

ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO

# 38th Annual Gala

and 9th Annual Research Showcase



30th  
Fundraiser Chiraag





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A large-scale photograph of a wind farm. Several wind turbines are visible, silhouetted against a bright, golden sunset sky. The turbines are situated on a hillside covered in dense green vegetation. In the background, a body of water reflects the low sun. The overall scene conveys a sense of clean, sustainable energy.

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## EXECUTIVE ASSISTANT

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# AIPNO COMMITTEES 2021

## ANNUAL DINNER COMMITTEE

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*Members:*  
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Parmar, Rajvinder, MD  
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Shaikh, Aasef, MD  
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Mehta, Dharmesh MD  
Yalavarthy, Umesh MD

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Gupta, Mona, MD  
Mehta, Dharmesh, MD  
Mukunda, Beejadi, MD  
Parikh, Keyur, MD  
Sandhu, Dalbir, MD  
Shroff, Palak, MD  
Yalavarthy, Umesh MD

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Makin, Vinni, MD  
Mehta, Dharmesh, MD  
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Raina, Rupesh, MD

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*Members:*  
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Jain, Vikas MD  
Krishnan, Ravi MD  
Mehta, Dharmesh MD  
Mukunda, Beejadi MD  
Khatri, Saloni MD  
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Shah, Jaya MD  
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Fotedar, Neel, MD  
Gupta, Mohit, MD  
Jain, Vikas, MD  
Mehta, Dharmesh, MD  
Nair, Nikhil  
Raina, Rupesh, MD  
Sandhu, Dalbir, MD  
Shah, Dipti, MD  
Shah, Vaishal, MD  
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# AIPNO COMMITTEES 2021 continued

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### *Members:*

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Gulati, Reema, MD  
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Jawaid, Safdar, PhD  
Kumar, Deepak, MD  
Lathia, Justin, MD  
Makin, Vinni, MD  
Mehta, Dharmesh, MD  
Mohan, Amit, MD  
Ram, Sampath, MD  
Ramachandran, Rajesh, PhD  
Rastogi, Vijay, MD  
Ravakhah, Keyvan, MD  
Roychowdhury, Sanjoy, PhD  
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Kusumi, Kristen, MD  
Tan, Tom, MD  
Thomas, George, MD

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Raina, Rupesh, MD

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Chowdhry, Saleem, MD  
Mehta, Dharmesh, MD  
Parikh, Keyur, MD  
Raina, Rupesh, MD  
Shah, Vaishal, MD  
Sundaresh, Shaila, MD

## BYLAW COMMITTEE

### *Chairperson:*

Mukunda, Beejadi, MD

### *Members:*

Makin, Vinni, MD  
Mehta, Dharmesh, MD  
Raina, Rupesh, MD  
Krishnan, Ravi, MD  
Sundaresh, Shaila, MD  
Yalavarthy, Umesh, MD





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# Friends & Family join AIPNO in congratulating



*Dr. Ravi Krishnan*

**2021 Distinguished Physician of the Year on his Achievement**

*Congratulations!*



# ***AIPNO BOARD OF TRUSTEES REPORT***

***Beejadi Mukunda, MD***

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Warm welcome to the 2021 Chiraag, Research Showcase and Annual Dinner of the Association of the Indian Physicians of Northern Ohio.

It gives me great pleasure to present you this report from the Board of Trustees. Thank you for the honor of serving as the Chairman of the Board. I would like to acknowledge the tremendous help and contributions from each one of our Board members all through the year to make this one of the most successful and financially enhanced year for our Association.

The Board Members have expressed their tremendous appreciation for all the hard work put in by The President Dharmesh Mehta MD, President Elect Vinni Makin, MD, the Past President Rupesh Raina MD and the entire executive team. We are especially appreciative of the family members of the above individuals who allowed them to help us throughout the year and dedicate themselves to furthering the mission of AIPNO.

Medical Yatra has been an integral part of AIPNO and the Board appreciates the collaboration and synergy brought in by the experienced Yatra leadership.

Congratulations to Ravi Krishnan MD, one of the Board Members for receiving the Distinguished Physician of the Year Award. It is great to see Aasef Shaik MD and Saloni Khatri MD receive the Executive Members of the Year Award. Raja Shekar MD is one of the founders and a very strong supporter of AIPNO for decades and aptly deserves the Lifetime Achievement Award!

Warm heartfelt thanks to all our guests on and off the stage during this event for all your support and encouragement to our Association. Appreciate your generous contributions both in time and in kind to further our mission and to help our community.

I am very grateful to all the Board Members and their families for helping to make AIPNO an exemplary organization. I am especially indebted to my wife Deepa and children Amrita and Krishna for supporting me to serve AIPNO.

## ***PRESIDENT'S MESSAGE***

***Dharmesh Mehta, MD***

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Dear Members, Sponsors and Supporters,

I am honored to serve as AIPNO President in 2021. Our organization has done an excellent job serving our community over the years.

AIPNO is a vibrant non-profit organization founded in 1983 geared towards enhancing the quality of healthcare by fostering excellence and professionalism in the practice of medicine and supporting efforts to improve the availability of healthcare.

When I started my presidency, COVID-19 Pandemic was still affecting our lives. Due to the continued challenges we faced, we needed to find different avenues to keep our members connected.

We conducted educational webinar - Global COVID-19 Epidemiology and Vaccine update with key speakers from CDC (Centers for Disease Control and Prevention) and CVD (Center for Vaccine Development).

We also organized another seminar—COVID-19 Infection in Northeast Ohio—to learn evidence-based medicine with the help of our local speakers from multiple specialties including Infectious Disease, Nephrology and Pulmonary Critical Care.

As a part of Women's History Month, we initiated a new endeavor "Celebrating Women's Leadership in AIPNO" to honor the involvement of women in this wonderful organization. We recognized our women officers and acknowledged past women presidents. We also announced our "AIPNO woman of the Year" award for the first time ever. We invited Dr. Teresa Dews, President of Euclid Hospital and Dr. Beri Ridgeway, Chief of Staff Cleveland Clinic as our speakers. They were a great inspiration for the women in our organization.

As you are aware, around end of April, India was severely affected by the COVID pandemic. We immediately launched an initiative to fight the Covid Crisis in India. We collaborated with MDtok to provide tele-consultancy to the patients in need. We also generated funds to provide an armamentarium through the Red Cross. AIPNO also joined efforts with MedWish International and other local organizations to support COVID 19 relief efforts in India.

Health and wellness of our members is one of our priorities especially during this difficult time. In collaboration with the Art of Living, we conducted a live session on the power of yoga, breath, and meditation to ease anxiety and calm the mind. We learned simple techniques which can be used to cope with the day-to-day stress.

Dr. Ravi Krishnan helped us organize a Tennis Tournament which was held at Mayfield Village Racquet Club. In the memory of Dr H. P. Sundaresh, our Golf outing was arranged by Dr Arun Gupta at Avon Oaks Country Club. Following the golf tournament, AIPNO members enjoyed an amazing dinner and we announced the winners.

We had our Picnic and Karaoke at South Chagrin Reservation. It was a really fun event and our members enjoyed participating in the karaoke. Our social committee did phenomenal job putting everything together. I take this opportunity to thank Dr. Kalpana Varma for organizing karaoke for our members.

We started our Youth Initiative last year which helped high school and college student learn about various career options. We continued it this year to educate our younger generation about college admissions process, personal finance, and stress management. This program would not have been possible without the hard work of Dr. Vikas Jain and Dr. Saloni Khatri.

Our food shelter initiative was led by Dr. Saloni Khatri. We are able to provide food to the homeless shelter



every month to the most vulnerable populations in Northeast Ohio. It is a great way to give back to our community.

Under the umbrella of humanitarian committee, Medical yatra supported ventures serving underserved population in India. AIPNO is honored to collaborate with local organizations that share our mission and vision.

We published Pulse magazine to update our members about AIPNO activities. Our website and social media platforms are continuously updated throughout the year. With the help of our membership committee, we recruited many new members.

Our Gala is the society's flagship event which involves participation from the health care systems, nursing facilities, business leaders, medical students, residents, fellows, academic faculties, seasoned researchers, allied healthcare providers, community leaders, philanthropic practitioners, dedicated donors, and valued beneficiaries alike. Research showcase helps develop network between researchers and physicians in training with practicing physicians with the vision to attract, recruit, and retain talent in Northern Ohio.

Since 1992, AIPNO has organized a Fundraiser "Chiraag" and has targeted this event to help local charities. This year we are supporting - "Facing History and Ourselves", which uses lessons of history to challenge teachers and their students to stand up to bigotry and hate and "Akron Children's Hospital", which is dedicated to improving the health of children through outstanding quality patient care, education, advocacy, community service and research.

Our mission cannot be fulfilled without the generous support of our sponsors. I extend my gratitude to all of our donors. I would like to recognize our presenting sponsor - CDC, Center for Dialysis Care.

I am very thankful to my entire family, especially my beloved wife - Hetal and my kids - Vedi and Neil for supporting me on this mission.

I personally want to thank our past president Dr Rupesh Raina for continued and untiring support throughout the year. I am also thankful to our BOT chair Dr Beejaadi Mukunda and our executive committee members. This gratitude cannot be complete without thanking our executive assistant Pam Pawelecki. I would like to thank each and every AIPNO member for supporting us throughout the year to help us achieve our goals.

I would like to congratulate and thank our upcoming president Dr Vinni Makin. I wish all of you a safe and prosperous year.

Best Regards,

Dharmesh Mehta MD

President AIPNO 2021President AIPNO 2021

# ***PRESIDENT-ELECT & ENDOWMENT COMMITTEE REPORT***

*Vinni Makin, MD, FACE*

---



Dear AIPNO members, sponsors, beneficiaries and friends,

As the president-elect, it is my pleasure to welcome you all to the 38th Annual AIPNO Gala along with 30th Fundraiser Chirag. Founded in 1983, AIPNO is a vibrant non-profit organization that provides a platform for medical professionals of Indian origin to get involved in charitable endeavors both locally as well as thousands of miles away in India. We also continue to further the cause of medical education and research via summer research programs as well as the Annual Research Showcase.

If there is one thing the last year demonstrated, it is how we can overcome seemingly insurmountable adversity by working together – whether it is moving our key initiatives such as the research showcase and yoga retreat online; or establishing the COVID fundraiser, which generated over \$25,000. As a woman, it has also been a personal triumph and honor for

me to be part of the first ever AIPNO event celebrating women in AIPNO. It was a true delight to introduce past women AIPNO presidents and share their contributions to AIPNO and society.

In addition to our wide variety of activities, of particular note is the fundraising support we are extending to two organizations this year. The first one, Facing History and Ourselves, is an international education and professional development organization which has been shaping the next generation of informed, engaged citizens since its inception in 1976. With democracies across the world threatened by bigotry and hate today, this is the need of the hour and this partnership reinforces AIPNO's stand on the positive and lasting impact of active civic engagement. In Facing History classrooms, teachers help students explore the individual and collective choices that led to regrettable incidents of mass violence and hate, and encourage them to be active participants in a democracy. The Cleveland office alone provides professional development training, coaching, and classroom resources to educators who reach approximately 370,000 students annually.

The second organization we are supporting via this fundraiser is Akron Children's hospital. Beginning as a two-room day nursery in 1890, Akron Children's has continued its dedication to children's health through outstanding quality patient care, education, advocacy, community service and research. Exceptional care provided across 2 children hospitals, 35 pediatrician offices, 4 urgent cares and 50 primary and specialty locations has led to it being ranked among the top children's hospitals in the US News and World report.

As chair of the endowment committee, I would like to thank all our sponsors and donors from the bottom of my heart – none of AIPNO's endeavors would be possible without your generous support. I would also like to thank my wonderful, supportive husband Charles and my two children Aarav and Arjun, who have patiently waited for their mother while she has been on phone calls or innumerable meetings this past year as we take this organization upward and forward.

Along with current president Dr. Dharmesh Mehta, past president Dr. Rupesh Raina, Board of Trustees Chair Dr. Beejadi Mukunda and the rest of the executive committee, I look forward to furthering the causes of education and philanthropy with your support in 2022 and beyond.

Thank you,

Vinni Makin MD, FACE



**CHIEF GUEST:**

**STEPHEN MOORE**

*Economic Writer & News Contributor (Former Senior Economic Advisor to Past US President)*

---



**Stephen Moore** served as senior economic advisor to Donald Trump on his 2016 presidential campaign where he helped write the Trump tax plan and worked on energy and budget issues for candidate Trump. He later served in 2020 as a member of the Trump economic recovery task force during the coronavirus pandemic.

He is a co-founder and president of the Committee to Unleash Prosperity. He also serves as an economic advisor for FreedomWorks, the nation's foremost grassroots free market advocacy organization,

From 2015-17 he served as chief economist at the Heritage Foundation.

From 2005 to 2014 Moore served as the senior economics writer for the *Wall Street Journal* editorial page and as a member of the Journal's editorial board. He is still a regular contributor to the Journal's editorial page.

From 1999-2004 Moore served as founder and President of the Club for Growth, a 25,000-member organization dedicated to helping elect free market, tax cutting candidates to Congress. In his tenure as president, the Club for Growth became one of the most influential and respected political organizations in the nation. In 2003-04 the Club for Growth raised nearly \$22 million for Republican congressional and Senate candidates, making the Club the biggest single money raiser for Republican candidates outside the party itself.

In 2007 he received the Ronald Reagan "Great Communicator" award from the Republican party for his advancement of economic understanding.

Mr. Moore has served as a Senior Economist at the Joint Economic Committee under former Chairman Dick Armey of Texas. There, he advised Mr. Armey on budget, tax, and competitiveness issues. He was also an architect of the famous Armey flat tax proposal.

From 1983 through 1987, Mr. Moore served as the Grover M. Hermann Fellow in Budgetary Affairs at the Heritage Foundation. Mr Moore has worked for two presidential commissions. In 1988, he was a Special Consultant to the National Economic Commission. In 1987, he was Research director of President Reagan's commission on Privatization.

Mr. Moore is the author of 6 books. His latest book is "Trumponomics: The Inside Story of the Trump Economic Boom." His previous books include: "Fueling Freedom: Exposing the Mad War on Energy" by Regnery. He is also author of "Who's the Fairest of Them All? The Truth About Taxes, Income and Wealth in America" published in 2012 by Encounter. His previous books include most recently "Return to Prosperity: How America Can Regain its Economic Superpower Status." That book was a finalist for the F.A. Hayek book award for advancing economic understanding. His books also include: "It's Getting Better All the Time: The 100 Greatest Trends of the Last Century," and "Government: America's Number One Growth Industry."

Moore is a commentator for Fox News and was a senior economic analyst with CNN in 2016 and 2017. He is a columnist for the *Washington Examiner*.

He is a frequent lecturer to business, investment and university audiences around the world on the U.S. economic and political outlook in Washington, D.C.

Mr. Moore is a graduate of the University of Illinois and holds an MA in Economics from George Mason University. In 2010 he was awarded the University of Illinois alumni of the year.

**KEYNOTE SPEAKER:**

**KIRAN C. PATEL, MD**

*Community Leader, Philanthropist, Serial Entrepreneur, Hotelier*

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**Dr. Kiran C. Patel** has made global philanthropy his life's work. He has distinguished himself by his dedication and determination to make a worldwide impact on millions of lives. Dr. Kiran Patel and his wife, Dr. Pallavi Patel, formed the Patel Foundation for Global Understanding to advance and improve the plight of others through educational initiatives, scholarships, and healthcare services around the world. Through the Patel Foundation, K-12 schools, vocational training facilities, medical colleges, hospitals, medical clinics, research institutes and community centers have been created in the United States, India, Zambia, and the Caribbean.

Dr. Patel's many contributions to humanity have garnered him global recognition. To date, he has been awarded several prestigious awards including the Pravasi Bharatiya Samman Award in 2019, 'Floridian of the Year' in 2018, the Ballington and Maud Booth Award for Extraordinary Service to Humanity in 2012, the Ellis Island Medal of Honor for

Exceptional Immigrant Patriots and the Gujarat Garima Award, both in 2007.

After achieving his medical degree in Gujarat, Dr. K returned to his birthplace, Zambia and practiced 4 years of medicine before immigrating to the United States in 1976 with his wife Pallavi. He continued his training and education at hospitals affiliated with Columbia University where he specialized in Cardiology. After moving to Tampa, Florida in 1982, Dr. Patel quickly became a preeminent Cardiologist and prominent leader of the Tampa Bay community. He was elected President of AAPI (Association of American Physicians of Indian Origin) in 2007, taking the association of 45,000 physicians to greater heights.

Dr. Patel's visionary business savvy allowed him to lead the trend towards managed health care with the 1999 acquisition of the distressed HMO, Wellcare. Dr. Patel built Wellcare into America's fifth largest HMO inside of 10 years before making a lucrative exit. He employed an ethnically inclusive staff of over 1,200 people, more than 50% of whom were women. In 2007, Dr. Patel acquired Freedom and Optimum Advantage Healthcare Plans and grew them into the only 5-star rated health plans in Florida earning an annual revenue more than \$1.5 billion.

Today, Dr. Patel continues creating, managing, and exiting multi-billion-dollar enterprises. His portfolio includes medical device and software, luxury resort hotels, real estate development, commercial property acquisition, personal aircraft, restaurants and more. His unerring business acumen and incredible success has caused many to believe that Dr. Patel indeed has the 'Midas Touch'.

Coming from an average family from India and achieving the great American dream, Dr. K knows the right way to make a difference in peoples' lives; Family values, hard work and a strong belief that each one of us can make a difference towards the betterment of humanity.



**RESEARCH KEYNOTE SPEAKER:**

***JOHN LANGELL, M.D., PH.D., M.B.A., M.P.H.***

President of NEOMED

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John Langell, M.D., Ph.D., M.P.H., M.B.A., was appointed by the Northeast Ohio Medical University Board of Trustees on July 24, 2019 to become the Northeast Ohio Medical University's seventh president, effective October 1, 2019.

Dr. Langell has more than twenty years of experience in higher education and has served in senior leadership positions in academic health care, industry, nonprofit organizations and the federal government.

In his most recent position, Dr. Langell served as vice dean for the School of Medicine as well as founder and executive director of the Center for Medical Innovation, both at the University of Utah. He was recruited to the University of Utah's Department of Surgery in 2006 as its director of acute care surgery and not long afterward also served as chief of general surgery at the George E. Wahlen VA medical Center.

During that same period, Dr. Langell, a veteran of the U.S. Air Force, maintained his reservist status while serving as CEO (Commander) of Air Force Health Care Facilities. Over the course of 11 years—2006 to 2018—he led four separate Air Force Reserve medical facilities. He was responsible for the leadership and management of all medical and allied health professionals as well as administrators.

Dr. Langell has specialized expertise in the treatment of diseases of the upper gastrointestinal tract, biliary tract and endocrine system (thyroid, parathyroid and adrenal glands). His clinical focus is in the application of advanced minimally invasive surgical techniques in laparoscopic surgery with special focus on diseases of the stomach, intestines, liver, gallbladder, pancreas and biliary tree. Additionally, he has expertise in the minimally invasive treatment of hernia disease, including abdominal wall and groin hernias, hiatal hernias, thyroid, parathyroid and adrenal glands.

Dr. Langell is well-known for his work as a minimally invasive gastrointestinal and endocrine surgeon, tenured educator, developer of advanced medical education programs, and federally-funded researcher. But he is equally known for his effective, appreciative and inclusive style as a leader, his expertise as an innovator and operator; and his forward-thinking approaches as a change agent and Lean-Six Sigma Black Belt.

With more than a dozen patents filings—six of which are licensed, three software copyrights and five companies of which he has been a founding partner, Dr. Langell is a supporter of research, enterprise, development and innovation.

Dr. Langell received his Bachelor of Science Degree at the University of California at Los Angeles. He received both his Doctor of Medicine (M.D.) and Doctor of Philosophy (Ph.D.) at Drexel University. Dr. Langell completed his surgical residency at Stanford University Medical Center and a residency in Space and Aerospace Medicine at NASA/ University of Texas Medical Branch (UTMB). During this period, he earned his Master of Public Health Degree at UTMB while researching pharmacological countermeasures for space radiation toxicity. He also has a Master of Business Administration (M.B.A.) Degree, which he obtained in the Executive MBA program at the University of Utah.

Dr. Langell is married to Dr. Sara Whittingham, a former active duty flight surgeon, who currently practices anesthesiology at the University of Utah and the VA medical center.

The couple has two daughters, Sydney and Grace.

**GUEST SPEAKER:**

**SENATOR NIRAJ J. ANTANI**

Ohio Senate, 6<sup>th</sup> District

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**State Senator Niraj Antani** is serving his first term in the Ohio Senate. He represents the 6th District, which covers most of Montgomery County. Having been first elected to the Ohio House at age 23, now age 29, he is the youngest currently serving member of the Senate. He is the first Indian American State Senator in Ohio history.

From 2014-2020, he served as the State Representative for the 42nd House District in the Ohio House of Representatives. He was the second Indian-American state elected official in Ohio history, and the first Indian-American Republican. While in the House, Antani served as Vice Chairman of the Rules and Reference Committee and as Vice Chairman of the Committee on Insurance, and as a member of the Committee on Health, Committee on Public Utilities, and Joint Medicaid Oversight Committee.

During the Romney for President campaign in 2012, Antani worked for the Ohio State Director & Senior Adviser to the campaign. He has also worked

for U.S. Congresswoman Ileana Ros-Lehtinen in Washington, DC, as well as U.S. Congressman Mike Turner in his Dayton office.

