesion and estrogen treatment.

In Vitro Maturation

Leonardo Almeda, MD, PSREI

Center for Reproductive Medicine

Raffles Building, Emerald Avenue, Ortigas Center, Pasig City

In Vitro Maturation has been shown to be effective treatment for infertility in women with polycystic ovaries, it also has proved effective in women with regular cycles either with FSH priming or combined with natural cycle IVF.

IVM avoids the costs, monitoring and risk associated with ovarian hyper stimulation. This makes an attractive treatment option for patients undergoing IVF.

IVM followed by oocyte or embryo cryopreservation is also

an appropriate treatment option to preserve fertility prior to chemotherapy or radiation treatment.

It may even open the door to young women who wish to defer child bearing to a later age. It is possible to preserve their fertility by undergoing IVM with vitrification of the oocytes retrieved and do ICSI later.

Although IVM is relatively new treatment early evidence from in vitro studies and pregnancy outcomes suggest that there is unlikely to be significant risk associated with this treatment.

The role of reproductive surgery in infertility treatment

What is the role of reproductive surgery? To enhance pregnancy rates in IVF or to improve the chances of spontaneous conception? The ESHRE Special Interest Group (SIG) on Reproductive Surgery aims to answer these questions. Professor Stephen Gordts, current coordinator of the interest group, believes that:

"Surgery and ART... are not competing treatments, but complementary. Their approach is different: surgery attempts to restore a quasi normal fecundity wherever possible, while ART seeks to bypass the problem."

Various surgical interventions are being reviewed for effectiveness in improving pregnancy rates, spontaneously or through IVF. Among these are endometriosis surgery, tubal surgery, and myoma surgery.

The landmark study of Sylvie Marcoux and the Gruppo Italiano show a combined ongoing pregnancy and live birth rates with a statistically significant increase (OR 1.64, 95% CI 1.05 to 2.57) among women on whom laparoscopic surgery was performed for the treatment of minimal and mild endometriosis (Jacobson TZ, Barlow DH, Koninckx PR, Olive D, Farquhar C. Laparoscopic surgery for subfertility associated with endometriosis. *Cochrane Database of Systematic Reviews* 2002, Issue 4. Art. No.: CD001398. DOI: 10.1002/14651858.CD001398).

One of the dedicated authors in evaluating the effects of tubal surgery in infertility is Professor Valentine Akande of Bristol, UK. In his paper published in 2004, he reports that, among infertile

women younger than 40 years with tubal damage undergoing tubal surgery, the following live birth rates of 69%, 48% and 9% for grades I, II and III tubal disease respectively according to the Hull and Rutherford classification were documented.

Caution, however, is required in interpreting this data, as noted by the same author in a Cochrane review he participated in together with Pandian, Harrild and Bhattacharya (Surgery for tubal infertility. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD006415. DOI: 10.1002/14651858.CD006415.pub2). Their conclusion: "Any effect of tubal surgery relative to expectant management and IVF in terms of livebirth rates for women with tubal infertility remains unknown" and further trials are recommended.

The jury is still out on which approach to myomectomy can improve fertility as shown by the Cochrane review of Griffiths A, D'Angelo A, Amso N (Surgical treatment of fibroids for subfertility. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD003857. DOI: 10.1002/14651858.CD003857.pub2). Their final statement was that: There is limited evidence to suggest that there is no difference in fertility efficacy outcome if fibroids are removed via laparotomy when compared to laparoscopy. There is no good randomised controlled evidence to support hysteroscopic removal of fibroids compared to other surgical modalities for fertility efficacy.

Among clinicians, therefore, present data on efficacy of alternatives in fertility treatment should be volunteered to patients to enable them to make fully informed choices.

International Menopause Society Statement on HRT (2008)

Last March 29 to 30, 2008, the International Menopause Society (IMS) met at Zurich, Switzerland and issued a statement supporting the use of hormone replacement therapy (HRT) in early menopause. Among those who participated in the meeting were PSREI members Dr. Delfin Tan and Dr. Eileen Manalo, who represented the Philippine Society for Climacteric Medicine.

The IMS, in its statement, recognizes that, in the aftermath of the WHI study, health regulatory bodies all over the world approve the short term administration of HRT specifically for the alleviation of climacteric symptoms. With the use of level A (referring to data from randomized controlled trials) and B (from case-control/observational studies) evidence, the IMS seeks to modify the perceptions created by various sectors, including the media, regarding the true benefit of HRT in the early menopausal period, defined as below age 59.

While it is not recommended for primary coronary artery disease prevention, the use of estrogen alone therapy (this means use in a subset of hysterectomized women) significantly leads to "less coronary calcification (equivalent to a smaller plaque burden), which is consistent with findings of a lower coronary intervention score in women of this age in the WHI study [Evidence Level A]."

The risk of stroke (Evidence Level A and B) and venous thromboembolism (Evidence Level A) is "extremely small" and is "a rare event" for women on HRT under the age of 60.

With regards the risk of breast cancer, the IMS recommends "Individual risk analysis...in clinical practice." This is due to the presence of "multiple risk factors for breast cancer, including life-style factors especially alcohol intake, obesity and lack of exercise." It is noted that "women using combined HRT before a diagnosis of breast cancer have a reduced mortality (Evidence Level B)." In women using estrogen-only preparations, there is no "increase in breast cancer for up to 7 years [Evidence Level A]." Among those who had more than "5 years (of) use of combined estrogen and progestogen, there is a small increase in risk of breast cancer in North American women of about eight extra cases per 10,000 women per year."

Regarding prevention of osteoporotic fractures, "in 50-59-year-old postmenopausal women, HRT is a cost-effective first-line treatment." Furthermore, there is "no evidence to suggest that bisphosphonates or any other antiresorptive therapy are superior to HRT."

UPCOMING MEETINGS:

37th Global Congress of Minimally Invasive Gynecology

Sponsor: American Association of Gynecologic Laparoscopists

Dates: October 28-November 1, 2008

Place: Las Vegas, NV, USA

For More Information: <http://www.aagl.org>

AAMC 2008

Description: Association of American Medical Colleges

Dates: October 31-November 7, 2008

Place: San Antonio, TX

6th Annual Meeting of the Androgen Excess and PCOS Society

Dates: November 9, 2008

Location: San Francisco Marriott, San Francisco, CA USA

For More Information: <http://www.androgenexcesssociety.com>

64th Annual Meeting of the ASRM

Description: 64th Annual Meeting of the ASRM

Dates: November 8-12, 2008

Place: Moscone Convention Center, San Francisco, California, USA

For More Information: ASRM, Tel: 205-978-5000,

Fax: 205-978-5018 • Email: asrm@asrm.org;

Web Site: <http://www.asrm.org/Professionals/Meetings/annualmeeting.html>

CFAS 54th Annual Meeting

Sponsor: Canadian Fertility and Andrology Society

Dates: November 26-29, 2008

Location: Calgary, Alberta, CANADA

For more information: <http://www.cfasc.ca>

2nd Congress of the Asia-Pacific Council on Contraception (APCOC)

Dates: December 4-6, 2008

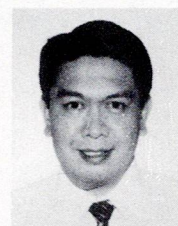
Location: Venetian Macao Resort Hotel, Macau, CHINA

For More Information: <http://www.comtecmed.com/apcoc/2008/>

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