

EDITORIAL

The 5th scientific meeting of the CT-MRI Society of the Philippines

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It was a hectic but immensely enjoyable week for me. Following the ICIS meeting in Paris, I flew home to Singapore for an overnight stop before heading off to the Philippines, a nation comprising of more than 7000 islands. (The exact number of islands, I was told, depends on whether it is high tide or low tide!) Anyway, it was a great honour to be invited by the Philippines CT and MRI Society to speak on Head & Neck Oncological Imaging.

When Magellan came upon the island of Homonhon in 1521, he claimed these islands in the name of King Philip II of Spain and named them Filipinas (and hence, the Philippines). Recognising the potential of these strategically located islands, the Spaniards established a colonial government in Manila in 1571 and from there, ruled the country and the galleon trade for nearly 333 years. The first nationalistic revolution took place in 1896 and after several attempts, the Philippines declared her first independence on June 12, 1898. This republic was short-lived following which the Americans took over as the new colonial master. World War II interrupted the course of events, and the Japanese captured the Philippines. The Americans liberated the islands in 1945, and recognised Philippine independence on July 4, 1946.

For a nation of about 80 million people, there are only about 850 radiologists. The CT-MRI Society is a subspecialty under the Philippine College of Radiology. The CT-MRI Society, (currently chaired by Dr Rafael Joson) was established in 1992 and there are approximately 140 members. The society decided on the theme for the 5th Scientific Meeting because of the increasing importance of cancer in the Philippines and the impact of imaging in diagnosis and follow-up. There were about 80 participants coming from all over

the Philippines but, as expected, the majority came from Metro Manila.

To lower cost, the annual scientific meeting was held in the University of Santo Tomas, the oldest university in the Philippines. The main building in the campus dated back to 1611. Topics included advances in imaging brain tumours, PET, bronchogenic carcinoma, hepatocellular carcinoma, gynaecological malignancies, musculoskeletal oncology, urinary tract neoplasms and soft tissue tumours. I particularly liked the open forum on Head & Neck Oncology. The panel consisted of the chief of services of head and neck surgery, radiation therapy and I. There was a constant flow of questions and comments among the panel members. The active participation from the floor made the session truly memorable.

There are no special cancer hospitals in the Philippines. The major cancer centres are located in Manila (for example, St Luke's Medical Centre, Makati Medical Centre, Asian Hospital and University of the Philippines). Facilities are also available in major cities such as Cebu and Davao City. Most hospitals have CT but MRI is only available in the major hospitals.

The meeting provided an excellent opportunity for me to publicise the activities of our society and the next ICIS meeting in Venice. The society flyers and membership application forms that I brought along from Paris duly disappeared from display. I also mentioned that if Europe was too far away, Filipinos could look forward to the Hong Kong meeting in 2005. (Hong Kong is just over an hour away by plane from Manila.)

It was a great meeting and the hospitality was equally great.