Antani was named to Forbes Magazine's list of the top "30 Under 30" people in the United States for Law & Politics in 2015. As well, the conservative media organization Newsmax named him the 2nd most influential Republican in the nation under age 30. In addition, in 2013 he was named to the "Top 30 Conservatives Under Age 30 in the United States" list by Red Alert Politics. Antani has received the Legislator of the Year Award by the AMVETS Department of Ohio for his work helping veterans, as well as the Friend of Community Colleges Award by the Ohio Association of Community College and the Distinguished Government Service Award by the Ohio Association of Career Colleges and Schools for his work for the betterment of higher education for the middle class. Antani received the 2018 "Making a Difference" award from the Miami Valley Down Syndrome Association for his work helping people with disabilities. He also was most recently awarded NFIB Ohio's 2020 Guardian of Small Business Award, which is awarded annually to one member of the Ohio House and one member of the Ohio Senate.

He earned a Bachelor's degree from The Ohio State University. Born and raised in Miami Township, Antani attended Miamisburg City Schools and is a graduate of Miamisburg High School. A strong conservative, Antani is a member of the NRA and volunteered for Dayton Right to Life. He is a member of the Rotary Club of Miamisburg, is the 2nd Vice President of the Miamisburg High School Alumni Association, and a former executive board member of the non-profit Dayton International Festival, Inc. He chaired the Ohio Republican Party Asian Pacific American Advisory Council and serves on the national board of the Republican State Leadership Committee's Future Majority Project. Antani has appeared on Fox News, MSNBC, PBS NewsHour, CNBC, C-SPAN, and Chuck Todd's radio show. In addition, he has appeared in the Washington Post, the Wall Street Journal, and in various NBC National News articles.

Antani currently resides in Miamisburg, Ohio.

134th General Assembly Committee Assignments:

- Health Committee (Vice-Chair)
- Financial Institutions & Technology Committee
- Judiciary Committee
- Transportation Committee

***SPEAKER:***

***CLEVELAND MAYOR, FRANK JACKSON***

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On Jan. 2, 2018, **Mayor Frank G. Jackson** took the oath of office for his historic fourth term – which will make him the City of Cleveland’s longest serving Mayor. During his time in office, Mayor Jackson has been an advocate for building equity and opportunity for all Clevelanders in all neighborhoods.

Mayor Jackson is a lifelong resident of the Central Neighborhood where he began his career in elected office as its City Councilman and, later, City Council President. He is a graduate of Cleveland Public Schools, Cuyahoga Community College and Cleveland State University – the latter from which he earned his bachelor’s, master’s and law degree. He began his public service career as an Assistant City Prosecutor in the Cleveland Municipal Court Clerk’s Office.

Some of his accomplishments include:

**City Finances and Operations**

- Managing a citywide operating budget of \$1.2 billion, using five year budget projections and strict fiscal controls to reduce costs while maintaining service levels
- Developing a performance management program, a management training academy and a mentoring program for City employees to improve performance and accountability

**Quality of Life**

- Creating Cleveland’s Plan for Transforming Schools, a plan that will lead to systemic change in Cleveland’s schools and dramatic improvement in educational outcomes
- Bringing together Ohio colleges, universities, Cleveland Metropolitan School District and stakeholders to form the Higher Education Compact to help students succeed in college
- Improving the health of Clevelanders through the Healthy Cleveland Initiative, in partnership with Cleveland City Council and the four major local hospital systems

**Public Safety**

- Building partnerships with local, state and federal law enforcement agencies and community organizations to address the causes and impacts of gun and youth violence
- Using crime data analysis to target crime hot spots and drive down violent crime rates in nearly all major categories since 2006

**Development**

- Investing more than \$265 million in Cleveland’s neighborhoods since 2007, on streetscapes, recreation facilities, and other capital improvements and working with the public sector to encourage more than \$7 billion in private development in Cleveland
- Collaborating with business leaders and labor unions to implement Community Benefits Agreements for private development projects, creating opportunities for Cleveland residents and businesses to benefit directly from investment occurring in the City
- Transforming the economy through Sustainable Cleveland 2019, a 10-year initiative to build a sustainable regional economy, encourage sustainable business practices and reduce environmental impact
- Advancing Cleveland’s Downtown Lakefront Development Plan to encourage 3.5 million square feet in new development that encourages recreation, entertainment commercial maritime activity and economic development.

## 2021 BENEFICIARIES

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***Facing History and Ourselves:*** Founded in 1976 in Massachusetts, Facing History and Ourselves is an international education and professional development organization committed to helping shape the next generation of informed, engaged citizens. Its mission is to use lessons of history to challenge teachers and their students to stand up to bigotry and hate. In Facing History classrooms, teachers help students

explore the individual and collective choices that led to mass violence or systemic discrimination, and then consider how they can make a difference as “upstanders” for civic progress, rather than as bystanders to injustice. Facing History provides best-in-class curricula and teacher professional development that integrates civic education, social-emotional learning (SEL), and attention to equity into core academic content. The Cleveland office opened in 1999, and provides professional development training, coaching, and classroom resources to more than 5,300 teachers in nearly 550 schools in Northeast Ohio. These educators reach approximately 370,000 students annually.

**Mission Statement:** Facing History uses lessons of history to challenge teachers and their students to stand up to bigotry and hate.

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***Akron Children's Hospital*** has been caring for children since 1890. We were founded on the principle of serving the needs of our community.

Within our doors, this means

- Treating all children as if they were our own
- Treating others as they want to be treated
- Turning no child or family away based on their ability to pay

In the community, this means improving access to healthcare services for children and families, enhancing public health, advancing medical or health knowledge, and reducing the burden of government or other community efforts.

Our pediatric specialties are ranked among the nation's best by U.S. News & World Report. With two hospital campuses, regional health centers and more than 50 primary and specialty care locations throughout Ohio, we're making it easier for today's busy families to find the high-quality care they need. In 2020, our health care system provided more than 1.1 million patient encounters. We also operate neonatal and pediatric units in the hospitals of our regional health care partners. Every year, our Children's Home Care Group nurses provide thousands of in-home visits, and our School Health nurses manage clinic visits for students from preschool through high school. With our Quick Care Online virtual visits and Akron Children's Anywhere app, we're here for families whenever and wherever they need us.



# AIPNO Beneficiary History

- 1993 - Cleveland Sight Center
- 1994 - Templum house
- 1995 - Project Act
- 1996 - Providence House
- 1997 - Boys Hope
- 1998 - The Help foundation Inc.
- 1999 - Cleveland Sight Center
- 2000 - Center for Prevention of Domestic Violence
- 2001 - The City Mission
- 2002 - Make-A-Wish Foundation
- 2003 - Membership for a Safer Cleveland
- 2004 - Cystic Fibrosis Foundation, Rainbow Chapter
- 2005 - Leukemia and Lymphoma Society Inc.
- 2006 - ALS Association
- 2007 - Ronald McDonald House
- 2008 - MetroHealth burn fund
- 2009 - The Lymphoma & Leukemia Society, Northern Ohio Chapter
- 2010 - The Diabetes Association of Cleveland
- 2011 - Cleveland Metropolitan School District
- 2012 - The American Heart Association
- 2013 - The Alzheimer's Association, Cleveland Area Chapter
- 2014 - The Kidney Foundation of Ohio
- 2015 - Minds Matter, Cleveland
- 2016 - Scott Hamilton C.A.R.E.S. Foundation
- 2017 - Recovery Resources
- 2018 - Benjamin Rose Institute on Aging
- 2019 - WomenSafe, Inc.
- 2020 - National Kidney Foundation  
Hattie Larlham Foundation
- 2021- Facing History and Ourselves  
Akron Children's Hospital



## *2021 DISTINGUISHED PHYSICIAN OF THE YEAR*

### ***RAVI KRISHNAN, MD***

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**Dr. Ravi Krishnan** is a board certified internist who has been in private practice (in the East side of Cleveland) for over 26 years. He has been with the Atrium medical group for the past 8 years. He is an active staff member at Hillcrest Hospital and has served as a chairman of the medical records committee, and an active member of the medical executive committee for many years.

Dr. Krishnan graduated from Stanley Medical College, Madras with several gold medals and a University rank. He completed his Internal medicine residency at St. Luke's Medical Center, and was elected as the "intern of the year". He has consistently scored 99th percentile, both in training exams as well as in the Internal medicine boards.

Over the years, Dr. Krishnan has been involved with several multi center randomized double-blind, parallel group studies with major pharmaceutical companies including Bristol-Myers, Searle-Covance, Merck, Pfizer and Novartis. He was one of the American principal investigators in the CAPRICORN study, published in Lancet in 1997. He is currently serving as a medical director for several nursing homes and has served as a medical director for a hospice.

Dr. Krishnan is a life member of AIPNO and has served on multiple committees over the years including Executive committee, Finance committee, Nominations committee, Awards and Recognition committee and Research showcase committee. As a chair of the endowment committee in 2015, (which marked the silver Jubilee year), he was privileged to have Mr. Scott Hamilton as a chief guest. During his time as AIPNO president the following year, he organized the annual dinner in 2016 with Campy Russell, from the Cavaliers as chief guest. He currently serves on the Board of Trustees of AIPNO, and has successfully organized the first ever tennis retreat during the pandemic year 2020 and was able to organize it the following year as well.

Dr. Krishnan is extremely grateful, and attributes his accomplishments to the continued support and understanding of his wife, Geetha. He is very proud of his three children, two of whom are in Law school and the third who is hoping to be a psychiatrist. He is extremely grateful to Dr. Mukunda and his partners for allowing him to be a part of that group in 2013. He is appreciative of the guidance offered by his predecessors as past presidents including Drs Mukunda, Tamaskar, Yalavarthy. He is very proud to be part of AIPNO, guided since by Drs Gupta, Raina, Parmar and now Dr Mehta. He is very confident in its future success.

Dr. Krishnan conveys his best wishes to all AIPNO members, supporters, friends and family and requests continued support to work together and achieve more.

## 2021 DISTINGUISHED EXECUTIVE MEMBER OF THE YEAR

### AASEF SHAIKH, MD, PHD



**Aasef Shaikh** is a Vice-Chair for Research in the Department of Neurology at University Hospitals and Case Western Reserve University. He is Penni and Stephen Weinberg Chair in Brain Health at University Hospitals. He is the Director of National Veterans Affairs Parkinson's Consortium Center at Cleveland VA Medical Center.

Shaikh is an international thought leader in disorders affecting human balance and movements. His research lab at Case Western University Departments of Neurology and Biomedical Engineering focuses on applying engineering concepts to understand complex brain disorders. His overarching goal is to mitigate balance and movement disorders in neurological patients by using functional electrical stimulation. His research is supported by federal and philanthropic funding. In addition to understanding the underpinnings of the brain diseases and treating patients with complex movement disorders, Shaikh has a keen interest in training next generation of neurologist, neuroscientists, and biomedical engineers. He precepts neurology residents, fellows, and PhD students in biomedical engineering.

Shaikh's work was frequently highlighted by the local media. He had received numerous national awards including the prestigious American Academy of Neurology Alliance Founders Award, The American Neurological Association Grass Foundation Award in Neuroscience, The American Academy of Neurology Career Award, The American Disease Association George C Cotzias Memorial Fellowship, and The American Academy of Neurology Jon Stolk Award for excellence in movement disorders research.

## 2021 DISTINGUISHED EXECUTIVE MEMBER OF THE YEAR

### SALONI KHATRI, MD



**Saloni Khatri** is an Internal Medicine physician who has been practicing medicine for 16 years. After being in private practice for a decade, she joined Cleveland Clinic, Ohio as a staff physician 7 years ago. She completed her ophthalmology residency and practiced in India, before moving to the United States. Dr. Khatri did a research fellowship at Case Western Reserve University where she was involved in ophthalmology research, and publication before joining internal medicine residency at the University of Toledo. She treats hypertension, diabetes, hypothyroidism, dyslipidemia, and many other medical conditions. Her focus is on the holistic approach to patient care, their mental well-being, and preventive care. She feels that her profession allows her to look at many lives closely and she is grateful that she can assist people in their journeys of physical and mental health. Her vision is to inspire the awareness that each of us has the potential for unconditional happiness within us.

She is an active student of philosophy and finished a certified 18-month course through Academia of Sanskrit research and Indic studies in 2018. Dr. Khatri completed the Science of Wellbeing from Yale University. She finished a course on Inner engineering in 2020. She has been part of numerous service missions, silence retreats, and self-development camps. She also serves as a director on the board of the Cleveland Chapter of a worldwide Non-Profit organization-Chinmaya Mission, through which she continues to help in organizing various workshops and events for the community.

She has a special interest in mindfulness, yoga, spirituality, and meditation. She is an avid reader. Her other interests include traveling and writing. She published a poetry book-Sum of my sins in 2015, which is a collection of poems inspired by the inward journey.

Dr. Khatri is proud to serve in AIPNO under visionary leadership. She is grateful that it gives her a platform for service with meaning and purpose. She has been leading the Food for shelter program since May 2020 and AIPNO's Youth Initiative. She aspires to be able to make a positive contribution to the world around her with compassion, kindness, humility and in that process inspire the love for learning the art of happiness in all.

*"Be the reason someone smiles. Be the reason someone feels loved and believes in the goodness in people."*

from Light in the Heart.

## 2021 LIFETIME ACHIEVEMENT AWARD:

### **RAJA SHEKHAR, MD**



**Dr. Raja Shekar** is a well-respected physician and teacher, with deep empathy and care, who has touched thousands of lives throughout his long career.

Born in a small village of Karnataka, India, Dr. Shekar received his medical degree in 1969 from the Government Medical College, Mysore in India. Lecturer in pathology at J.J.M. Medical College, Davangere, India and then joined the prestigious All India Institute of Medical Sciences, New Delhi as a House Officer in 1970. In 1971, he moved to New York's Bronx-Lebanon Hospital for his internship, then to the Beth-Israel Medical Center, for a residency, before completing his fellowship in 1976 from Cook County Hospital, Chicago. His path then led him to Cleveland to develop his Infectious Disease career. Dr. Shekar started ID Consultants as a solo practitioner nearly 40 years ago which has grown to become the largest independent group of community ID practitioners in Ohio.

During his career, many challenging diseases have emerged including legionnaire's disease to HIV/AIDs to COVID and many others in between. He has been in the forefront of dealing with all these challenges as a clinician and hospital infection control officer. He has been involved in medical research and has published more than 57 papers and abstracts in peer reviewed journals, thus adding considerably to the body of knowledge.

Teaching has remained a passion throughout Dr. Shekar's career. His dedication has been highlighted by a number of honors and awards such as the Golden Apple Award for Teacher of the Year – Grant Hospital, Chicago, 1979-1980, Teacher of the Year – Saint Luke's Medical Center, Cleveland 1986, Charles G. Popelka Memorial Award for "Teaching Excellence" – Saint Luke's Medical Center, Cleveland 1994, and many others. These awards reflect his deep passion and love for medicine and teaching the next generation of doctors. Dr. Shekar takes great pride in the countless residents he has trained and mentored, seeing the success they have achieved throughout their careers. He was on the faculty of Cook County Hospital and assistant professor at University of Illinois Hospital. He has held various academic appointments including Associate Clinical Professor of Medicine at Case Western Reserve University and Ohio University. He has held various leadership positions in the hospitals where he has practiced, including President of Medical Staff at Huron Hospital. He is a fellow of American College of Physicians and Infectious Disease Society America.

Among his greatest achievements, Dr. Shekar has built ID Consultants, Inc., into a thriving group practice of more than 18 physicians. When he started the practice, Dr. Shekar's goal was to build a cohesive and supportive atmosphere where each physician would have the freedom to practice medicine as they wished. To do this, he created an environment that is fair, moral, ethical, and believes in treating partners equitably to make everyone feel respected. Dr. Shekar is proud to be a part of the Infectious Disease community of Cleveland. They are a cohesive and collegial group who support each other through research and treatment of diseases. He will always cherish the City-Wide ID Conferences for the medical expertise and stimulating fellowship they provided. And the doctors of Cleveland will always cherish the spirit of comradery and friendship that he has inspired.

Among his long list of achievements, one of his greatest was involvement with the Association of Indian Physicians of Northern Ohio (AIPNO). Not only has Dr. Shekar served as a founding member and past president of the AIPNO community and has supported the organization, enjoyed the friendships, and provided vision and guidance to help the Association serve both the medical and social aspects of the Indian community.

A family man, Dr. Shekar has been married to his wife, Vimala, for 50 years, and they have two sons and three grandchildren. They are proud to see all that he has accomplished as a father, physician and as a member of the Indian & local communities. "Ethically and morally" are the themes by which he lives his life by. Travel, reading, history and golf are his main hobbies. He celebrated his 70th birthday by climbing Mt. Kilimanjaro. As he moves to retirement, he looks back on a long, purposeful, and meaningful life and plans to spend more time with his family and continue traveling the world with his wife to experience the history he has always enjoyed reading about.



## *AIPNO Pictorial 2021*

*Celebrating Women's Leadership in AIPNO | See Report, page 35*





# *AIPNO Pictorial 2021*

*Celebrating Women's Leadership in AIPNO | See Report, page 35*





*AIPNO Pictorial 2021*  
*Celebrating Women's Leadership in AIPNO*  
*See Report, page 35*





# *AIPNO Pictorial 2021*

*Picnic and Karaoke - See Report, page 37*





# *AIPNO Pictorial 2021*

*Picnic and Karaoke - See Report, page 37*





## DR. H.P. SUNDARESH MEMORIAL GOLF OUTING

*See more on page 38.*





## DR. H.P. SUNDARESH MEMORIAL GOLF OUTING

*See more on page 38.*







Dingus and Daga, Inc.

Certified Public Accountants

®

ACCOUNTANT'S COMPILATION REPORT

Board of Trustees and Members of the  
Finance Committee  
Association of Indian Physicians of Northern Ohio  
Cleveland, Ohio

Management is responsible for the accompanying financial statements of Association of Indian Physicians of Northern Ohio (a non-profit organization), which comprise the statement of financial position as of December 31, 2020, and the related statement of activities for the year then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by accounting principles generally accepted in the United States of America. If the omitted disclosures and the statement of cash flows were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

**Supplementary Information**

The supplementary information contained in Schedules I and II is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information, and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such information.

We are not independent with respect to Association of Indian Physicians of Northern Ohio.

*Dingus and Daga, Inc.*

Shaker Heights, Ohio  
August 24, 2020



ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO  
STATEMENT OF FINANCIAL POSITION

December 31, 2020  
(With summary financial information for 2019)

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2020	2019
<b>ASSETS</b>				
Cash	\$ 93,291	\$ 156,712	\$ 250,003	\$ 244,019
Contributions receivable	41,164		41,164	6,279
Prepaid expenses	4,000		4,000	-
Investments	256,241	1,399,271	1,655,512	1,472,393
Due from unrestricted fund		102,518	102,518	23,347
<b>TOTAL ASSETS</b>	<b>\$ 394,696</b>	<b>\$ 1,658,501</b>	<b>\$ 2,053,197</b>	<b>\$ 1,746,038</b>
<b>LIABILITIES AND NET ASSETS</b>				
Accounts payable	\$ 29,835		\$ 29,835	\$ 11,248
Accrued and withheld payroll taxes	1,156		1,156	2,840
Accrued contribution		\$ 59,417	59,417	58,269
Due to restricted fund	102,518		102,518	23,347
<b>TOTAL LIABILITIES</b>	<b>133,509</b>	<b>59,417</b>	<b>192,926</b>	<b>95,704</b>
<b>NET ASSETS</b>				
Unrestricted	4,946		4,946	12,754
Board designated functioning as an endowment	256,241		256,241	233,918
Temporarily restricted				
Medical Yatra		142,449	142,449	185,848
Research showcase		102,369	102,369	23,196
Permanently restricted		1,354,266	1,354,266	1,194,618
	261,187	1,599,084	1,860,271	1,650,334
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 394,696</b>	<b>\$ 1,658,501</b>	<b>\$ 2,053,197</b>	<b>\$ 1,746,038</b>

See accountant's compilation report.

ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO  
STATEMENT OF ACTIVITIES

Year Ended December 31, 2020  
(With summary financial information for the year ended December 31, 2019)

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2020	2019
<b>REVENUE</b>				
Medical Yatra contributions		\$ 22,320	\$ 22,320	\$ 63,277
Chiraag contributions			-	23,500
Other contributions	\$ 1,751		1,751	2,797
Membership dues	1,875		1,875	2,775
Annual dinner		118,301	118,301	71,615
Special events	3,080		3,080	24,087
Investment income	34,854	192,495	227,349	231,207
Satisfaction of restrictions:				
Investment fees on donor restricted funds	5,758	(5,758)		
Donations/scholarships	63,246	(63,246)		
Transfer for operations (2%)	23,031	(23,031)		
Medical Yatra direct expenses	24,278	(24,278)		
Research showcase direct expenses	21,381	(21,381)		
<b>TOTAL REVENUE</b>	<b>179,254</b>	<b>195,422</b>	<b>374,676</b>	<b>419,258</b>
<b>EXPENSES</b>				
Medical Yatra	24,278		24,278	4,354
Continuing education costs	-		-	1,975
Annual dinner	15,630		15,630	79,327
Special events	7,826		7,826	23,067
Scholarships and donations	66,246		66,246	111,941
Wages	23,187		23,187	19,688
Professional fees	7,475		7,475	8,061
Consulting	-		-	2,821
Office expenses	5,297		5,297	2,192
Taxes	1,452		1,452	1,769
Insurance	1,429		1,429	1,375
Local travel	1,359		1,359	466
Telephone	682		682	508
Bank and investment fees	9,538		9,538	9,225
Marketing	340		340	-
<b>TOTAL EXPENSES</b>	<b>164,739</b>	<b>-</b>	<b>164,739</b>	<b>266,769</b>
Change in net assets	14,515	195,422	209,937	152,489
<b>NET ASSETS - Beginning</b>	<b>246,672</b>	<b>1,403,662</b>	<b>1,650,334</b>	<b>1,497,845</b>
<b>NET ASSETS - Ending</b>	<b>\$ 261,187</b>	<b>\$ 1,599,084</b>	<b>\$ 1,860,271</b>	<b>\$ 1,650,334</b>

**See accountant's compilation report.**

ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO  
SCHEDULE I - SATISFACTION OF RESTRICTIONS

Year Ended December 31, 2020

	<u>Unrestricted</u>	<u>Temporarily Restricted Research Showcase</u>	<u>Medical Yatra</u>	<u>Permanently Restricted Endowment</u>
FROM PERMANENTLY RESTRICTED ENDOWMENT				
Investment fees	\$ 5,758			\$ (5,758)
Donation/scholarships	1,146			(1,146)
Transfer for operations (maximum 2% of average endowment)	<u>23,031</u>			<u>(23,031)</u>
	<u>29,935</u>			<u>(29,935)</u>
FROM TEMPORARILY RESTRICTED				
Medical Yatra direct expenses	24,278		\$ (24,278)	
Medical Yatra scholarships and donations	44,350		(44,350)	
Research showcase direct expenses	21,381	\$ (21,381)		
Research showcase scholarships and donations	<u>17,750</u>	<u>(17,750)</u>		
	<u>107,759</u>	<u>(39,131)</u>	<u>(68,628)</u>	
 TOTAL	 <u>\$ 137,694</u>	 <u>\$ (39,131)</u>	 <u>\$ (68,628)</u>	 <u>\$ (29,935)</u>

See accountant's compilation report.

ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO  
SCHEDULE II - MANAGEMENT AND GENERAL EXPENSES

Years Ended December 31, 2020 and 2019

	Totals	
	2020	2019
Wages	\$ 18,187	\$ 14,688
Professional fees	7,475	8,061
Scholarships and donations	3,000	3,200
Consulting	-	2,821
Office expenses	5,297	2,192
Taxes	1,070	1,387
Insurance	1,429	1,375
Telephone	682	508
Local travel	1,359	466
Bank and investment fees	105	274
Marketing	340	-
<b>TOTAL</b>	<b>\$ 38,944</b>	<b>\$ 34,972</b>

See accountant's compilation report.



## *An Update on Global COVID-19 Epidemiology and Vaccines*

A webinar was organized by AIPNO on Update on Global COVID-19 Epidemiology and Vaccines on the evening of February 5th, 2021. Dr. Raina invited excellent speakers to share their knowledge on the epidemiology of COVID-19 and the latest information about the various vaccines.

Dr. Kashmira Date spoke on the epidemiology of COVID-19 and shared her knowledge about the global trends, the number of cases, test positivity, WHO database, testing trends, and various other aspects of COVID-19. Her presentation was extremely informative and gave a comprehensive overview of the global pandemic of COVID-19. She is the team leader of the international task force epidemiology team and a medical officer at the Center for Disease Prevention.

Dr. Wilbur H. Chen gave an excellent presentation on the COVID-19 vaccines, including the latest information about the available vaccines. He also spoke about the emerging COVID-19 variants, efficacy, benefits, and side effects of the vaccines. Dr. Chen is a Professor of Medicine at the University of

Maryland School of Medicine and a world-renowned infectious disease physician-scientist with a particular interest in vaccines. He is also the chief of the adult clinical studies section in the center of vaccine development.

The session was moderated by Dr. Rupesh Raina, past president of AIPNO; Dr. Neil Mehta, Associate Dean at Cleveland Clinic Lerner College of Medicine; and Dr. K V Gopalkrishna, Chair of Dept. of medicine and Chief of Infectious Disease in Fairview Hospital.

Dr. Dharmesh Mehta, president of AIPNO, gave the opening remarks, and Dr. Beejadi Mukunda, Chair of the Board of Trustees of AIPNO, introduced the speakers.

The virtual session was attended by more than 150 physicians and physicians in training. There was a very interactive discussion during the question-answer session after the two presentations from distinguished invited speakers.



### AN UPDATE ON GLOBAL COVID-19 EPIDEMIOLOGY AND VACCINES

AIPNO PRESIDENT INITIATIVE FOR 2021

**SPEAKER**

**DR. KASHMIRA DATE, MD**  
International Task Force Epidemiology Team  
Team Lead 2019 Novel Coronavirus Response  
Centers for Disease Control and Prevention



**SPEAKER**

**DR. WILBUR H. CHEN, MD**  
Professor of Medicine  
University of Maryland School of Medicine  
Infectious Diseases Physician-Scientist  
Chief of Adult Clinical Studies Section  
Center for Vaccine Development



**EVENT INFORMATION**

**Friday, February 5th, 7:00 PM EST**

Kindly Join Zoom Meeting Using the Below Link:  
[AIPNO LIVE WEBINAR](#)

Passcode: aipno

**MODERATORS**

**DR. RUPESH RAINA, MD**  
Past President AIPNO  
Adult-Pediatric Kidney Disease  
Cleveland Clinic, Akron General Hosp  
Akron Children's Hospital

**DR. NEIL MEHTA, MD**  
Associate Dean, Cleveland Clinic  
Lerner College of Medicine  
Case Western Reserve University

**DR. KV GOPALAKRISHNA, MD**  
Chair, Department of Medicine  
Chief, Infectious Disease  
Cleveland Clinic, Fairview Hospital



**AIPNO PRESIDENT INITIATIVE TO  
FIGHT COVID-19 RELATED  
MORBIDITY AND MORTALITY**



**DR. DHARMESH MEHTA, MD**

**AIPNO President  
Chief of Staff Elect  
Cleveland Clinic, Euclid Hospital**

**EVENT INFORMATION**

**Date: Friday, March 5<sup>th</sup>**

**Time: 7:00 PM EST**

**Kindly Join Zoom Meeting Using  
the Below Link:**

[AIPNO LIVE WEBINAR](#)

**Meeting ID: 89954573014  
Passcode: aipno**

# WHAT HAVE WE LEARNED ONE YEAR AFTER THE START OF THE COVID-19 PANDEMIC?

AN UPDATE ON COVID-19 INFECTION IN  
NORTHEAST OHIO

**SPEAKER**

**DR. THOMAS FILE, MD**

Topic: COVID-19 Update and Role of Vaccine

Past President, Infectious Disease Society of  
America (IDSA)

Chief of Infectious Disease, Summa Health  
Professor, Northeast Ohio Medical University



**SPEAKER**

**DR. SHANU AGRAWAL, MD**

Topic: New Proven and Emerging Therapies for  
COVID-19

Infectious Disease Specialist, Summa Health  
Lead for Northeast Ohio Initiative for COVID-19



**SPEAKER**

**DR. RUPESH RAINA, MD**

Topic: Hemadsorption for AKI COVID-19,  
Role in Cytokine Storm

Adult Nephrology Specialist, Summa Health  
Pediatric Nephrology, Akron Children's



**SPEAKER**

**DR. MICHAEL CHANDLER, MD**

Topic: COVID-19 Surge and Role of Critical Care

Pulmonary Critical Care Specialist, Summa Health  
Chief of Critical Care Services



## *Celebrating Women's Leadership in AIPNO*

The Women in AIPNO event was a new endeavor, the brain child of the AIPNO president Dr. Dharmesh Mehta to honor the involvement of women in this wonderful organization.

This hybrid event was held on March 27th at the Marriott ballroom obeying all social distancing guidelines in Beachwood and commenced with an educational talk by Dr. Rupesh Raina, past AIPNO president followed by an interactive discussion which was well appreciated. This was followed by a welcome address by Dr. Dharmesh Mehta, current AIPNO president highlighting the importance of this landmark event. He also honored the current women officers of the organization including Dr. Palak Shroff (Member at large), Dr. Saloni Khatri (Secretary) and Dr. Vinni Makin (President- elect). The event then proceeded on to a slide show by Dr. Makin honoring past women presidents starting with Dr. Ambika Ambekar in 2000 till Dr. Mona Gupta in 2018. The incorporation of some early medical school pictures of the past presidents injected some fun in the proceedings along with a sense of pride of how the organization has always been ahead of its times. We had the good fortune to have two of our past presidents Dr. Sandhia Varyani (AIPNO president 2011) and Dr. Mona Gupta (AIPNO President 2018) at the event who were then invited to speak about their experiences. Dr. Varyani talked about her very early involvement because her parents were one of the founders of this organization while Dr. Gupta elucidated some of the notable events during her tenure. This was followed by the presentation of the first ever "AIPNO Women of the year" award to Dr. Gita Gidwani. We then moved on to our invited speakers of the evening Dr. Teresa Dews , President Cleveland Clinic Euclid Hospital who could attend the event in person and Dr. Beri Ridgeway , Chief of Staff Cleveland Clinic who was kind enough to do it virtually. Both of them discussed their own professional journeys, how women make unique contributions to every organization and how to overcome the barriers they can sometimes face in their careers. Hetal Mehta, Dr. Dharmesh Mehta's wife conducted an enjoyable game of movie trivia and then Dr. Mehta closed the event with a note of thanks. Everybody enjoyed a delicious dinner afterwards – we hope that this event will become a yearly feature moving forward.

*See more pictorial pages 20-22*





## 2021 AIPNO WOMAN OF THE YEAR

### **GITA GIDWANI, MD**

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**Dr. Gita Gidwani** was the first woman surgeon appointed to the staff at Cleveland Clinic in 1976 and continued to serve as a gynecologist at the Cleveland Clinic for over 30 years. Notable among her multiple achievements is her involvement as a founding member of the Women's Professional Staff Association (WPSA), founding member and later president of the North American Society for Pediatric & Adolescent Gynecology as well as founder of Helping Hands, an organization which has supported the Indian community by providing much needed support to families, new immigrants and people in need. She is also one of the founding member of Medical Yatra, the humanitarian mission under the umbrella of AIPNO in 2001. The organization first started after the earthquake in Gujarat, India and other than the exception of the pandemic has continued its yearly trips to India.

The Gidwani Mid-Career Leadership Development Scholarship which is awarded specifically to advance women professional staff to leadership positions at Cleveland Clinic has been made possible through a gift from Dr. Gidwani.

We hope Dr. Gidwani will continue to inspire women everywhere.





## SOCIAL COMMITTEE REPORT *Chairperson - Hetal Mehta, RPh*

# AIPNO

## Picnic & Karaoke





**SUNDAY  
AUGUST 22  
12 PM - 5 PM**

**ADDRESS**  
South Chagrin Reservation,  
Shelterhouse Picnic Area  
(Hawthorn Pkwy,  
Bentleyville, OH 44022)

**FOOD, FUN, GAMES & MORE !**

AIPNO Members, Families and Friends.

Please rsvp at [admin@aipno.org](mailto:admin@aipno.org) by August 15<sup>th</sup> with Name and Number of Guests.

If you would like to sing, please contact - Dr. Kalpana Varma @ [Go2kalpana@aol.com](mailto:Go2kalpana@aol.com) or 2163757402 before August 15<sup>th</sup>.

Visit us at [www.aipno.org](http://www.aipno.org)



AIPNO organized an outdoor picnic on August 22<sup>nd</sup> along with a karaoke event which was a welcome relief to its members after the social shut down we have seen due to the COVID pandemic. The guests enjoyed piping hot Cholle Bhature and pakoras catered by Saffron Patch along with the delicious appetizers brought by the members of the social committee comprised of Hetal Mehta, Dr. Rajvinder Parmar, Dr. Fatima Ghasia, Dr. Palak Shroff, Deepa Mukunda, Gayatri Patel, Dr. Geetu Pahlajani and Dr. Vinni Makin. The adults had a chance to catch up in person while the kids had fun playing next to the shelter and enjoying the swings. Dr. Kalpana Varma also kicked off the karaoke session which our audience enthusiastically participated in. The event was kindly sponsored by Tony pharmacy which serves customers in the Greater Cleveland area.

*See more pictorial pages 23-25*





## ***SPORTS COMMITTEE REPORT - Chairperson - Arun Gupta, MD***

### **DR. H.P. SUNDARESH MEMORIAL GOLF OUTING**

Avon Oaks Country Club - *See more pictorial on pages 26-27*





## Sports Committee - Tennis Tournament



**MVRC**  
**AIPNO Tennis**  
**ROUND ROBIN**  
 (Doubles)

**SATURDAY, MAY 15<sup>TH</sup>**  
 5:00 PM - 7:00 PM

**MAYFIELD VILLAGE RAQUET CLUB**  
 6685 Beta Drive  
 Mayfield Village, OH 44143

**Dharmesh Mehta MD**  
 President AIPNO

**Ravi Krishnan MD**  
 Past President AIPNO  
 BOT Member

Break with refreshments - COVID rules apply!  
 Please text or email Ravi Krishnan to  
 RSVP before May 8th  
 (216) 410-8414  
 Rvk2643@gmail.com

**Sponsored by**

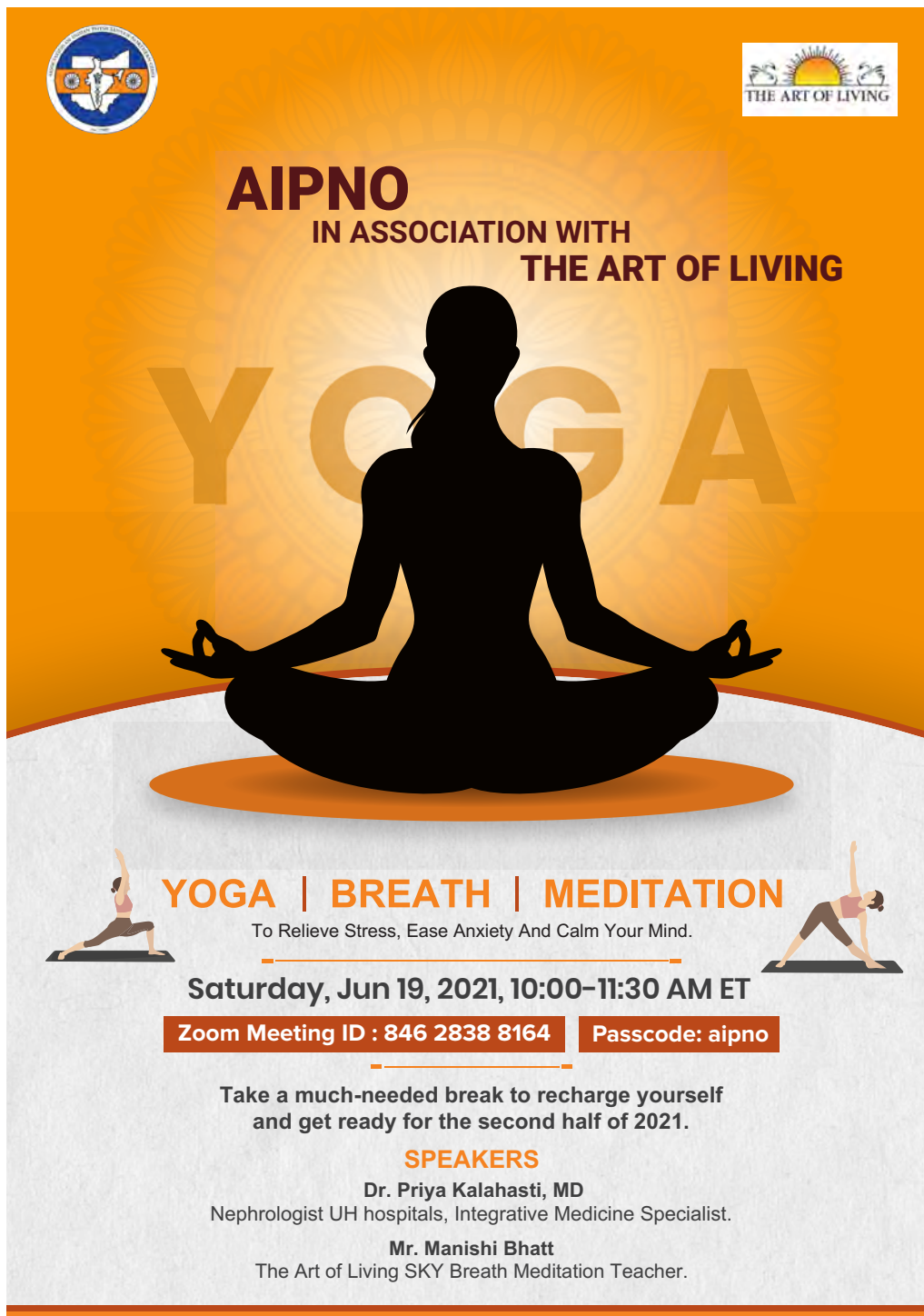
**Dattilo Wealth Management Group**  
 A private wealth advisory practice of Ameriprise Financial Services, LLC.

A tennis tournament was organized by AIPNO at the Mayfield racquet club with support from Dr. Ravi Krishnan. It garnered an enthusiastic response from AIPNO families and about 20 participants played in a round robin league for 3 hours. The players enjoyed a sumptuous dinner afterwards.



## *AIPNO Art of Living - Yoga Event*

On the occasion of International Yoga Day on June 19th, AIPNO in collaboration with the Art of Living Cleveland presented a live session on the power of yoga, breath, and meditation to relieve stress, ease anxiety and calm your mind. It provided a much needed relaxing and recharge break during this hectic time of COVID anxiety, work from home and remote schooling era. Dr. Priya Kalahasti, nephrologist and integrative medicine specialist started by talking about the benefits of Yoga and meditation and then Mr Manishi Bhatt, an Art of Living SKY Breath Meditation teacher walked everybody through some calming breathing techniques. The virtual session was very useful in giving a lot of people the chance to participate in the comfort of their homes and still derive great benefit from this AIPNO initiative.



The poster features a central silhouette of a person in a lotus yoga position against a bright orange background with a subtle sunburst pattern. The word 'YOGA' is written in large, light orange letters behind the silhouette. In the top left corner is the AIPNO logo, and in the top right is the Art of Living logo. Below the main title, there are two small illustrations of people performing yoga asanas on the left and right sides. The event details, including the date, time, Zoom ID, and passcode, are presented in white text on dark orange rectangular backgrounds. At the bottom, the speakers' names and titles are listed.

**AIPNO**  
IN ASSOCIATION WITH  
**THE ART OF LIVING**

**YOGA | BREATH | MEDITATION**  
To Relieve Stress, Ease Anxiety And Calm Your Mind.

**Saturday, Jun 19, 2021, 10:00–11:30 AM ET**

**Zoom Meeting ID : 846 2838 8164** **Passcode: aipno**

**SPEAKERS**  
**Dr. Priya Kalahasti, MD**  
Nephrologist UH hospitals, Integrative Medicine Specialist.  
**Mr. Manishi Bhatt**  
The Art of Living SKY Breath Meditation Teacher.



## AIPNO Initiative for Covid Crisis in India

As you are aware, the current COVID pandemic has been severely affecting our homeland, India. It is a sad situation and AIPNO feels the pain and suffering of our friends and families over there.

AIPNO has been in touch with the Indian consulate and we are also working with AAPI and FIPA regarding the current COVID condition in India.

AIPNO has collaborated with MDtok to provide tele-consultancy to the patients. We have several physicians who have volunteered to help.

AIPNO will also be generating local funds to provide oxygen, medications and ventilators through Red Cross. We feel Red Cross is well versed with the Indian continent local needs and has a track record for delivering to the needful.

Many people are under the realm of COVID and AIPNO hearts go out to our fellow Indians. We pray to higher powers and seek blessing to provide strength and armamentarium to help our own "Desh".

AIPNO members have been always been supportive with zeal and zest. This is a very sensitive time and your contribution can save many lives.

As Mother Teresa said "We ourselves feel that what we are doing is but a drop in the ocean. But the ocean would be less because of that missing drop."

We want to thank all sister organizations collaborating with AIPNO for the fundraiser.



Sincerely,

Dharmesh Mehta , MD  
President AIPNO





## ***With Sincere Gratitude to Those Who Made the AIPNO India COVID Relief Fundraiser a Success***

*AIPNO is an organization that comes together in the time of need and we saw this when India was reeling under the COVID epidemic and suffering from lack of medical supplies. The AIPNO community came together to raise over \$25,000 dollars which was channeled to the Indian Red Cross and the Prime Minister's National Relief Fund. Thank you to our generous donors without whom this would not have been possible.*

### **Major Donors (\$5,000)**

Key Bank

### **Donors (\$2,000)**

Medina Hospital

Anonymous

### **Donors (\$1,000)**

Atrium Medical Group

Cleveland Kidney & Hypertension Consultants

Dr. Syed Ashraf

Dr. Dharmesh Mehta

Cynthia Moore-Hardy

Dr. Vasu Pandrangi

Dr. Sachin Patel

Drs. Arunika and Sashin Shah

Dr. Sandhia Varyani

### **Donors (\$500)**

Anonymous

Dr. Gita Gidwani

Dr. Ram Gurajala

Lawrence Mack

Dr. Vinni Makin

Jaywant Masurekar

Dr. Rupesh Raina

Dr. Shaila Sundaresh

### **Donors (< \$500)**

Greg Amoroso

Dr. Elizabeth and W. J. Balraj

Dr. Rakesh Bhalla

Edward Corletzi

Teresa D'Alessandro

Hansa Desai

Pranay Desai

Jitin and Varsha Eidnani

Dr. Amibahen Gandhi

Dr. Chintan Gandhi

Dr. Christopher Gaskins

Dr. Harilal Gatha

Jennifer Germana

Dr. Praveen Gundelly

Amit Jagetia

Rahul Jain

Srikanth Kota

Dr. Saroj Mahalaha

Christopher Minotti

Dr. Vijay Mistry

Terence O'Farrell

Dr. Chetan Patel

Natubhai Fulabhai Patel

Dr. Tanmay Patwa

Pam Pawelecki

Dr. Kanhaiya Poddar

Saffron Patch

Dr. Dalbir Sandhu

Drs. Arvindkumar & Manjula Shah

Dr. Hemalkumar Shah

Dr. Sulay Shah

Anuj Sharma

Charles S, Wilcox



Mona Gupta, MD

## AIPNO-Medical YATRA Giant Efforts To Fight COVID-19 in India

*Dr. Jaya Shah  
Mr. Ramesh Shah  
Dr. Gita Gidwani  
Dr. Saroj Mahalaha  
Dr. Murthy Vuppala  
Dr. Mona Gupta*

Year 2021 is credited for awesome efforts to fight infections and casualties from corona virus all around the world — India is NOT an exception. So far government has reported 33.5 million cases, 445,000 deaths. Medical YATRA has supported a lot of projects through various NGOs to alleviate suffering and improve health of rural, tribal folks.

### Oxygen Plant, Surat, Guj.

With \$5,000 MY investment, supported by other partners, an Oxygen Plant costing \$30,000. was installed in Surat Hospital. This will provide badly needed Oxygen to corona virus patients.



Video of PSA Oxygen Plant



Video of liquified Oxygen Plant



### Nutrious Meals, Vishakhapatnam, AP

Schools are re-opened and children are going back to schools after the pandemic. Medical YATRA with The **Akshaya Patra Foundation** is providing meals to hundreds of school children.

### Pulse Oximeters, Bhopal, MP

**Prasanthi Trust**, who help the needy, is run by 100% volunteer doctors, nurses, students of all kind with rich and poor background wholeheartedly. Money contributed has been used to distribute PPE for the COVID crisis in an extraordinary way through dedicated volunteers in all villages.



### Rehab Center, Bardoli, Guj.

India's efforts to vaccinate 1 billion, many of them are villagers in a smaller community, have got WHO attention & recognition. India's recovery rate is **98.5% highest** in the world. However, **NEED** for more rehab facility for patients to recover is growing.

## *AIPNO-Medical YATRA in India - continued*

### **Repurposing the Mobile Van, Bengaluru, K.**

Aarogya SEVA needed a facility to examine Corona virus patients and provide rehab in the villages. Medical YATRA van was loaned to Dr. Dayaprasad to accomplish that task.



### **Pulse Oximeters, Bhopal, MP**

A frontline medical worker directly monitors the health of a COVID-19 patient using the pulse oximeter. Each oximeter impacts the lives of innumerable patients and enables them to receive timely life saving care. The number of the pulse oximeters delivered to Bhopal, Madhya Pradesh was 330 .

### **SUMMARY:**

Though Medical YATRA physicians have to observe travel restrictions to India because of COVID-19, Medical YATRA is playing a very significant role because of awesome network of Rotarians created in last 20yrs. and variety of other resources developed. Medical Yatra physicians have been very creative.

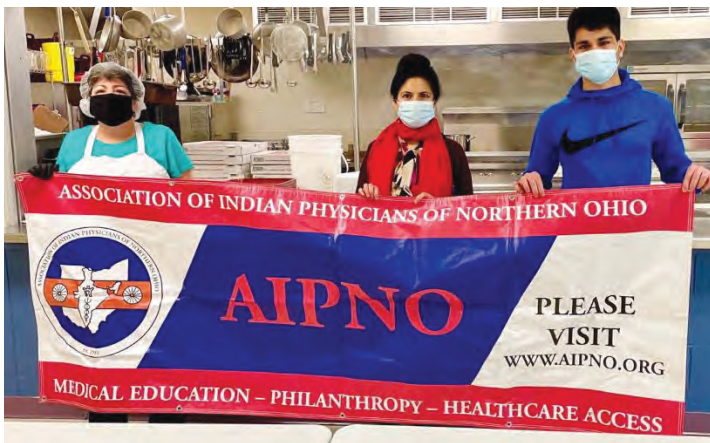




# ***HUMANITARIAN COMMITTEE REPORT***

***Chairperson - Rupesh Raina, MD***

The note of gratitude from the homeless shelters is more than just words. The past year has been very challenging for Cleveland community and AIPNO continued to serve the community in need through the initiative of serving food to local homeless shelters. Monthly deliveries have been made to numerous shelters due to generosity of our AIPNO members. The shelters that the initiative has been able to serve in 2021 include-Saint Herman's shelter, Family promise of greater Cleveland, Zelma George Family center, Saint Elizabeth catholic charity, Norma Herr women's shelter of YMCA, Hitchcock center for women and Laura's home. This has been a great way to be involved and serve our greater Cleveland community in arduous times.







## ***AIPNO 2021 Food Shelter Program***

*We would like to thank the following area shelters for participating in the 2021 AIPNO Food Shelter Program and helping us fulfill our goal of service to the community.*

**Laura's Home**

18120 Puritas Ave.  
Cleveland, Ohio 44135

**Saint Herman's Cleveland**

4110 Franklin Blvd, Cle, OH, 44113  
216-961-3806

**Hitchcock Center for Women**

1227 Ansel Rd.  
Cleveland, Ohio 44108

**Norma Herr Women's Shelter**

2227 Payne Ave.  
Cleveland, Ohio 44114

**Zelma George Family shelter**

2150 E. 18th  
Cleveland, Ohio 44115

**Norma Herr Women's Shelter**

1545 W. 25<sup>th</sup> diagonal from Lutheran Hospital  
Cleveland, Ohio 44114

**Catholic Charities St. Elizabeth Center**

2726 Caroline Ave., Lorain Ohio 44055

**Family Promise of Greater Cleveland**

3470 E 152nd St, Cleveland, OH 44120  
(216) 767-4060

## ***A Special Thank You to this Year's Food Shelter Sponsors***

Dr. Yatish Goyal

Dr. Somnath Roy

Dr. Reema Gulati

Dr. Payal Ahuja

Dr. Rajvinder Parmar

Dr. Anna Singh

Dr. Vikas Jain

Dr. Arunika Shah

Dr. Gita Gidwani

Dr. Shamik Bafna

Dr. Shamik Bafna

Dr. Ranjit Tamaskar

Dr. Vinni Makin

Dr. Abhijeet Nakave

## ***AIPNO YOUTH INITIATIVE 2021***

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Vikas Jain



Saloni Khatri

Our youth are our society's future, and their mentoring and development is a top priority for AIPNO. AIPNO conducted its second youth initiative program for high school and college students in September/October 2021. This program was run by program directors Dr. Vikas Jain and Dr. Saloni Khatri. This program aimed to educate our younger generation about how to be a competitive applicant for college, stress management, financial literacy, and career in Law. This was attended by approximately 30-40 students.

This program comprised of four half-hour sessions on various topics of interest to our youth. These web conferences were held on September 26th and October 3rd (Sundays) from 7-8 PM. Two half-hour sessions were covered on each Sunday.

### **September 26th, Sunday--7-8 PM**

Courtney Visioni: How to be a compelling applicant in today's competitive admissions climate.

Padma Jambhunath: Financial Independence-It's never too early to learn financial navigation

### **October 3<sup>rd</sup>, Sunday 7-8 PM**

Dr. Indira Palekar: From stress to self-empowerment- simple techniques for calm mind and clear thinking

Vaishali Mahna: Career in Law

Dr. Raina added few great points in the discussion on college admissions. Dr. Dharmesh Mehta started the session with welcome address and Dr. Raina gave the opening remarks. Thank you remarks were given by Dr. Vinni Makin.

The participants liked this program very much and AIPNO would be holding it again in 2022 with different topics.

## *AIPNO Research Showcase Committee Report*



Beejadi Mukunda, MD



Mona Gupta, MD



Rupesh Raina, MD

We started this signature event nine years ago in an attempt to further the purposes of AIPNO which includes “To conduct educational programs to acquaint the members with clinical, scientific and other developments in the field of medicine.”

The 8th Research Showcase in 2020 was a grand success even with the raging Covid pandemic preventing us from having this in person. E-poster were presented by researchers ranging from high school students to university professors, abstracts were printed in the program booklet and cash prizes were awarded. Many thanks to the judges, Executive Committee members and the Board Members for their support. Special thanks to Ronith Chakraborty, MD, for his enthusiastic support to all aspects of Research Showcase and for helping make the judging fair, transparent and unbiased which is not an easy task!!

Establishing research grants in the future, bringing more researchers into this great organization, helping younger physicians, nurses and administrators to network and mentor new members are the goals of this committee with a view to further broadening the purposes of AIPNO. We would like to thank all the members of AIPNO for supporting us to establish the Research Showcase, especially Raja Shekar, MD and Umesh Yalavarthy, MD. We are grateful to all the healthcare systems for supporting this effort and especially to Mr. Gary Robinson, CEO of CDC for his generous support in being the Presenting Sponsor of Research Showcase this year. Many thanks to all the sponsors and supporters with whose help we are in the process of establishing an AIPNO research grant. Heartfelt thanks to Ms. Pam Pawelecki, Executive Assistant and to Mr. Manohar Daga, for providing accounting oversight.

Many thanks to our families for their unconditional support and allowing us to work for AIPNO.

***ABSTRACT and POSTER RESEARCH***  
***pages 47-61***





## Basic Case Research Abstracts

### Stress Induced Changes in SAMP1 Mice: A Murine Model of Crohn's Disease

Harsha Sanaka, Adrian Gomez-Nguyen, and Fabio Cominelli

**Background:** Psychological stress is a well-known risk factor for Crohn's disease (CD) patients. The SAMP1/YitFc (SAMP) mouse is a model of spontaneous CD-like ileitis and has previously been shown to generate colonic tertiary lymphoid organs (TLO) after restraint stress (RS). Here we investigated how stress induced TLOs responded to colonic insult.

**Methods:** RS was performed for 3 hours a day for 56 days. 3% dextran sodium sulfate (DSS) was administered via drinking water for 7 days, followed by a 14-day recovery. Colonoscopies were performed on days 8 and 21 post-DSS induction. Histologic scoring was performed by blinded pathologist. Mesenteric lymph node (MLN) composition was assessed with fluorescence-activated cell sorting (FACS). Stool was homogenized in PBS to quantify IgA levels.

**Results:** Interestingly, stressed mice had a healthier colon following DSS administration. At both early and later time points, colonoscopy scores were significantly lower in stressed mice ( $p = 0.034$  and  $0.001$ , respectively). These results were reflected in histology ( $p = 0.082$ ). The inflammatory cell profile of the MLN was largely unchanged by stress. Stress did result in decreased levels of IgA; however, this reduction was only seen following DSS ( $p < 0.01$ ).

**Conclusions:** The protective effect of stress against DSS in SAMP mice is a surprising result, especially given the lack of changes to MLN cell profile and reduction in IgA. Increased binding of IgA to bacteria might explain the decrease seen with DSS. Our ongoing work is aimed at elucidating this interaction.

**Category:** Basic Science

### Involvement of Solute Carrier Proteins (SLCs) in Prostate Cancer Recurrence

Prem Prakash Kushwaha, Shiv Verma, Eswar Shankar, Spencer Lin, and Sanjay Gupta

Prostate cancer is the second-leading cause of cancer-related mortality among men in the United States. Androgen deprivation therapy (ADT) therapy (XTANDI® (enzalutamide)) is commonly used treatment for castration-resistant prostate cancer (CRPC) patients. Recently, transcriptome analysis of CRPC cells revealed the aberrant expression of SLCs, involved in CRPC disease progression, however, the molecular understanding was unknown. Based on the above, our current research investigation was to understand the critical role of SLCs in CRPC. To achieve the set objective, we conduct the experiments in CRPC cells and generate C42B-enzalutamide resistant cells (C42B-ENZU), and knockdown cell lines of SLCs (SLC25A17 and SLC27A6) and performed subsequent experiments such as cell cycle, cell proliferation, migration, ELISA, and western blot. The cell cycle assay showed that absence of SLCs, induces cell cycle arrest at G1/S phase. Moreover, the cell-cycle marker genes including Cyclin D1, CDK6, CDK4, and CDK2 proteins levels were highly reduced in SLC25A17 knockdown cells, in comparison to SLC27A6. Knockdown of SLC25A17 and SLC27A6 suppressed cell proliferation and migration in C42B-ENZU cells. In context of apoptosis, absence of SLC25A17 induced more apoptosis (increased RIPK3, BAX, and decreased BCL-XL) in C42B-ENZU cells compared to SLC27A6. Presumed that SLCs modulate the fatty acid biosynthesis pathway, thus we evaluated the end product of TCA cycle. Absence of both the SLCs showed lower protein expression of fatty acid synthase, Acetyl-CoA carboxylase and ACSL5 in C42B-ENZU cells. Indeed, metabolites such as lactic acid, triglyceride and citric acid in the absence of both SLCs were found reduced in C42B-ENZU cells, the result of ELISA further supports that SLCs are involved in metabolic reprogramming which leads to castrate resistant in prostate cancer patients. In terms of clinical implication of our research finding, targeting the downstream of SLCs for e.g. ACSL5 may serve as therapeutic target in management of castrate resistant.

**Category:** Basic Science

### Risk of Cognitive Impairment in Prostate Cancer Patients Undergoing Androgen Deprivation Therapy

Shiv S Verma, Vaibhav Singh, Eswar Shankar, and Sanjay Gupta

Androgen deprivation therapy (ADT) is a commonly used clinical treatment for non-metastatic and metastatic hormone-sensitive prostate cancer. Long-term ADT treatment results in adverse side-effects in patients including depression, cognitive impairment and dementia. Studies have reported increased levels of pro-inflammatory cytokines and inflammatory markers in older cancer patients, however, the relationship between inflammatory biomarkers and severity of cognition in prostate cancer patients under ADT has not been investigated. We sought to identify peripheral biomarkers that could provide links between the mental changes and major pathological mechanisms responsible for the development of cognition in patients. Gene expression data (GSE69223) of 30 matched malignant and non-malignant prostate tissue samples from 15 prostate cancer patients receiving neoadjuvant antiandrogen therapy before prostatectomy, were compared in parallel with postmortem brain tissue samples of Parkinson's and Alzheimer patients as additional neurological diagnosis. Validation was performed in BT142-neural cells and M059K-glial cells by qRT-PCR with and without antiandrogen (enzalutamide) treatment. Total of 1952 DEGs were identified in postmortem brain tissue specimens, and 101 DEGs were identified in prostate cancer patients receiving ADT before surgery. IPA analysis revealed 33 commonly expressed genes with changes in cytokine-cytokine signaling network overlapped in both patient cohorts. Pathway analysis showed that IL17 signaling pathway, regulation of cytokine production and changes in T-cell subsets by IL-17A and IL-17F were overrepresented. Furthermore, lipopolysaccharide (LPS), TNF and toll-like receptors were identified as upstream transcriptional regulators of these signaling pathways. Gene expression of pro-inflammatory cytokines viz. LIFR, IL1RN, IL6, IL10 and LIF were increased in both neural and glial cells treated with enzalutamide, compared to non-enzalutamide treated cells. Our results suggest that changes in cytokine signaling under the influence of ADT in prostate cancer patients may linked with cognitive impairment presenting new areas for diagnostic and therapeutic development in combating brain deficits.

**Category:** Basic Science



## Quality Improvement Research Abstracts

### Therapeutic Drugs Granted Breakthrough Designations By the US Food and Drug Administration, 2012-2020

Dhiksha Balaji, Caleb G. Alexander, and Thomas J. Moore

**Background:** The US Food and Drug Administration (FDA) administers various programs to expedite the development and review of new drugs that aim to treat serious or life-threatening conditions. In 2012, the Congress established one such program, the “Breakthrough Therapy (BT)” Designation, which requires preliminary clinical evidence that demonstrates substantial improvement in a clinically significant endpoint over available therapy. FDA “Approval” occurs after “Designation,” involving assessment of the safety and efficacy of a new drug. While the goal of the BT Designation is to bring drugs more promptly to market, it also provides for approvals based on more limited clinical evidence. We characterized patterns in BT Designations and Approvals by the FDA from 2012 through 2020.

**Methods:** The Center for Drug Evaluation and Research (CDER) publicly available data on BT Designation Requests as well as BT Approvals from 2012- 2020 was used for this analysis. Data were collected and analyzed in Microsoft Excel.

**Results:** The CDER received 917 BT designation requests from 2012 through 2020. The median of requests received was 106 (interquartile range [IQR], 93-125). Of these requests, 375 (40.9%) were granted, 425 (46.3%) were denied, and 117 (12.8%) were withdrawn. The median of requests granted was 46 (IQR, 31-58), median of requests denied was 51 (IQR, 48-53), and median of requests withdrawn was 14 (IQR, 12-17). Designation in an early stage of development did not guarantee approval. Of drugs granted the BT designation, a median of 21 (IQR, 14-34) and mean of 38 (standard deviation, 13.5) were approved as of December 31st, 2020.

**Conclusion:** This analysis shows use of the program has been increasing since 2012. Further analysis should examine the quality of the clinical data required for BT designation and the BT drug performance post-approval to assess the function of the BT designation.

**Category:** Quality Improvement/Performance Improvement

### Does utilization of a 3-month Multidisciplinary Sequential Rapid Intervention (MUSTERVE) Improve Glycemic Control in High-Risk Patients with Diabetes?

Anira Iqbal, David T. Broome, Diana Isaacs, Pratibha Rao, and James F. Bena

Older patients with diabetes and poor glycemic control are at higher risk of complications. We examined the effects of utilizing a 3-month multidisciplinary team, including an endocrinology provider, diabetes educator, and pharmacist, on glycemic control to reduce therapeutic inertia in high-risk patients cared for by primary care physicians. We identified 176 patients in our primary care clinics who were > 50 years old, had > 2 co-morbidities, and had a HbA1c > 9%. Of these, 22 patients were agreeable to be scheduled for follow-up with a provider in our Endocrinology and Metabolism Institute as a new patient. In April 2020, baseline data was obtained. They were then seen by an endocrinology provider and sequentially followed up by a clinical diabetes educator and a pharmacist. At the end of 12 weeks, post-intervention data was collected. Patients were then followed by their primary care physician as needed. The mean age was 72 +/- 7 years with a HbA1c of 9.6 +/- 1.3%, BMI of 31.0 +/- 5.6 kg/m<sup>2</sup>, average albumin: creatinine of 195.1 +/- 298.3 mg/g. At the end of the study, the average HbA1c value was 7.6 +/- 0.9% and represented a 1.9% mean decline (95% CI [-2.8%, -1.0%], p-value < 0.001). There was no significant change in BMI or albuminuria. Through use of a 3-month strategic multi-disciplinary QI initiative in high-risk patients with diabetes, we significantly improved glycemic control as measured by HbA1c. A limitation of our study was the small study size.

**Category:** Quality Improvement/Performance Improvement

### Recurrent Rhabdomyolysis due to Peroxisomal Alpha-Methylacyl-CoA Racemase (AMACR) Deficiency Associated with Antidepressants

Vignasiddh Erukonda and Rupesh Raina

Alpha-methylacyl-CoA racemase (AMACR), an enzyme involved in fatty acid metabolism deficiency is a rare disorder. This rare disorder presents with variable phenotype ranging from cholestasis to late onset sensory motor neuropathy. We report a rare case with recurrent bouts of rhabdomyolysis that led to the discovery of AMACR deficiency. A 33-year-old female with a history of depression presented with complaints of acute diffuse proximal muscle aching. She recently started the antidepressant sertraline. Similar episodes occurred in the past associated with the use of fluoxetine and bupropion, however that was resolved after discontinuation of these medications. Her laboratory results showed a significantly elevated creatinine kinase level of 12,769 unit/liter, transaminitis, and elevated inflammatory markers. Due to progressive muscle pain and weakness an electromyography was performed, which was consistent with chronic proximal myopathy. Panel of myositis-specific autoantibodies, including anti-Jo1 antibody were negative. Subsequently, a muscle biopsy displayed necrotizing myopathy consistent with rhabdomyolysis. Genetic testing showed elevations of pristanic acid and bile acid studies diagnostic of alpha-methylacyl-CoA racemase deficiency. To the best of our knowledge, this is a first case of recurrent rhabdomyolysis due to AMACR deficiency in the literature triggered by antidepressants. This case also highlights the consideration of extended work up to include pristanic acid and/or bile acid intermediate concentrations to screen for this rare metabolic disorder in patients with unexplained relapsing symptoms of myopathy. We have a multi-disciplinary approach including genetic, nephrologist, neurologist, rheumatologist with special focus on dietary measures to offer a potential treatment for the disorder.

**Category:** Quality Improvement/Performance Improvement

## Angioedema and Warfarin Associated Supra Therapeutic INR Related to Second Dose of Moderna COVID-19 Vaccination

Jubaida Mazumder, Phillip Savage, Cairns, Craigs Cairns, and Asegid Kebede

**Introduction:** Moderna COVID-19 vaccine could be related to severe angioedema after administration of second dose with potential interaction with Warfarin, causing supra therapeutic INR. A close follow-up of INR after receiving the second dose Moderna COVID-19 vaccine is warranted. In this case, Bradykinin-induced angioedema due to Moderna COVID-19 vaccine is likely. Early recognition of signs and symptoms of angioedema after the second dose of Moderna COVID-19 vaccination is recommended to avoid serious complications.

**Background:** COVID 19 vaccinations are new with limited tracking of long-term safety, side effects and interaction with medications. Reports of severe side effects after the first dose of Moderna COVID-19 vaccination have been reported. There have been no reports of severe side effects after the second dose. This case study will add to the literature, a life-threatening angioedema after the second dose of Moderna COVID-19 vaccine and interaction with Warfarin.

**Case Presentation:** 68-year-old white female, BMI 31 kg/m<sup>2</sup>, with history of remote endometrial cancer and underlying paroxysmal atrial fibrillation on warfarin for the last 5 years. She is compliant and meticulous regarding warfarin interaction with food and medicine. INR has been stable for 5 years, with a recent result of 2.3 two weeks prior to admission. There had been no new medications, she is not an ACE inhibitor or ARB. She has no family history of angioedema. She received her second dose of the Covid-19 Moderna vaccine 5 days prior to admission. Patient arrived at the Emergency Room with severely swollen lips, tongue and uvula with mucosal bleeding and drooling. She was in moderate respiratory distress, with stridor. She also had vaginal bleeding as well. She had no rash or hypotension. Significant results included prothrombin time more than 90 and APTT more than 139. ENT was called STAT, the patient proceeded to the OR and was nasally intubated. INR was reversed appropriately. C1 esterase inhibitor panel, total complement, and tryptase within the normal limit. Patient extubated within 48 hours and discharged home safely. It is suspected that the patient developed a late anaphylactic reaction to the second dose of Moderna COVID-19 vaccination, as well as suspected interaction between Moderna COVID-19 vaccination and warfarin causing severe coagulopathy with severely prolonged prothrombin time. Clinical point: Close follow-up of INR after receiving Moderna COVID-19 vaccination might be warranted for a patient who is on Warfarin. Although mechanisms are not well known, Bradykinin-induced angioedema to second dose Moderna COVID-19 vaccine is likely in this case. Early recognition is important.

**Investigations:** C1 esterase inhibitor panel, total complement, and tryptase are within the normal limit.

**Differential Diagnosis:** Patient has no new medications for the last five years, is not on ACE inhibitor or ARB, has no history nor family history of angioedema and C1 esterase inhibitor panel, total complement, and tryptase are within the normal limit. The only new exposure is the second dose of Moderna COVID-19 vaccination which makes it likely the immediate culprit in this case.

**Outcome and Follow-up:** Patient discharged safely after 48 hours and continued on the same home meds with recommendation to avoid Moderna COVID-19 Vaccination in the future.

**Discussion:** I am not aware of any case report of interaction between Moderna COVID-19 vaccine with Warfarin and very few reported cases of anaphylaxis after the first dose of Moderna COVID-19 vaccine have been reported. As of Jan 19, 2021 there has been 15 confirmed cases of anaphylaxis after receipt of first dose Moderna's vaccine in USA according to the CDC, however, no reported case of angioedema after second dose as far as I know.

**Learning Points/Take Home:** Watch for early angioedema reaction after second dose Moderna COVID-19 vaccination. Monitor INR closely in patients on Warfarin after receiving.

**Category:** Quality Improvement/ Performance Improvement

## Artificial Intelligence guided Customized Rehab for Parkinson's Disease

Jonathan Cunningham, Angela Ridgel, Kenneth Loparo, and Aasef G. Shaikh

Successful rehabilitation, leading to a favorable course of movement disorders in Parkinson's disease (PD), is contingent upon frequent, regular, and patient-specific exercise regimen that is customized to the individual needs. Lack of access or home-bound status are significant hurdles in delivering effective rehab. Our vision is to offer customized rehab using a remotely operated, customized, and remotely monitored technology near or at the patients' homes. The proof of this concept was already established in our laboratory, a technology called dynamic cycling. The highlight of this technology is a stationary bike operating at a rapid speed (cadence) with programmable variability in speed and power/torque hence promoting motor performance superior to traditional motorized bikes (i.e. static cycling). Here we present the next step towards our ultimate vision of at-home exercise therapy, a remotely operated dynamic bike. Wearable motion sensing technology and online, cloud-based modulation of the bike performance is at the heart of our technology. The participants use wearable sensors for the remote assessments of motor symptoms in PD before and immediately after each exercise session. The information from the wearable sensors and the bike is utilized to further adjust the bike parameters for the next dynamic cycling session. The key outcome measures that bike is designed to improve are fluctuations in PD symptoms, response to pharmacotherapy, and overall improvement in their movements over the day. The ultimate outcome serves critical need of customized therapy with easy access.

**Category:** Quality Improvement/ Performance Improvement





## Clinical Research Abstracts

### Efficacy of Conventional Therapies for Perianal Fistulizing Disease in patients with Ileal Pouch Anal Anastomosis

Karina Pedersen, Stacey Toups, and Amy Lightner

**Introduction:** Restorative proctocolectomy with formation of an ileal pouch anal anastomosis (IPAA) has become the mainstay treatment in patients with refractory Ulcerative Colitis (UC). Despite excellent 20-year outcomes with pouch failure rates documented as low as 4%, up to 14% of patients will present with a fistula of the pouch. Current literature has examined the efficacy of individual procedures to treat perianal fistulas and pouch associated fistulas, however, has yet to examine overall treatment outcomes in one study, specifically in patients with IPAA. When completed, this study also aims to identify perioperative risk factors associated with healing or recurrence of these fistulas in patients with IPAA.

**Methods:** Patients older than 18 who underwent an operation for perianal or pouch associated fistulas with a concomitant IPAA between 1995 and 2021 at the Cleveland Clinic Foundation were retrospectively analyzed. Electronic medical records of 221 patients were reviewed for class of fistula, use of medical and/or surgical intervention, the number of subsequent operations, and perioperative parameters. Multivariate logistic regression and univariate analyses will be used to determine efficacy of current therapies. Statistics are still pending.

**Discussion:** Patients with IPAA's unfortunately still suffer from recurrent fistula formation after undergoing conventional treatments. Mesenchymal stem cell injections are currently in Phase II and Phase III clinical trials and have demonstrated promising results for patients with refractory perianal fistulas.

**Category:** Clinical Research

### Cor Triatriatum: A Narrative Review

Meghana Chanamolu, Krithika Sundaram, Whitney Baxter, and Shashank Chanamolu

Cor triatriatum is a rare congenital heart defect that has an incidence of 0.1% in all patients with congenital heart problems. It is caused by abnormal fibromuscular membrane septation that splits the left or right atrium into three chambers. Cor triatriatum sinister (CTS) is the most common form of this condition, resulting from a thin membrane splitting the left atrium into two chambers. When this occurs in the right atrium, it is called cor triatrium dexter (CTD). Due to the rarity of this pathology, physicians must learn to distinguish this condition from other heart diseases. This narrative review will cover the definition and classification of cor triatrium and provide an overview of the available knowledge regarding the anatomy, pathophysiology, presentation, diagnosis, and treatment of this condition in children and adults. The pathological mechanisms by which the CTS and CTD are formed will be reviewed. Repetitive impedances and variations in heart circulation will strain the body's heart, lungs, and hemodynamic balance. The stress caused by the imbalances will lead to systemic complications, and the presentation of these will also be elaborated. PubMed was used to search for all relevant articles, abstracts, and case reports published from 1979 to 2021. Critical investigations in diagnosis, screening, and management of cor triatrium will be discussed in the review. To optimally manage this disease, management must include surgical correction of the membrane followed by medical maintenance. Additional available treatment options will be reviewed. Areas for further research will be highlighted.

**Category:** Clinical Research

### Validity of Sleep Related Breathing Disorder Scale and Anthropometrics in Obese/Overweight Children with Obstructive Sleep Apnea

Leyden Lozada Jimenez, Jennifer Brubaker, Nicolas Thompson, Ryan Honomichl, Reena Mehra, and Vaishal Shah

**Introduction:** Prevalence of OSA, a multifactorial disorder associated with significant morbidity, has increased due to the pediatric obesity epidemic. A key existing gap is lack of a valid OSA screening tool in overweight/obese pediatric patients incorporating anthropometrics. Our aim is to examine the validity of inclusion of anthropometrics to the existing SRBD scale to detect moderate (apnea hypopnea index-AHI $\geq 5$ ) or severe OSA(AHI $\geq 10$ ).

**Methods:** Consecutive obese/overweight(n=89) patients(body mass index-BMI percentile>85th for age/gender) in obesity management clinic with SRBD scale, polysomnogram(PSG) and anthropometrics (neck circumference (NC),waist circumferences(WC), height), systolic and diastolic blood pressure(BP) percentiles are included. Receiver operating characteristic(ROC) analysis with AHI as the outcome variable, sensitivity, specificity, positive(PPV), negative predictive values(NPV) for an SRBD cutoff score of 8 and SRBD score found using Youden's index in ROC and 95% confidence intervals using the exact binomial method are presented.

**Results:** Study population characteristics: age 12.6 $\pm$ 3.4years, 55% female, 62% non-white and AHI=13.0 $\pm$ 20.7,AHI $> 5$ =65.1% and AHI $> 10$ =37.1%. No significant differences were noted in item endorsement or SRBD total score using either AHI $\geq 5$  or AHI $\geq 10$  (all P>0.10). The area under the ROC curve for SRBD detecting AHI $\geq 5$  and 10 was 0.491(95%CI=0.352–0.630) and 0.559(95%CI=0.439–0.679). SRBD $\geq 8$  had sensitivity 0.759(0.628–0.861), specificity 0.387(0.218–0.578), PPV 0.698(0.570–0.808), NPV 0.462(0.266–0.666), for AHI $\geq 5$  and for AHI $\geq 10$ , 0.848(0.681–0.949), 0.375(0.249–0.515), 0.444(0.319–0.575), 0.808(0.606–0.934) respectively. The SRBD cutoff score for Youden's index was 7 for both AHI cutoffs of 5 and 10 and produced similar results to using SRBD cutoff score of 8. Adding SRBD total score to the models actually reduced these values to 0.702 and 0.614.

**Conclusion:** SRBD alone has fair sensitivity, but poor specificity for significant OSA in overweight/obese. Anthropometrics may differ in pre pubertal and post pubertal phenotypes of OSA and may or may not aid in increasing predictability of OSA with SRBD.

**Category:** Clinical Research

## Impact of Adult Day Service Center Closures in the Time of COVID-19

Paayal S. Vora, Lydia Missaelides, Chau Trinh-Shevrin, and Tina Sadarangani

Adult Day Service Centers (ADCs) are a form of community-based long-term care that address frail older adults' health and social needs. Due to their congregate nature and participants' compromised health, many ADCs have been forced to temporarily shutter during the COVID-19 pandemic. It is unknown how closures have impacted service delivery at ADCs. Guided by the Resiliency Framework, we (1) explore methods employed by ADCs during the pandemic to meet participant/caregiver needs and (2) determine how/whether these methods have mitigated the negative effects of ADC closures on participants and their caregivers. Both virtual focus groups and one-on-one semi-structured qualitative interviews were conducted with ADC staff members (n=20) across the United States. Preliminary results showed precipitous declines in physical, cognitive, and mental health of participants, as well as increased caregiver strain, particularly among dementia caregivers. However, ADCs found creative solutions to care for participants despite restrictions, creating, in their words, "centers without walls." Staff developed virtual programs (e.g. support groups, music and exercise therapy) and conducted "door-step" visits to support productive engagement and combat loneliness. Telehealth supported care coordination and identification of emergent clinical problems. Results suggest that despite innumerable COVID-19-related challenges, ADCs demonstrated resilience and creativity in managing participants' needs, fostered a sense of purpose, and provided caregiver respite. Further research on the effectiveness of remote programming and advocacy for sustainable reimbursement by payers is needed to ensure that ADCs can continue to provide older adults and their families with meaningful support as the pandemic wears on.

**Category:** Clinical Research

## Significant opportunities for guideline-based fatty liver screening in older children with obesity- findings from a big-data analysis

Kabir Gulati, Naim Alkhouri, Maroun J. Mhanna, and David Kaelber

Nonalcoholic fatty liver disease (NAFLD) is the leading cause of chronic liver disease in children. The American Academy of Pediatrics recommend screening for NAFLD should begin between 9-11 yrs. There is limited knowledge about adherence to preventive guidelines for NAFLD screening in children with obesity. The objective is to determine screening rates and socio-demographic trends in NAFLD in a large population of children with obesity. We used Explorys (IBM Watson Health) to determine NAFLD screening rates in children with obesity. Explorys contains population-level electronic health record (EHR) data from 360 hospitals across the US. Obesity was determined based on 1) BMI  $\geq 95\%$ , or 2) encounter where an ICD code was entered (ICD-10 E66, ICD-9 278). We determined the screening rate by calculating the percentage of children who had ALT checked. Chi-square tests and odds ratio with 95% confidence intervals (CI) were calculated to compare screening rates by gender, race, and insurance. Out of 3,558,420 children aged 10-14 yrs., 513,170 (14.4%) were obese. Of children with obesity, only 9.3% were screened for NAFLD. We found that females were more likely to be screened than males (odds ratio (OR) 1.09 (95% CI: 1.07-1.12)); white children were more likely to be screened than non-white children (OR 1.16 (95% CI: 1.14-1.19)), and children with Medicaid were more likely to be screened than children with non-Medicaid. (OR 1.31 (95% CI: 1.29-1.34)). Our study revealed that the percentage of children with obesity receiving recommended screening for NAFLD was only 9.3%. Female gender, white race, and Medicaid insurance led to increased NAFLD screening. These findings constitute significant opportunities to increase guidelines based NAFLD screening among obese children across the country. Reporting screening for fatty liver as a health quality measure and incentivizing screening using value-based payment models may help reduce implementation gaps in screening for NAFLD.

**Category:** Clinical Research

## Prognostic Indication for Malignant Mesothelioma

Keval Yerigeri, Jeevan Puthiamadathil, Betsy Morrow, and Raffit Hassan

**Introduction:** Malignant mesothelioma (MM) is an aggressive tumor of mesothelial cells most commonly originating in the pleura or peritoneum. It is induced by chronic inflammatory processes (eg, asbestos exposure) releasing cytokines and reactive oxygen species. Most patients present with advanced disease, and median survival is only 12 months. Early-stage MM has significantly better outcomes, but few diagnostic or prognostic indicators are available to inform clinical decision-making. Inflammatory biomarkers may provide a readily accessible means for prognostic indication to inform therapeutic aggression.

**Methods:** 448 patients introduced to the lab of Dr. Raffit Hassan at the NIH Clinical Center since 2013 have consented to Protocol NCI-13-C-0202, Tissue Procurement and Natural History Study of Patients with MM and Other Mesothelin Expressing Cancer. Inflammatory biomarker lab values for these patients were drawn from Labmatrix or the Biomedical Translational Information System (BTRIS). Disease status was divided into 3 categories – new, active and surveillance. Subjects were first stratified for overall survival per demographic characteristics – gender, age of enrollment and disease state. They were then stratified by biomarker levels into quartiles and compared for overall survival with Kaplan-Meier curves. Log-rank test was used to determine the statistical significance of differences between curves.

**Results:** The total selected population of MM patients from the Natural History Protocol (n = 405) had a median overall survival of 1.2 years with a 95% CI of 1.0 – 1.5 years. Female patients (n = 154) survived significantly longer than male patients (n = 251) with an OS of 2.0 years compared to 1.0 years. Age of enrollment (AoE) was on average 2.7 years higher than the age of diagnosis, highlighting significantly prolonged survival in study subjects compared to the average MM patient (median OS = 1.0 years). For disease state, no significant difference was found between those with active versus new disease (p = 0.55). mOS was 1.0 years for active disease (95% CI: 0.9 – 1.2 years) and 1.1 years for new disease (95% CI: 0.8 – 1.9 years). Those in the protocol for disease surveillance had significantly longer survival with a mOS of 5.6 years.

**Discussion:** Demographic data indicates female and younger patients survive significantly longer than male and older ones, respectively. Further exploration of confounding factors is required, namely pleural versus peritoneal site of disease origin. Initial results indicate peritoneal disease has earlier onset. Surveillance patients also survived significantly longer, but there was no difference in new versus active disease.

**Category:** Clinical Research

## Hypertension and cardiovascular outcomes in Autosomal Dominant Polycystic Kidney Disease

Raghav Shah and Rupesh Raina

Autosomal dominant polycystic kidney disease (ADPKD) is characterized by the formation of renal cysts which augment renal failure. Hypertension is a frequent cardiovascular manifestation of the disease especially in adult ADPKD patients but also prevalent in the adolescent ADPKD population. It is crucial to acknowledge the early onset of hypertension to aid in the management of ADPKD patients as it can present adverse complications if left undiagnosed. This systematic literature review was conducted to identify the influence of early onset hypertension on other cardiovascular outcomes [left ventricular mass-index (LVMI), carotid intima media thickness (cIMT) and pulse wave velocity (PWV)]. A literature search was conducted in which adverse cardiovascular outcomes in pediatric and adult patients with known or borderline hypertension were included. 19 articles were included after application of the inclusion/exclusion criteria, comprising 1297 ADPKD patients and 342 healthy patients. The mean LVMI for adult hypertensive-ADPKD patients compared to normotensive-ADPKD patients was 114.96 g/m<sup>2</sup> and 108.2 g/m<sup>2</sup>, respectively, with healthy pediatric controls at 94.69 g/m<sup>2</sup>. The hypertensive pediatric ADPKD population compared to the control group observed a mean LVMI of 39.96 g/m<sup>2</sup> and 34.817 g/m<sup>2</sup>, respectively. The mean cIMT was 0.5 mm in pediatric hypertensive-ADPKD patients compared to the average (50th percentile) at 0.37 mm. The mean PWV in hypertensive-ADPKD patients was 5.74 m/s compared to 5.57 m/s in healthy controls. In adults, the mean cIMT in hypertensive-ADPKD patients was 0.613 mm and 0.57 mm in normotensive-ADPKD patients compared to 0.513 in healthy control patients. Adult PWV was 9.21  $\pm$  1.57 m/s in hypertensive-ADPKD cases vs 8.13  $\pm$  1.36 m/s in controls. A significant association between hypertension and increased LVMI in patients with ADPKD was observed. Increased cIMT and increased PWV were also associated with hypertensive ADPKD patients. Additional randomized controlled studies are essential to establish a more profound causal relationship.

**Category:** Clinical Research

# ABSTRACT and POSTER RESEARCH

## Validation of the STARZ neonatal acute kidney injury risk stratification score

Nikhil Nair, Divya Sharma, Prajit Khooblall, and Rupesh Raina

**Background:** Neonatal Acute Kidney Injury (AKI) is common in neonatal intensive care units (NICU) and leads to worse outcomes. Stratifying neonates into an “at risk” category allows health care providers to objectively recognize opportunities for improvements in quality of care.

**Methods:** The “Neonatal AKI Risk Prediction Scoring” was devised as the “STARZ [Sethi, Tibrewal, Agrawal, Raina, waZir]” Score. The STARZ score was derived from our prior multicentre study analyzing risk factors for AKI in neonates admitted to the NICU. This tool includes 10 variables with a total score ranging from 0 to 100 and a cut-off score of 31.5. In the present study, the scoring model has been validated in our multicentre cohort of 744 neonates.

**Results:** In the validation cohort, this scoring model had a sensitivity 82.1%, specificity 91.7%, positive predictive value 81.2%, negative predictive value 92.2% and accuracy 88.8%. Based on the STARZ cut-off score of  $\geq 31.5$ , an area under the receiver operating characteristic (ROC) curve was observed to be 0.932 (95% CI: 0.910 - 0.954) [ $p < 0.001$ ] indicating high discriminative power. In the validation cohort, the probability of AKI was  $< 20\%$  up to a score 32, 20- 40% for scores 33-36, 40% – 60% for scores 36-43, 60 – 80% for scores 44-49, and  $\geq 80\%$  for a score of  $\geq 50$ .

**Conclusions:** Early recognition of AKI and rapid initiation of evidence-based interventions are crucial to promoting survival of at-risk neonates. The STARZ neonatal score serves to determine the risk of AKI rapidly and quantitatively in admitted neonates.

**Category:** Clinical Research

## Fabry Disease: Management in Carriers for enzyme alpha-Galactosidase A (a-GAL A)

Nithin Datla and Rupesh Raina

Fabry disease is an X-linked recessive deficiency of the enzyme alpha-Galactosidase A (a-GAL A), resulting in the accumulation of globotriaosylceramide (Gb3) within lysosomes in a variety of cells. It is the second most common lysosomal storage disease, with a prevalence ranging from 1:17,000 to 1:117,000. Clinical manifestations range from asymptomatic to very severe cardiac manifestations and end stage renal disease. Given the rarity and nonspecific manifestations of the disease, diagnosis may be missed. We report a case of Fabry disease in a young female who was asymptomatic initially and slowly started showing renal manifestations of the disease.

**Category:** Clinical Research

## Acute Kidney Injury in Pediatric Patients: Analysis of the Pediatric Health Information System (PHIS) Database

Aadi Pandya and Rupesh Raina

**Background:** AKI is a common complication among hospitalized patients with rising incidence, mortality, and medical costs. AKI is associated with longer intensive care unit (ICU) stays, prolonged hospitalization and an increased risk of early rehospitalization among hospitalized patients. A retrospective study was performed to assess pediatric AKI and non-AKI patients across the United States and identify the epidemiology, such as prevalence and mortality, and the risk factors associated with AKI in pediatric patients.

**Methodology:** A total of 6,797 AKI cases across 49 hospital cities were reported. We went through the PHIS database and collected data based on nine variables which we then analyzed with multivariate analysis.

**Results:** For PHIS overall, the cost based CMI was 1.08 indicating that cost of AKI hospitalization was 8% higher relative to cost of a typical hospitalization at 49 hospital cities. Also, for PHIS overall, the mortality rate for AKI was 0.44%, average length of stay per AKI case was 6.2 days and adjusted charges per AKI case was \$72,460.

**Conclusion:** The results of our statistical analysis show that the cost of AKI hospitalization relative to the cost of a ‘typical’ hospitalization at a Children Hospital is 8% higher, therefore we should analyze the cost breakdown for individuals with AKI to find out the reason for this disparity. The proportion of AKI cases dying out of all AKI cases is 0.44% and further investigation might determine if there’s a common underlying factor in these cases.

**Category:** Clinical Research

## Chronic Metabolic Acidosis and its Adverse Effects in CKD

Snehil Chilkamari, Rupesh Raina, and Prakash Dasari

CKD, also known as Chronic Kidney Disease, is a condition characterized by patients with worsening kidney function (tracked using eGFR) throughout their life. Metabolic acidosis in the setting of Chronic Kidney Disease (CKD) is the build-up of acid in the blood due to impaired excretion of bicarbonate by the kidney. Metabolic acidosis is defined as a serum bicarbonate ( $\text{HCO}_3^-$ ) of  $< 22$  mEq/L. The prevalence of metabolic acidosis increases in later stages of CKD as kidney function declines and is seen in over 30% of stage 4 and 5 CKD patients. Metabolic acidosis has been shown to have harmful systemic effects throughout the body, including bone degradation, muscle wasting, lower insulin sensitivity, progression of CKD, cardiac abnormalities, impaired thyroid function, and hyperkalemia. Treatment of severe acidosis is typically administered to prevent further progression of CKD and other harmful effects on the body. However, studies have shown that mild metabolic acidosis remains undertreated in patients with CKD. By assessing the current clinical data on metabolic acidosis in this literature review, we hope to establish a comprehensive review of the various interventional trials of alkali therapy in CKD and their associations with clinical outcomes like mortality.

**Category:** Clinical Research



## Pediatric Atypical Hemolytic Uremic Syndrome Advances

Kashin Mathur and Rupesh Raina

Atypical hemolytic uremic syndrome (aHUS) is a rare disorder characterized by dysregulation of the alternate pathway. The diagnosis of aHUS is one of exclusion, which complicates its early detection and corresponding intervention to mitigate its unusually high rate of mortality and associated morbidity. Heterozygous mutations in complement regulatory proteins linked to aHUS are not always phenotypically active, which then requires a particular trigger for the disease to manifest. This list of triggers continues to expand as more data is aggregated, particularly centered around COVID-19 and pediatric vaccinations. Novel genetic mutations continue to be identified, in part due to advancements in technology as well as greater access to cohorts of interest, as in diacylglycerol kinase epsilon (DGKE). DGKE mutations associated to aHUS are particularly of interest as these are the first non-complement regulatory proteins associated with the disease, drastically changing the established framework. Additional markers that are less understood but continue to be acknowledged include the unique autoantibodies to complement factor H and complement factor I, which are pathogenic drivers to aHUS. Interventional therapeutics have seen the most advancements as pharmacokinetic and pharmacodynamic properties are modified as needed as well as their biosimilar counterparts or more cutting-edge successors. As data continues to be aggregated in this field, progressive advancements will optimally decrease the mortality and morbidity of this confounding disease.

**Category:** Clinical Research

## Quantitative MRI Assessments of Kidney Disease Progression in Patients with Autosomal Recessive Polycystic Kidney Disease (ARPKD)

Arul Mehta, Elise Keshock, Jacob Perino, Katherine MacRae Dell, and Chris Flask

**Background:** Autosomal Recessive Polycystic Kidney Disease (ARPKD) is an important cause of morbidity and mortality in children with chronic kidney disease (CKD). Non-invasive Magnetic Resonance Imaging (MRI) techniques, including novel MR Fingerprinting (MRF), show promise in addressing this unmet need. We previously identified MRF-based T1 and T2 mapping as potential biomarkers of ARPKD kidney disease in animal models and initial human studies. In the current study, we evaluated the relationship between these MRF-based imaging parameters as well as renal perfusion assessments with clinical assessments of renal function in ARPKD subjects. **Goals:** To compare novel quantitative MRI assessments with established clinical measures of kidney disease progression in subjects with ARPKD.

**Methods:** ARPKD subjects were scanned on a Siemens 3T MRI scanner utilizing novel MRF technology to simultaneously generate kidney T1 and T2 maps in 15 secs/imaging slice with no sedation or injectable contrast agent. These three MRI metrics were compared with conventional clinical assessments of estimated glomerular filtration rate (eGFR) as a measure of kidney function.

**Results:** Seven subjects with ARPKD (2M/5F, age range = 06-22; eGFR range = 52-109 ml/min/1.73m<sup>2</sup>) were scanned. Mean kidney T2 values demonstrated a significant negative correlation with eGFR ( $R^2=0.75$ ,  $p=0.052$ ). Mean kidney T1 (2162 376 msec) also showed a strong negative correlation ( $R=-0.66$ ) and did not yet reach significance ( $p=0.11$ ) either. Mean T1 and T2 values for the right and left kidneys did demonstrate a significant correlation (T1:  $R=0.99$ , T2:  $R=0.86$ ). The eGFR values are not yet significantly correlated with perfusion ( $R=0.33$ ,  $p=0.24$ ).

**Conclusion:** This is the first study to establish a relationship between MRI-derived imaging biomarkers (T1, T2, perfusion) and kidney function (eGFR) in ARPKD subjects. These important findings suggest that MRF-based T1 and T2 mapping may provide a safe, non-invasive, quantitative, and reproducible measure of kidney disease severity to support future clinical trials

**Category:** Clinical Research

## The Use of the Renal Angina Index in Predicting Acute Kidney Injury

Rupesh Raina, Sidharth Sethi, Isabelle Mawby, Nikhil Datla, Nikhita Kumar, Nirav Agarwal, Abhishek Tibrewal, and Ronith Chakarborty

**Background/Introduction:** Renal angina index (RAI) used to calculate and accurately predict risk for the development of acute kidney injury (AKI) has been heavily explored. AKI is traditionally diagnosed by an increase in serum creatinine (SCr) concentration or oliguria, both of which are neither specific nor sensitive, especially among children. An RAI score may be calculated by combining objective signs of kidney dysfunction (such as SCr) and patient context, such as AKI risk factors, thus potentially serving as a more accurate indicator for AKI.

**Objective:** Due to RAI's propitious and novel nature, this editorial commentary aims to analyze the current literature on RAI and determine how well RAI serves as a predictor of AKI outcomes.

**Method:** A comprehensive literature search was conducted in PubMed/Medline and Google Scholar between January 2012 till July 2020. Literature included the prognostic aspect of early prediction of AKI in the pediatric and adult population via RAI.

**Results:** The initial literature search included 149 studies, and a total of 10 studies reporting the outcomes of interest were included. The overall sample size across these studies was 11,026. The predictive ability of RAI had a pooled (95% CI) sensitivity of 79.21%, specificity of 73.22%, and negative predictive value of 94.83%.

**Conclusion:** RAI shows benefit in the prediction of AKI among adult and pediatric populations. However, there is a lack of sufficient data and further prospective studies are needed in pediatric populations to use RAI as a principal AKI indicator among clinicians.

**Category:** Clinical Research

## Systematic Review on Inborn Errors of Metabolism in RRT for Neonates and Pediatrics

Rohit Jain, Rupesh Raina, and Rohit Jain

**Background and Objectives:** In neonates and pediatrics with hyperammonemia caused by inborn errors of metabolism, studies have shown that continuous renal replacement therapy (RRT) is an effective modality for decreasing the plasma level of ammonia. In this systematic review, we analyze the use of RRT for treating neonates and pediatrics with hyperammonemia caused by an inborn error of metabolism, including prescriptions, prognosis, and outcomes. We also examine developing technologies and instrumentation for RRT in this population.

**Methods:** An exhaustive literature search was conducted for neonatal and pediatric patient population outcomes for treating inborn errors of metabolism with RRT. A total of 28 studies were included with the data on 1,580 subjects reported.

**Results:** A preliminary assessment of the data shows a greater rate of survival for neonates and pediatrics with inborn errors of metabolism treated with RRT at 68% compared to their counterparts at <40%. Urea cycle disorders were the underlying causal factor in 42% of cases with methylmalonic acidemia/aciduria affecting 22%. Various modalities of RRT have shown decreases in levels of ammonia after treatment, but their exact efficacy and corresponding side effects have yet to be determined.

**Conclusion:** Definitive conclusions have yet to be reached, however co interventions and underlying causes of inborn errors of metabolism are postulated to have a variable effect on the use of RRT.

**Category:** Clinical Research

# ABSTRACT and POSTER RESEARCH

## Is pregnancy a risk factor to developing postoperative nausea and vomiting?

Anuradha Kanaparthi, Atousa Deljou, Jalal Soleimani, Juraj Sprung, Darrell R Schroeder, and Toby N. Weingarten

**Background:** Postoperative nausea and vomiting (PONV) is a common and unpleasant complication of general anesthesia. There are well known risk factors that predispose a patient to developing PONV. While studies exist that explore PONV incidence in gravid and non-gravid patients separately, limited studies exist to compare the two cohorts to identify if pregnancy is associated with increased risk for PONV.

**Methods:** This is a retrospective case-control cohort study, with 1:2 matching based on age, year of surgery, and surgical procedure. The electronic medical records were abstracted for demographic information, predisposing risk factors, prophylactic antiemetics, PONV documentation, rescue antiemetics, length of PACU stay and length of hospitalization. Multivariable analysis of risk factors was performed with p-values <0.05 considered statistically significant.

**Results:** 240 gravid women underwent non-obstetric procedures under general anesthesia and were compared with 480 non-gravid women. The number of prophylactic antiemetics were less among gravid (median 1 [1, 2]) than non-gravid (2 [2, 2]) women ( $P < 0.001$ ). Compared to non-gravid women, gravid women were at increased risk of PONV (adjusted odds ratio 1.69 [95%CI 1.07, 2.64],  $P = 0.024$ ) and had longer hospital lengths of stay ( $P < 0.001$ ), despite having shorter surgical duration ( $P = 0.015$ ).

**Conclusions:** Gravid patients have a greater risk for PONV compared to similarly aged women. In addition, anesthesiologists administer fewer prophylactic antiemetics to gravid patients during surgery.

**Category:** Clinical Research

## Need for Peritoneal Dialysis in Neonatal Acute Kidney Injury: Results from the Prospective TINKER [The Indian Iconic Neonatal Kidney Educational Registry] Study

Prajit Khooblal and Rupesh Raina

Neonatal AKI has a variable incidence between 18-70% across various studies. Besides pre-term birth, further analysis of the data found that birth outside the hospital, hyperbilirubinemia, inborn errors of metabolism (IEM), as well as need for surgery could all contribute to increased risk of AKI. The first-line treatment for AKI includes conservative measures. However, kidney replacement therapy (KRT) may be required when these interventions fail. Peritoneal dialysis has been most used for neonatal patients due to their clinical benefits, less proinflammatory effects, no need of vascular access, a cost-effective model allowing for its use in low resource environments, as well as being easier to use from a technical standpoint by hospital staff. The use of PD in our study was similar to two large studies from Turkey which demonstrated the use of PD as KRT in neonates in 1.1% and 1.05% respectively. Neonates with AKI with PD vs neonates without PD were found to have significantly lower Apgar scores, lesser urine output, and lower serum pH. Amongst those who had AKI and did not receive dialysis support may also have been limited to appropriately sized machines, and universal adoption of these modalities may contribute to reducing morbidity and mortality in this population.

**Category:** Clinical Research

## Obesity and CKD in Adolescence

Riti Kalra, Nikhil Nair, Gurinder Kumar, and Rupesh Raina

In the United States, obesity has reached epidemic proportions and remains a relevant health problem. As of 2018, nearly 20% (19.3 million) children and adolescents are either overweight or obese. The rate of those overweight and obese has risen significantly from 4% in 1975 to nearly 18% in 2016. Obesity, especially in children and adolescents, is linked to higher rates of diabetes, high blood pressure, high blood cholesterol, coronary heart disease and mortality. Additionally, recent estimates implicate obesity as being the cause of between 24 and 33% of all renal disease. Obesity has been linked to the increasing incidence of chronic kidney disease [CKD] (CKD) as well as an increase in the risk of mortality for children with end stage renal disease (ESRD). In adolescents, the primary causes of CKD include diabetes, high blood pressure, glomerulonephritis, interstitial nephritis, polycystic kidney disease, UTI (urinary tract infection), structural complications of the kidney, and nephrotic syndrome. Obesity is a unique risk factor to CKD development in various ways but the correlation has not been fully elucidated. Glomerular filtration rate (GFR) is the best measurement tool to determine the functionality of the kidney and two tests may be used to determine the presence or absence of CKD: blood pressure and urine albumin and serum creatine.

**Category:** Clinical Research

## Sustained low efficiency dialysis (SLED): an alternative to other kidney replacement therapy in PICU

Ahmad Houry and Rupesh Raina

Many types of renal replacement therapy exist like intermittent hemodialysis, peritoneal dialysis, continuous renal replacement therapy and sustained low efficiency dialysis. Numerous studies showed the importance of those KRT in the setting of Acute Kidney injury. It was also shown that Acute kidney injury can be an unfortunate consequence of prolonged stay in pediatric intensive care unit. In this paper, the different type of dialysis in PICU will be presented first, then the focus will shift to SLED and its use in PICU. The literature presents many data about the different type of KRT and its importance in ICU as well as PICU in treating AKI, however not a lot of article talk about SLED specifically in the setting of AKI in critically ill children. The different article collected proved that SLED is crucial, flexible and hemodynamically stable when used in PICU. It was determined that SLED could be a great alternative and cost effective when compared to other type of KRT used in the setting of AKI in critically ill children.

**Category:** Clinical Research

## Pediatric Hypertension and Cardiovascular Outcomes

Rupesh Raina, Amrit Khooblall, Raghav Shah, Nina Vijayvargiya, Prajit Khooblall, Bhavya Sharma, Nikhil Datla, Manasa Melachuri, Keval Yerigeri, Tia Narang, and Kirsten Kusumi

Hypertension is one of the most prevalent diseases in the world affecting an estimated 4.11% of pediatrics and adolescents within the United States. The relationship between cardiovascular disease and blood pressure primarily applies to systolic blood pressure, with cardiovascular events manifesting about 5 years earlier in individuals with a higher blood pressure. The innately complex nature of hypertension may be attributed to numerous renal, neural, endocrine, vascular and environmental control systems adversely affecting cardiac and vascular homeostasis. Cardiovascular parameters include left ventricular mass index, left ventricular hypertrophy, carotid intima media thickness, uric acid levels and aortic stiffness. These parameters reflect the associations to hypertension in chronic kidney disease, renovascular hypertension/ fibromuscular disorder and hyperlipidemia. The significance of untreated hypertension is emphasized by the severity of cardiovascular disease, target organ damage and renal risk factors. Thus, early diagnosis and treatment of high blood pressure is paramount for improving cardiovascular health and preventing long term morbidity and mortality.

**Category:** Clinical Research

## Assessment of South Asian Pediatric Acute Kidney Injury Epidemiology and Risk Factors (ASPIRE): Design of a Prospective study on 'Severe Pediatric AKI'

Divya Sharma and Rupesh Raina

**Background:** Acute kidney injury (AKI) is a significant health issue in the pediatric population. It can lead to significantly deleterious sequelae and can often be prevented. Recent advances in the field of nephrology have shown that pediatric AKI can affect a plethora of systems and leads to higher mortality rates in those affected. One issue central to AKI in the pediatric population is that of resource inequality. Furthermore, the epidemiology of pediatric AKI is not well defined, limiting how well we can treat and prevent it. We propose a prospective study (ASPIRE) involving collaborative research from South Asian countries to further investigate the epidemiology, outcomes, and associated risk factors of severe AKI in South Asian children.

**Methods:** This prospective observational study will be conducted through registered pediatric nephrologists via multi-center registries in the countries of India, Pakistan, Bangladesh, and Myanmar. This study will include eight databases and 30 unique variables, which will be statistically analyzed following completion of data collection.

**Discussion:** The Assessment of South Asian Pediatric Acute Kidney Injury Epidemiology and Risk Factors (ASPIRE) study hopes to gather data to allow for the development of possible preventive strategies for severe pediatric AKI and its related sequelae. The data will not only help us better treat this population and those at risk, but also learn how to better address diseases with health inequality in mind.

**Category:** Clinical Research

## Acute Kidney Injury in COVID-19 Pediatric Patients in North America: Analysis of the Virtual Pediatric Systems Data: An Update

Isabelle Mawby, Rupesh Raina, Ronith Chakraborty, Sidharth Kumar Sethi, Kashin Mathur, Shefali Mahesh, and Michael Forbes

**Background:** Despite extensive research into acute kidney injury (AKI) in adults, research into the epidemiology, associated risk factors, treatment, and mortality of AKI in pediatric COVID-19 patients is understudied. Advancing understanding of this disease is crucial to further developing treatment and preventative care strategies to reduce morbidity and mortality. \

**Methods:** This is a retrospective analysis of 2,546 COVID-19 pediatric patients (age  $\leq 21$  years) who were admitted the ICU in North America. Analysis of the Virtual Pediatric Systems (VPS) COVID-19 database was conducted between January 1, 2020, and June 30, 2021.

**Results:** Out of a total of 2,546 COVID positive pediatric patients, 10.8% (n=274) were diagnosed with AKI. Significantly higher continuous and categorical outcomes in the AKI subset compared to the non-AKI cohort included: length of stay at the hospital (LOS) [9.04 (5.11 - 16.66) vs. 5.09 (2.58 - 9.94) days], PIM 2 probability of death [1.20 (0.86 - 3.83) vs. 0.96 (0.79 - 1.72)], PIM 3 probability of death [0.98 (0.72 - 2.93) vs. 0.78 (0.69 - 1.26)], mortality [crude OR (95% CI): 5.01 (2.89 - 8.70)], airway and respiratory support [1.63 (1.27 - 2.10) ], cardio-respiratory support [3.57 (1.55 - 8.23)], kidney support [12.52 (5.30 - 29.58)], and vascular access [4.84 (3.70 - 6.32)].

**Conclusions:** This is the first large scale study to analyze AKI among pediatric COVID-19 patients admitted to the ICU in North America. Although the course of the COVID-19 virus appears more mild in the pediatric population, renal complications may result, increasing the risk of long-term complication and mortality.

**Category:** Clinical Research

## Re-evaluating Renal Angina Index: An Authentic, Evidence-Based Instrument for AKI Assessment

Nikhil Datla, Rupesh Raina, Nirav Agrawal, Isabelle Mawby, Nikhita Kumar, Abhishek Tibrewal, Sidharth Kumar Sethi, and Ronith Chakraborty

**Background/Introduction:** Renal angina index (RAI) used to calculate and accurately predict risk for the development of acute kidney injury (AKI) has been heavily explored. AKI is traditionally diagnosed by an increase in serum creatinine (SCr) concentration or oliguria, both of which are neither specific nor sensitive, especially among children. An RAI score may be calculated by combining objective signs of kidney dysfunction (such as SCr) and patient context, such as AKI risk factors, thus potentially serving as a more accurate indicator for AKI.

**Objective:** Due to the propitious and novel nature of RAI, this editorial commentary aims to analyze the current literature on RAI and determine how well RAI serves as a predictor of AKI outcomes. **Method:** A comprehensive literature search was conducted in PubMed/Medline and Google Scholar between January 2012 and July 2020. Literature included the prognostic aspect of early prediction of AKI in the pediatric and adult population via RAI.

**Results:** The initial literature search included 149 studies, and a total of 10 studies reporting the outcomes of interest were included. The overall sample size across these studies was 11,026. The predictive ability of RAI had a pooled (95% CI) sensitivity of 79.21%, specificity of 73.22%, and negative predictive value of 94.83%.

**Conclusion:** RAI shows benefit in the prediction of AKI among adult and pediatric populations. However, there is a lack of sufficient data, and further prospective studies are needed in pediatric populations to use RAI as a principal AKI indicator among clinicians.

**Category:** Clinical Research



## A Trial of Therapeutic Plasma Exchange in Intramuscular Ricin Poisoning

Bhavya Sharma, Jay Patel, Timothy Shaub, Joseph Myers, and Rupesh Raina

Ricin poisoning is an exceedingly rare clinical scenario encountered in the field of toxicology. Potential routes of exposure consist of injection, inhalation, or ingestion. The ricin toxin's mechanism of action involves inhibition of protein synthesis, and the corresponding clinical findings can include nausea, vomiting, shortness of breath, pulmonary edema, cutaneous and visceral necrosis, multi-organ failure, and sepsis. Renal failure is often encountered, and the appropriate management is not currently established in the literature. We report a fatal case of intramuscular ricin injection leading to renal failure in a 37-year-old male. To our knowledge, there has been only one prior confirmed lethal case of intramuscular poisoning. Our case is also the first to evaluate the efficacy of plasma exchange (PLEX) in adult ricin poisoning. Although treatment remains supportive, we believe our case provides valuable insight and highlights the need for further investigation.

**Category:** Clinical Research

## An Interesting Case of Macrophage Activation Syndrome

Sathya Areti and Husna Siddiqui

Macrophage activation syndrome (MAS) is a form of hemophagocytic lymphohistiocytosis, a condition defined by overactive immune response causing tissue destruction and excessive inflammation. It has been seen in rheumatologic conditions, mainly juvenile-idiopathic-arthritis and lupus. We present a 40-year-old obese female with lupus, gastric bypass, and NAFLD initially admitted for alcoholic hepatitis complicated by hepatorenal syndrome due to abdominal pain, nausea, vomiting, and confusion given recent history of alcoholic use. Lab work significant for leukocytosis, anemia, thrombocytopenia, elevated Cr, with mildly elevated AST and liver steatosis on abdominal CT. Differential diagnosis was SLE vs HRS as IR did not feel a renal or liver biopsy was safe due to body habitus. Subsequently, patient transferred to the medical-ICU for shock requiring intubation. Infectious workup unremarkable, hence cause of decompensation thought to be lupus causing macrophage activation syndrome with anemia, thrombocytopenia, liver function abnormalities, and worsening multi-organ failure. She completed pulse-dose IV Solumedrol, after which her clinical status improved, with eventual transition to oral prednisone. She was extubated and returned to floor level of care. Unfortunately, she decompensated as a result of hemorrhage due to peripancreatic drain placement for acute necrotizing pancreatitis, with multiple organ failure that continued to worsen. Patient made comfort care and terminally extubated. MAS can present quickly with multiple organ failure. In patients with rheumatological conditions, rapid identification is vital for appropriate treatment. In severe cases, patients may require cyclophosphamide and/or rituximab if there is lack of initial response to treatment or worsening disease.

**Category:** Clinical Research

## Daptomycin Induced Acute Eosinophilic Pneumonia

Austin Makadia, Basel Altaqi, Abdul Rahman Al-Armashi, Massiel Cruz-Peralta, Eleonora Demyda, Kanchi Patell, Keyvan Ravakhah, Francisco Somoza-Cano, and Lara Zakarna

Daptomycin is an antibiotic with activity against gram-positive bacteria. The most common adverse effects include bleeding, blistering, burning, coldness, skin discoloration, and hives. Acute eosinophilic pneumonia (AEP) is a rare potential side effect. A 79-year-old male with a past medical history of chronic left knee prosthesis infection and chronic kidney disease presented to the hospital after two days of subjective fever and weakness. He denied associated symptoms or previous pulmonary diseases. He recently underwent multiple left knee revisions and received several antibiotics regimens but developed severe allergic reactions to them. Eleven days prior to presentation, he was started on ertapenem and daptomycin. Physical exam showed stable vitals, bilateral wheezing, reassuring Hickman catheter, and a draining tract with serosanguinous fluid on his left knee. Laboratory work demonstrated moderate anemia, normal white blood cells with bandemia, and elevated inflammatory markers. Chest X-ray illustrated new diffuse interstitial opacities. On day two, the patient had worsened shortness of breath with desaturation, tachycardia, persistent fever, and a new reticulo-papular rash on exam. Repeat labs indicated new eosinophilia. A chest computed tomography scan showed peripherally diffuse reticulonodular and ground-glass opacities with nodularities. Daptomycin induced AEP was suspected and daptomycin was discontinued. Using the Naranjo scale for medication adverse effects, our patient scored 6 points, making the diagnosis probable. Methylprednisolone with breathing treatments were given with substantial improvement. Repeat imaging one month later showed resolution. Our case illustrates that AEP remains an underknown adverse reaction of daptomycin and early recognition can prevent serious complications.

**Category:** Clinical Research

## Systematic Review of Atypical Hemolytic Uremic Syndrome Biomarkers

Amrit Khooblal and Rupesh Raina

**Background and objectives:** Observing biomarkers that affect alternative pathway dysregulation components may be effective in obtaining a new and more rapid diagnostic portrayal of atypical hemolytic uremic syndrome. We have conducted a systematic review on the aHUS biomarkers: C3, C5a, C5b-9, factor B, complement factor B, H, and I, CH50, AH50, D-Dimer, as well as anti-CFH antibodies.

**Methods:** An exhaustive literature search was conducted for aHUS patient population's plasma/serum, collected/reported at the onset of diagnosis. A total of 59 studies were included with the data on 855 aHUS subjects, with at least one biomarker reported.

**Results:** The biomarkers C3 [mean (SD): 73.8 (33.5), median (IQR): 70 vs. reference range: 75 - 175 mg/dL, n=774]; CH50 [28.3 (32.1), 24.3 vs. 30-75 U/ml, n=63]; AH50 [27.6% (30.2%), 10% vs. ≥46%, n=23]; and CFB [13.5 (6.8), 12.0, vs. 15.2-42.3 mg/dL, n=40] were all decreased. The biomarkers C4 [21.0 (9.7), 21 vs. reference range: 14 - 40 mg/dL, n=366]; C4d [4.2 (3.9), 3.1 vs. ≤9.8 ug/ml, n=108]; CFH [38.9 (83.8), 35.7 vs. 23.6 - 43.1 mg/dL, n=180]; and CFI [96.8% (24.7%), 93.5% vs. 70 - 130%, n=12] were all within the reference range. The biomarkers C5a [62.1 (31.1), 51.3 vs. reference range: 10.6-26.3 mg/dL, n=117]; C5b-9 [426.6 (373.3), 297 vs. ≤250 ng/ml, n=200 subjects]; Bb [2.5 (2.1), 1.9 vs. ≤1.6 ug/ml, n=83] and D-Dimer [368.3 (131.5), 349.6 vs. <2.2 ng/ml, n=5] were all increased.

**Conclusion:** If a comprehensive complement profile were built using our data, aHUS would be identified by low levels of C3, CH50, AH50, and CFB along with increased levels of C5a, C5b-9, Bb, anti-CFH autoantibodies, and D-Dimer.

**Category:** Clinical Research

## PCRRT Expert Committee Iconic Practice Points on Prescribing Kidney Replacement Therapy in Critically Sick Children with Acute Liver Failure

Nina Vijayvargiya, Rupesh Raina, and Nina Vijayvargiya

Management of acute liver failure (ALF) and acute on chronic liver failure (ACLF) in the pediatric population can be challenging. The rapid destruction of hepatocytes and consequent necrosis leading to liver failure may also affect extra-hepatic organs. Particularly, kidney manifestations of liver failure, such as hepatorenal syndrome (HRS) and acute kidney injury (AKI), are increasingly prevalent and may portend a poor prognosis. The overall incidence of AKI in children with ALF has not been well established, partially due to the difficulty of precisely estimating kidney function in these patients. However, in adults with liver failure, AKI incidence has been reported as a range of 40-85%, depending on etiology. The true incidence of AKI in adult and pediatric patients may still be underestimated owing to decreased creatinine production in patients with advanced liver dysfunction and those with critical conditions including shock and cardiovascular compromise with poor kidney perfusion. The total incidence of HRS in hospitalized adults with cirrhosis and ascites is 10%. A probability for diagnosis of HRS is 18% and 39% at 1 and 5 years in patients with ascites and cirrhosis, respectively. Current treatment for kidney dysfunction secondary to liver failure include conservative management (N-acetyl cysteine infusion), intravenous fluids, and kidney replacement therapy (KRT). Despite the paucity of evidence-based recommendations concerning the application of KRT in children with kidney dysfunction in the setting of ALF, expert clinical opinions have been aggregated regarding the optimal modalities and timing of KRT, optimal vascular access points, dialysis/replacement solutions, blood and dialysate flow rates and dialysis dose, and anticoagulation methods.

**Category:** Clinical Research

## The Effectiveness of Apigenin as a Potential Histone Deacetylase Inhibitor

Ira Mehta, Eswar Shankar, Albert Lee, Prem Prakash Kushwaha, and Sanjay Gupta

**Introduction/Background:** Chemoprevention is a modality that uses natural dietary agents or chemical compounds to intervene in early stages of cancer. Apigenin exhibits anticancer properties through altering the activity of several enzymes and proteins relevant to cancer. Maspin, a protein encoded by a class II tumor suppressor gene, exerts an inhibitory effect on class I histone deacetylases (HDACs). Class I HDAC levels are increased in prostate cancer, and their aberrant expression correlates with decreased tumor suppressor activity, drug resistance, and poor prognosis. Apigenin inhibits class I HDAC activity and whether this decrease has an effect on maspin levels has not been elucidated.

**Goals:** The goal of this study was to test the effectiveness of apigenin on increasing maspin expression in prostate cancer cells.

**Methods:** LNCaP and DU145 cells, which possess high class I HDAC activity and low maspin expression, were treated with 5-20  $\mu$ M apigenin and 25 nM trichostatin A, for 24 h. The cells were subjected to migration assay and lysates were prepared for Western blotting. HDAC enzyme activity was determined by a commercial ELISA assay kit.

**Results:** Apigenin caused the inhibition of cell migration in LNCaP and DU145 cells. Treatment of cells with apigenin (5–20  $\mu$ M) resulted in dose- and time-dependent inhibition of class I HDACs activity (HDAC 1, 2, 3 and 8) but not the expression levels. Exposure of LNCaP and DU145 cells with 5-20  $\mu$ M of apigenin resulted in dose-dependent increase in maspin expression and p53 activation through acetylation at the Lys305 residue. Discontinuation of treatment with apigenin resulted in the loss of maspin, p53 acetylation and migration of these cells.

**Conclusions.** Our findings provide insight into the mechanisms whereby apigenin alters p53-mediated maspin regulation by inhibiting class I HDACs. These studies further demonstrate the potential beneficial effects of apigenin in the management of prostate cancer.

**Category:** Clinical Research

## Racial Disparity in Prostate Cancer: Biomarkers for Prognosis and Therapy

Ibrahim M. Atawia, Daniel L. Shen, Gregory T. MacLennan, and Sanjay Gupta

**Background:** African American (AA) men have higher incidence and mortality from prostate cancer compared to Caucasian-American (CA) men. Despite these recognitions, precise causes underlying such prevalent racial disparities remain poorly understood. The stromal microenvironment has emerged as a key player in the development and progression of cancer regulating the inflammatory signaling pathways. In our recently published study (Clin. Cancer Res. 26:1915-1923, 2020) we have demonstrated the role of stroma in driving aggressiveness in AA prostate cancer patients' prognostic of tumor recurrence. Here we investigate an association between CXCR4 expression and prognosis related to racial disparity and prostate cancer.

**Methods.** Fresh frozen and paraffin-embedded sections were obtained post-surgery and expression of CXCR4 and its associated molecules were determined in both AA and CA specimens. Western blotting was performed for CXCR4, IL-6 and MMP9 and CK18 as epithelial loading control in prostate cancer AA men and matched Gleason score from CA men of Gleason score 6-8.

**Results:** A marked increase in the expression of CXCR4, IL6 and MMP9 were noted in AA-prostate cancer specimens compared to CA tumors. We also evaluated the pathological grade, metastasis, and patient prognosis. CXCR4 staining was moderate to strong in the prostate cancer from AA men compared to CA men with moderate to weak expression which positively associated with tumor progression. These observations are consistent with the evidence that the tumor-adjacent stroma heavily influences prostate cancer aggressiveness in AA patients which is different from the CA men. **Conclusions.** CXCR4 expression appears to be distinctly different in prostate cancers from AA and CA men. We suggest CXCR4 as a useful prognostic marker and therapeutic target for racial disparities of prostate cancer.

**Grant Support.** Department of Defense grant W81XWH-18-1-0618 and W81XWH-19-1-0720 to SG.

**Category:** Clinical Research

## Big Data Analytics to Characterize Tremor Prevalence and Regularity in Neck Dystonia

Krishna Nikhil Mukunda, Sinem Balta Beylergil, Mohamed ElKasabi, Hyder A. Jinnah, and Aasef G. Shaikh

**Background:** The neck dystonia, also known as torticollis or wryneck, affects about one million people; half of them also have tremor. Accurate labeling of tremor as regular or irregular is a major clinical challenge leading to therapeutic failures, years of poor quality of life, and waste of billions of dollars in revenue.

**Methods:** We analyzed so far, the largest cohort of neck dystonia patients (n=4239) collected from 52 movement disorder centers spanned across the Americas, Europe, and Asia. The Big Data Analytics evaluated predicting features associated with the presence of tremor and their regular versus irregular forms.

**Results:** Out of 4239 neck dystonia patients 1022 had irregular, 345 had regular, and 442 was mixed tremor. Wald tests determined that more severe forms of neck dystonia, longer disease duration, and patient's age, in descending order, predicted the presence of neck tremor. The probability of tremor was reduced if the dystonia affected other body parts in addition to the neck. The first feature selection analysis indicated that severity of dystonia affecting the other body parts and the disease duration were most robust indicators for irregular tremor types. Increasing severity of dystonia affecting other body parts was associated with lower likelihood of neck tremor while increased age predicted higher likelihood.

**Conclusion:** Using a Big Data Analytics in a large patient cohort, we identified the most relevant clinical traits that can predict concurrent tremor prevalence and irregularity in dystonia facilitating accurate diagnosis and ideal care path.

**Category:** Clinical Research

## Novel Treatment of Oculopalatal Tremor Plus Dystonia with Globus Pallidus Deep Brain Stimulation

Alexander Wong and Asef G. Shaikh

**Background:** Oculopalatal tremor (OPT) is caused by lesions involving the Guillian-Mollaret triangle. Patients with lesioned OPT may develop concurrent dystonia due to abnormal cerebellar outflow, a syndrome termed oculopalatal tremor plus dystonia (OPTD). We report two novel treatment of dystonia in OPTD patients with globus pallidus (GPi) deep brain stimulation (DBS).

**Methods:** Case 1: A 61-year-old man presented with dizziness and was found to have multifocal cerebral infarcts. He subsequently developed oscillopsia, and his exam revealed OPT and a moderate degree of truncal dystonia, laryngeal dysphonia, left arm dystonia, and laterocollis. MR revealed right olivary hypertrophy. Case 2: A 56-year-old woman with a history of bilateral cerebellar infarcts later developed dystonic movements of the face, upper trunk, and left arm and OPT. The MRI showed bilateral olivary hypertrophy.

**Results:** Both patients were treated with bilateral GPi DBS. The first patient had significantly improved dystonia, especially with regard to his truncal posturing and quality of gait. His Global Dystonia Severity Rating Scale (GDS) improved from 16 pre-operatively to 10 post-operatively. DBS marked improved dystonia in the second patient, especially with regards to overflow movements of her face and trunk. Her GDS improved from 25 pre-operatively to 8 post-operatively.

**Conclusions:** Two patients with OPTD who underwent GPi DBS had success in treating their dystonia. We postulate that the GPi stimulation may reduce this hyperactive cerebellar output by indirect modulation of the dentate-thalamo-cortical pathway.

**Category:** Clinical Research

## COVID-19, Necrotizing Pancreatitis, and Abdominal Compartment Syndrome: A Perfect Cytokine Storm?

Abdul Rahman Al Armashi, Francisco J. Somoza-Cano, Kanchi Patell, Lara Zakarna, Faris Hammad, Danial Nasif, Keyvan Ravakhah

Coronavirus disease 2019 (COVID-19) induces a dysregulated immune response, leading to a drastic elevation of proinflammatory cytokines. This cytokine storm has the potential to aggravate any prior ongoing inflammation. Moreover, acute pancreatitis can cause local necrosis, thereby causing extensive abdominal inflammation. This condition increases the risk of abdominal compartment syndrome (ACS) and its deleterious consequences. We report the case of a 37-year-old male with a past medical history of chronic pancreatitis and alcohol use disorder who presented to the emergency department complaining of abdominal pain. Physical examination revealed a tender abdomen. Initial workup showed elevated amylase and lipase, a positive COVID-19 polymerase chain reaction (PCR) test, and elevated inflammatory markers. The patient denied any respiratory symptoms. Initial abdominal CT scan revealed mild pancreatic inflammation. The patient was admitted to the respiratory ICU and managed with fluid resuscitation and pain control. However, the patient had increasing oxygen requirements, leukocytosis, and worsening kidney function. A trans-bladder measurement of intra-abdominal pressure revealed severe ACS. Broad-spectrum antibiotics were started; however, after 72 hours of treatment, the patient had a cardiopulmonary arrest. He returned to spontaneous circulation after advanced cardiovascular life support (ACLS) protocol and intubation. A repeat CT scan of the abdomen showed necrotizing pancreatitis with a large-volume hemoperitoneum. Urgent pancreatic necrosectomy was performed with drainage of the hemoperitoneum. The patient was transferred to a long-term acute care facility for extended antibiotic therapy where he eventually recovered. This case illustrates the catastrophic consequences of necrotizing pancreatitis complicated by sepsis and ACS in a COVID-19-positive patient.

**Category-** Clinical Research

## Zonisamide-Induced Hallucinations: An Anticonvulsant's Psychosis

Abdul Rahman Al Armashi, Patil Balozian, Kanchi Patell, Francisco J. Somoza-Cano, Dina Haroun, Danial Nasif, Lara Zakarna, Keyvan Ravakhah

Zonisamide is a new-generation anticonvulsant that works by altering the sodium and T-type calcium channels in the brain. It is currently approved for partial seizures, and trials are ongoing to evaluate the effectiveness against mania and chronic pain in adults. Psychosis is a rare side effect with an incidence of 2%. Our patient, a 52-year-old female with a past medical history of osteoarthritis and chronic pain only relieved by zonisamide, is brought to the emergency department (ED) after a two-day history of altered mental status, agitation and visual hallucinations. One month prior, she had undergone total knee arthroplasty complicated with right knee cellulitis managed by IV (intravenous) long-term antibiotics of vancomycin and ertapenem. Physical examination was remarkable for disorientation to person, place, and time with intact remainder of the neurological exam. Initial laboratory work was unremarkable and a computerized tomography (CT) scan of the brain showed no acute intracranial abnormalities. The patient was treated as ertapenem-induced with altered mental status and the antibiotic was switched to meropenem upon discharge. Two weeks later, the patient presented to the ED with similar non-resolving complaints. As the patient's symptoms didn't improve after ertapenem discontinuation, the decision was made to stop zonisamide and carefully monitor for possible withdrawal symptoms. Progressively, our patient had a timely resolution of symptoms with a full return to baseline within a week. This case demonstrates the potential severity of zonisamide-induced psychosis. Additional studies are warranted to analyze the mechanism explaining its neurological side effect profile.

**Category-** Clinical Research

## A Case of Focal Segmental Glomerulosclerosis With Immune Complexes: Is HIV, Hepatitis B, or Crack the Culprit?

Patil Balozian, Abdul Rahman Al Armashi, Mohammad Haidous, Massiel Cruz-Peralta, Keyvan Ravakhah

Human immunodeficiency virus (HIV)-positive individuals are at an increased risk for kidney diseases, including HIV-associated nephropathy (HIVAN), focal segmental glomerulosclerosis (FSGS), HIV immune complex disease of the kidney (HIVICK), and acute tubular necrosis (ATN). Non-modifiable factors such as age and genetics, as well as modifiable factors such as illicit drug use and compliance, define the progression to renal failure. The patient is a 64-year-old African American male with HIV, treated latent syphilis, chronic kidney disease stage 3a, and cocaine use disorder who presented with shortness of breath, bilateral lower extremities swelling, and fatigue with normal vitals and a physical exam remarkable for bibasilar inspiratory crackles with peripheral edema. Laboratory tests showed creatinine (Cr) of 2.23 mg/dL with a baseline of 1.5 mg/dL, albumin of 1.8, blood natriuretic peptide (BNP) of 667.88, and lipidemia. His urine was remarkable for proteinuria and microalbuminuria in the presence of cocaine.

Immunofixation electrophoresis showed a marked increase in IgG and IgM, free lambda, and free kappa/free lambda ratio with HIV viral load of 39,400 copies/ml, absolute CD4 count of 56, and an acute hepatitis B panel. Renal biopsy confirmed HIVAN with FSGS accompanied by collapsing features, HIVICK, and ATN. The patient was subsequently started on highly active antiretroviral therapy (HAART) with prophylactic antibiotics and close monitoring.

**Category-** Clinical Research



# ABSTRACT and POSTER RESEARCH

## A Case of Severe Dilated Cardiomyopathy and Hyperthyroidism

Mohammad Haidous, Abdul Rahman Al Armashi, Patil Baloizian, Keyvan Ravakhah

Human immunodeficiency virus (HIV)-positive individuals are at an increased risk for kidney diseases, including HIV-associated nephropathy (HIVAN), focal segmental glomerulosclerosis (FSGS), HIV immune complex disease of the kidney (HIVICK), and acute tubular necrosis (ATN). Non-modifiable factors such as age and genetics, as well as modifiable factors such as illicit drug use and compliance, define the progression to renal failure. The patient is a 64-year-old African American male with HIV, treated latent syphilis, chronic kidney disease stage 3a, and cocaine use disorder who presented with shortness of breath, bilateral lower extremities swelling, and fatigue with normal vitals and a physical exam remarkable for bibasilar inspiratory crackles with peripheral edema. Laboratory tests showed creatinine (Cr) of 2.23 mg/dL with a baseline of 1.5 mg/dL, albumin of 1.8, blood natriuretic peptide (BNP) of 667.88, and lipidemia. His urine was remarkable for proteinuria and microalbuminuria in the presence of cocaine.

Immunofixation electrophoresis showed a marked increase in IgG and IgM, free lambda, and free kappa/free lambda ratio with HIV viral load of 39,400 copies/ml, absolute CD4 count of 56, and an acute hepatitis B panel. Renal biopsy confirmed HIVAN with FSGS accompanied by collapsing features, HIVICK, and ATN. The patient was subsequently started on highly active antiretroviral therapy (HAART) with prophylactic antibiotics and close monitoring.

Category- Clinical Research

## A rare case of sudden bilateral sensorineural hearing loss caused by cocaine abuse

Kanchi Patell, Abdul Al Armashi, Francisco Somoza-Cano, Valerie Pena-Polanco, Keyvan Ravakhah

Cocaine abuse is associated with a constellation of severe systemic adverse effects like stroke, myocardial infarction, arterial dissection, and vascular thrombosis. Effects of cocaine abuse and sudden bilateral hearing loss are exceedingly rare. Cocaine-induced sensorineural hearing loss has been rarely reported.

32-year-old male with no past medical history presented with sudden onset bilateral hearing loss. Communication was possible only by writing. He stated that his hearing loss started on the morning of admission, was sudden in onset, and not associated with ear pain, discharge, tinnitus, or dizziness. He snorted cocaine daily for two days before admission. He denied trauma, use of any medications, exposure to loud noise. He was vitally stable. His head was atraumatic. Otoscopic examination of both ears exhibited a normal auditory canal. The tympanic membrane was grayish in color and translucent; cone of light and bony landmarks were visible. Rinne's test revealed that air conduction was better than bone conduction, indicating sensorineural hearing loss. Weber's test was normal. Neurologic examination was unremarkable. Laboratory examination was unremarkable. Syphilis was non-reactive, screening for autoimmune disease was negative. Urine toxicology was positive for cocaine. Computerized tomography scan of the head was normal. He was treated with a one-time 120 mg IV solumedrol. Within three days following admission, the patient reported normalization of hearing.

This case highlights the rare adverse effect of cocaine abuse. Cocaine intoxication should be considered as a differential when a patient presents with sensorineural hearing loss.

Category- Clinical Research

## Rheumatoid Arthritis-associated Interstitial Lung Disease: Is it an overlooked diagnosis in primary care?

Dina Haroun MD, Abdul Rahman Al Armashi MD, Rangit Vallapureddy MD, Kanchi Patell MD, Keyvan Ravakhah MD.

Rheumatoid arthritis (RA) is a systemic autoimmune disease with both intra and extra articular manifestations. The most common pulmonary manifestation of RA is Interstitial lung disease (ILD). ILD's presentation mimics that of other etiologies including respiratory tract infections, heart failure and chronic obstructive pulmonary disease. Hence it can be a challenging diagnosis especially in the primary care setting. A 69-years-old female presented with gradually worsening shortness of breath and productive cough. Physical examination was significant for labored breathing and diffuse crackles on auscultation. Labs showed leukocytosis without bandemia. BNP and D-Dimer were unremarkable, and coronavirus disease 19 (COVID-19) PCR was negative. Chest x-ray showed diffuse interstitial infiltrates. Patient initially managed on community-acquired pneumonia with ceftriaxone and azithromycin. Despite treatment, her condition deteriorated two days into admission, her oxygen saturation dropped and a repeat chest x-ray demonstrated worsening pulmonary infiltrates. High-resolution CT displayed diffuse ground-glass opacities exhibiting a mosaic pattern. Comparison with prior HRCT revealed significant reduction in lung volumes. Previous medical records revealed RA was diagnosed over a decade but left untreated in addition to recurrent dyspnea managed as heart failure or COPD exacerbation with partial relief of symptoms. Eventually, we suspected ILD flare in the setting of RA. Her antibiotics were discontinued and she was started on high dose solumedrol and prednisone, which brought significant symptomatic improvement. This case illustrates the importance of early and prompt identification of interstitial lung disease in patients with RA. A timely diagnosis can delay the progression of fibrosis, scarring, and reduction in lungs volume.

Category- Clinical Research

## Hold Still – A large neck paraganglioma limiting head movement

Saif M. Borgan, Helene Puzio

Seventy nine year old Caucasian farmer, with a history of tobacco and alcohol abuse, presented to the emergency department with an expansive left neck mass. While the mass had been growing for 10 years, he sought medical attention when he could no longer turn his head to the left, which he associated with worsening symptoms. He reported recurrent brief syncopal attacks, intermittent attacks of profuse sweating, headache, palpitations, fluctuating pale and flushed skin. Upon evaluation, he was afebrile, tachycardic and had labile blood pressure readings (high of 340/150 mmHg and a low of 70/40). He was oriented but appeared lethargic and underweight. A solid non-tender neck mass, with an audible bruit, is apparent in left neck level III. A CAT scan of the neck showed a 7.7cm left glomus vagale tumor with partial encasement of the left internal and external carotid artery. He was admitted to ICU with close blood pressure monitoring with intra-arterial line. Due to a high suspicion for catecholamine driven process, he was started on Doxazosin 1 mg every 12 hours which stabilized his blood pressure, heart rate and improved his symptoms. Plasma catecholamines were significantly elevated (10x ULN). MIBG scan showed uptake in the left carotid mass. He was deemed to be at high risk for surgery, given the proximity of the mass to the neuro-vascular bundle. Radiation oncology administered 5 radiation sessions during his admission. The patient's was able to move his head freely and was discharged to outpatient follow up.

Category: Clinical Research

# ABSTRACT and POSTER RESEARCH

## rFSGS

Avisha Pandey

**Introduction:** Focal segmental glomerulosclerosis (FSGS) is a leading cause of steroid-resistant nephrotic syndrome in the adult and pediatric population. Diagnosing the precise incidence of rFSGS and its affect on graft failure requires histological confirmation of the native kidney and identification of disease in the kidney allograft. We performed a literature search to identify data pertaining to the incidence and risk factors of rFSGS. **Methods:** A database search using PubMed/Medline, Embase, and Cochrane was performed for publications on rFSGS in the adult and pediatric populations between January 1974 and October 2019. **Results:** Our systematic showed that the reported incidence of rFSGS in adults was 10% (range: 3.7% to 34.8%) and 37.2% in children (range: 31.7% to 85.7%). rFSGS was higher among children compared to adults (OR: 4.52; 95% CI: 1.82 – 11.28; P = 0.001). rFSGS was higher in Caucasians as compared with non-Caucasians (OR: 1.48; 95% CI: 1.19 - 1.84; P <0.001), specifically African American patients at 19-41% and 10-13% respectively. Risk of rFSGS was similar in both males and females (OR: 1.1; 95% CI: 0.91 - 1.34; P = 0.97). Analysis showed rFSGS among living donors (n=1882) was 22.90% and among deceased donors (n=2491) was 21.85%. Odds were higher among living compared to deceased donors (OR 1.39; 95% CI 1.17 - 1.66; P <0.001). In adult FSGS patients, recurrence confers a 5-yr graft survival rate of 56.11% (95% CI: 50.09 to 62.00%; n=276; P = 0.53) compared to a rate of 82.66% (95% CI: 79.76 to 85.30%; n=749; P = 0.81) without recurrence, higher among those without versus with rFSGS [4.24 (95% CI: 2.77 – 6.48; P <0.001)]. **Conclusions:** The risk of rFSGS was higher among children (6-10) in comparison to adults. The variability in the perceived incidence is attributable to confounding factors such as patients' race and donor graft characteristics.

Category: Clinical Research

## Headache Due to Spontaneous Rupture of Dermoid Cyst in the Postoperative Period

Isaac Alsallamin, Austin Makadia, Ryan Choudhury, Priyanka Vora, Kanchi Patell, Abdul Alarmashi, Alsallamin, Afnan.

We report a case of a ruptured dermoid cyst causing dissemination of lipid droplets within the subarachnoid space. Dermoid cysts represent 0.04-0.6% of all intracranial tumors. This condition has low mortality, but significant morbidity given the various complications. A 62-year-old gentleman with past medical history including lumbosacral herniated nucleolus pulposus with previous L5-S1 discectomy three years prior, presented to the hospital for an L5-S1 revision discectomy with fusion. After discharge, he developed a sudden intense circumferential headache that was 8 out of 10 associated with phonophobia. Lumbosacral spine computer tomography (CT) scan demonstrated a superficial fluid collection. The following day he underwent incision and drainage with negative fluid culture analysis. Brain CT and Magnetic Resonance Imaging (MRI) demonstrated multiple foci within the cerebrospinal fluid with enhancement on diffusion weighted imaging and T2, consistent with lipid accumulation without any identifiable cystic lesions. Patient was diagnosed with rupture of an intracranial dermoid cyst. Conservative management with analgesics, opioids and non-steroidal anti-inflammatory drugs resulted in pain improvement. Dermoid cysts are a subtype of site specific cysts which can be located in various organs including reproductive, skin, or nervous system and can contain a variety of tissues including hair, fat, nails, cartilage, and bone. Rupture of intracranial dermoid cyst is a rare, usually spontaneous complication, which presents with headache, seizure, or mass effect. MRI shows T2 high signal intensity due to high fat content. Treatment is usually conservative management, but could require surgical intervention.

Category: Clinical Research

## Renal Artery Stenosis with Bizarre anastomosis

Ameed Bawab, Isaac, Alsallamin, Austin Makadia, Faris Hammad, Afnan Alsallamin, Kanchi Patell, Abdul Alarmashi, Saraswathi Keetha, Valerie Pena Polanco, Hadeel Abuteer.

Renovascular Disease is one of the most common causes of secondary Hypertension (HTN), (1-10%), and renal artery stenosis (RAS) is the most common cause of the renal causes for secondary HTN. There are two pathologies recognized to cause RAS: atherosclerosis in the elderly (90%) and fibromuscular dysplasia (10%) in young patients who are typically female and 20-40 years old. RAS typically requires multiple antihypertensives to control blood pressure. We are presenting a case of a 23 year old male who had elevated blood pressure during a routine pre-employment examination which was found to be due to RAS. He only presented with the symptom of occasional headache which responded to NSAIDS, but denied blurry vision, lightheadedness, dizziness, palpitations, chest pain or shortness of breath. He was put on 4 antihypertensive medications including 2 classes of diuretics, but constantly elevated blood pressures at follow up appointments. On a physical exam, the only abnormality found was a cardiac apex heave, no abdominal or renal bruits were heard. Lab work was normal. Renal duplex and renal CT angiography illustrated severe Left RAS. Renal artery angiogram was performed which confirmed severe Left RAS with occlusion and tortuous anastomosis. Suggestive findings of RAS including being on several antihypertensives without control of blood pressure, a renal duplex should be performed with confirmation with renal CT angiography or renal catheterization so intervention can be performed at the same time. Typically unilateral RAS can be managed with an antihypertensive regimen. PTA can be considered as an alternative to reduce medication burden and side effects. In our case, the patient failed hypertensive regimen and even with PTA, the patient required antihypertensives after becoming hypotensive after the procedure requiring pressors in the ICU.

Category: Clinical Research

## A case of Neurosyphilis required extended treatment of Penicillin

Faris Hammad, Isaac Alsallamin, Kanchi Patell, Zain Alshanebleh, Greene Shades, Hadeel abuteer.

A 54-year-old previously healthy African American male was hospitalized due to a 2-year history of progressive cognitive decline. One year after symptoms he developed, over a 4-month period, gait disturbance resulting in frequent falls, speech impairment, worsening memory loss, psychosis and inability to perform activities of daily living. A diagnosis of Neurosyphilis was established, intravenous penicillin G 24 million units daily for 14 days was given. Two months later the patient was transferred to the hospital for altered behavior and mental status changes from cognitive baseline. Repeat CSF RPR titer (1:4) was the same as at initial diagnosis, despite appropriate treatment. Brain MRI showed progressive volume loss in both temporal lobes, thalamus and cerebellum consistent with an evolving encephalitis. Treatment with intravenous penicillin G 24 million units was repeated. The patient improved clinically. Discussion The incidence of syphilis is increasing although no resistance to penicillin has been reported. Hence this patient has been diagnosed with neurosyphilis flair unresponsive to usual dose and duration of penicillin, we recommended a repeat CSF examination every 6 months, and to have a lower threshold for CSF examination for possible flair or resistance

Category: Clinical Research

# ABSTRACT and POSTER RESEARCH

## Unusual presentation for Autoimmune encephalitis, with Space occupying lesions

Hadeel Abuteer, Isaac, Alsallamin, Christian, Jacobson; Austin Makadia, Alshanableh, Zain, Afnan Alsallamin

Acute disseminated encephalomyelitis (ADEM) is an acute presentation, The most common imaging finding is the presence of widely scattered foci of perivenular inflammation and demyelination that can involve both white matter and grey matter structures. Presentation varies from abnormal sensation, behavioral changes, weakness, seizure to coma. Imaging although rarely seen can show space occupying lesions, or rapid growing structures. a 17 years old male who initially presented to the hospital with right leg weakness, which by the end of that day progressed to include the entire right side of the body. Computed tomography scan of the brain was performed and demonstrated a hypodense area of the left upper parietal centrum semiovale. A subsequent magnetic resonance imaging scan of the brain showed a large space-occupying lesion at the left parietal area. The patient was maintained on pulse steroids and received seven sessions of plasmapheresis and five doses of intravenous immunoglobulin. Full recovery was achieved after a period of 6 months. The MRI brain at that time showed no evidence of demyelination or subclinical disease. ADEM is considered a diagnosis of exclusion. Early imaging findings in ADEM may also be misinterpreted as mass effect. Patients who fail to respond within a few days may benefit from a course of plasma exchange or intravenous immunoglobulin.

Category: Clinical Research

## A rare case of familial hypophosphatasia treated with asfotase alpha

Alimitha Kodali MD, Leila Khan MD

**Background:** Familial hypophosphatasia is a rare inherited bone disorder characterized by impaired bone mineralization. It is divided into several different subtypes based on age of onset. Asfotase alpha is the first enzymatic replacement therapy approved for treatment of hypophosphatasia. **Case presentation:** Fifty three year old female with a past medical history of seizure disorder, hearing loss, presented to the Endocrinology clinic for evaluation multiple stress fractures. She was noted to have early onset gum disease at age 16, and difficulty walking at age 47 with pain in bilateral thighs and later noted to have bilateral femoral fractures requiring placement of rods in both femurs. On physical exam she was noted to have loss of most of her teeth, decreased hearing in bilateral ears, right more severe than the left, no kyphosis, and scars from prior surgeries in lower extremities. On initial laboratory evaluation, she was noted to have low alkaline phosphatase, mildly elevated phosphorus and severely elevated Vitamin B6 level. Initially she was thought to have osteoporosis and treated with risendronate. Subsequently treated with teriparatide with some improvement in symptoms but no sustained response. She was then treated with Asfotase alpha three times weekly and noticed significant improvement in activities of daily living and quality of life. Her Alkaline phosphatase levels increased significantly and vitamin B6 levels reduced.

**Conclusion-** Hypophosphatasia is a rare disorder. Treatment with enzyme replacement therapy with asfotase alpha showed significant improvement in clinical outcomes.

Category: Clinical Research

## Impact of CFTR modulator therapy on nutritional status, hepatic steatosis, and dyslipidemia in cystic fibrosis patients

Krithika Sundaram, Katherine Kutney, MD

**PURPOSE:** Cystic fibrosis (CF) occurs due to mutated cystic fibrosis transmembrane conductance regulator (CFTR). Symdeko and Orkambi are CFTR modulators that provide modest improvement in CFTR function. Trikafta, a newer modulator, is highly effective at restoring CFTR function. Impact of CFTR modulators on lipid levels is not well characterized and is the aim of this study. **METHODS:** Retrospective chart review was performed on thirty adults with CF and assessed protein density fat fraction (PDFF), BMI, ppFEV1, and serum lipids dependent on modulator status. Eight patients had data available before and after Trikafta. Eight patients had data available for before and after any modulator treatment. A paired Wilcoxon test was used for analysis. **RESULTS:** There are significant increases in median ppFEV1 from 68% to 78% ( $p=0.0156$ ) and in median BMI from 22.7 to 24.7 kg/m<sup>2</sup> ( $p=0.0078$ ) after addition of Trikafta. There are also significant increases in median LDL-C from 73 to 90 ( $p=0.0078$ ) and median HDL-C ( $p=0.0391$ ) from 48 to 52. Comparing no modulator versus any modulator, there is a statistically significant increase in median BMI from 21.8 to 24.7 ( $p=0.031$ ). Median HDL-C increases from 46 to 52, approaching statistical significance ( $p=0.0625$ ). **DISCUSSION:** This study shows addition of Trikafta is associated with elevated levels of HDL-C, LDL-C, and BMI. Limitations include sample size. Further research should investigate mechanisms of higher lipid levels in CF after modulator treatment, and if it increases cardiovascular risk.

Category: Clinical Research

**Introduction:** Visual function deficits are seen in amblyopic patients during fellow and binocular viewing. The purpose of the study was to examine the relationship between Fixation Eye Movement (FEM) abnormalities and binocular spatial contrast sensitivity deficits in amblyopia. **Methods:** We recruited 8 controls and 22 amblyopes (anisometropic=7, strabismic/mixed=15). We measured contrast sensitivity function using a staircase procedure. We computed the area under the log CSF (AULCSF) for each subject. Amblyopes were divided into low contrast group (LCG, AUCSF < controls) or high contrast group (HCG, AUCSF=controls). We recorded FEMs using high-resolution video-oculography and classified subjects as having no nystagmus ( $n=8$ ) or nystagmus ( $n=14$ ). We computed the amplitude and velocity of the fast and slow FEMs. **Results:** Amblyopes had reduced AULCSF at SF 8, 12, and 16 ( $p=0.043, 0.30, 0.022$ ; respectively, repeated-measures ANOVA) than controls. Amblyopes without nystagmus had greater reduction in AULCSF at low (1 cpd) and high (12, 16 cpd) ( $p=0.023, 0.045, 0.016$ ; respectively, repeated measures ANOVA) than those with nystagmus. Amplitude was increased for LCG versus HCG amblyopic eye ( $p=0.018$ , t-test) and fellow eye ( $p=0.024$  t-test). Variance of fellow eye was increased for LCG versus HCG ( $p=0.01145$ , t-test). **Conclusions:** Our data show that contrast sensitivity deficits are more pronounced in patients without nystagmus than those with nystagmus. This may be as majority of patients with nystagmus had mixed/strabismic who are known to have better contrast sensitivity than anisometropic amblyopes. Evaluation of FEM abnormalities can help predict varying contrast sensitivity deficits seen in amblyopia.

Category- Clinical Research



# ABSTRACT and POSTER RESEARCH

## Binocular vision abnormalities in Parkinson's Disease

### Introduction

Visual impairments due to abnormal binocular eye movements are common in patients with Parkinson's Disease (PD)[1-3]. The purpose of our study is to examine the correlation between vergence abnormalities and associated strabismus and severity of Parkinson's disease.

### Methods

We studied 23 subjects (15 PD and 8 age-matched controls). All the subjects had a complete eye exam including strabismus measurements. High-resolution eye-tracker was used to quantify convergence and divergence abnormalities using LED targets placed at distances ranging from 20 cm to 240 cm along the median plane. We computed the vergence gain (left-right eye amplitude/target amplitude), peak velocities and latencies. The neurologic impairment was quantified using the Unified Parkinson's Disease Rating Scale (UPDRS), disease-duration, Activity-specific Balance Confidence (ABC) scale, and fall frequency.

### Results

We found that PD patients had significant impairment of both convergence and divergence compared to controls with reduced vergence gain and peak velocities and prolonged latencies. There was a strong correlation between convergence and divergence gains and clinically measured strabismus angles (R-values, convergence=0.8; divergence=0.6). The divergence gain in PD was  $0.58 \pm 0.14$ , significantly lower than controls ( $0.98 \pm 0.13$ , ANOVA,  $p < 0.05$ ). The convergence gain was  $0.64 \pm 0.29$ , also significantly lower compared to controls ( $1.09 \pm 0.31$ , ANOVA,  $p < 0.05$ ). The reduction in convergence and divergence gains correlated with the UPDRS (R-values, convergence=0.3; divergence=0.6). There was a weak correlation with other parameters such as age, ABC scale, and fall frequency.

### Conclusion

PD patients have both convergence and divergence insufficiency, which can impact the vision-related quality of life. The binocular abnormalities correlate with disease severity and duration of PD.

1. Kang, S.L., A.G. Shaikh, and F.F. Ghasia, *Vergence and Strabismus in Neurodegenerative Disorders*. Frontiers in Neurology, 2018. **9**(299).
2. Savitt, J. and R. Aouchiche, *Management of Visual Dysfunction in Patients with Parkinson's Disease*. J Parkinsons Dis, 2020. **10**(s1): p. S49-S56.
3. Repka, M.X., et al., *Ocular motility in Parkinson's disease*. J Pediatr Ophthalmol Strabismus, 1996. **33**(3): p. 144-7.

Category- Clinical Research

## Genetics of Renal Cystic Diseases

Siddhartha Singh and Rupesh Raina

Research into hereditary renal cystic diseases establishes a connection with the proteomic components of the cellular organelle cilia. Cilia are essential to the signaling cascades and their dysfunction has been tied to a range of renal cystic diseases initiating with studies on the orpk mouse model. In this review, we show recognized renal cystic pathologies that have been tied with associated genetic patterns. The pathologies are further subdivided through the mode of inheritance where inherited causes that result in cystic kidney disease phenotypes include autosomal dominant and autosomal recessive polycystic kidney disease, nephronophthisis (Bardet-Biedl Syndrome and Joubert Syndrome), and autosomal dominant tubulointerstitial kidney disease. Alternatively, ciliopathy associated cystic kidney diseases include tuberous sclerosis, Zellweger syndrome, and Von Hippel-Lindau disease. Furthermore, we discuss the mode of inheritance and clinical recommendations for genetic testing for biological relatives of an affected individual.

Category – Clinical Research



Research Showcase can be viewed  
online at

[https://www.aipno.org/  
research-showcase-2021/](https://www.aipno.org/research-showcase-2021/)

**Congratulations**

**Dr. Rupesh Raina**

**and**

**Dr. Dharmesh Mehta**

From:

Dr. Himanshu Pandya

# ***ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO***

## ***DISTINGUISHED PHYSICIAN OF THE YEAR CRITERIA***

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For distinguished physician award recipient to be recognized at AIPNO's Annual dinner, the nominee:

- Shall be member of AIPNO in good standing.
- He/She shall not be member of Awards and Recognition Committee for that year.
- He/She shall not be directly related to Awards and Recognition Committee for that year.
- Direct relation being spouse, sister, brother, son, daughter, parent.
- If selected He/She shall be available to receive award in person.
- The nominees shall be evaluated by point system by Awards and Recognition Committee.
- The decision of Awards and Recognition Committee will be considered final. All records of evaluation will be filed in AIPNO office.

Following point system will be used to evaluate the nominees. The physician with highest score shall be a recipient of award.

1. **Service to AIPNO** - (30 Points)  
Includes positions held, physician's effectiveness of role in AIPNO.
2. **Academician**  
Academic Achievement  
Highest rank achieved (10 points)  
Publications- Peer reviewed (5 points)  
Not reviewed by peers including books, journals, editorials, articles
3. **Private Practitioner**  
Academic Achievement  
Highest rank achieved (15 points)
4. **Service to other community associations** - (20 points)  
e.g. AAPI, FICA, community organizations. Includes positions held, physician's effectiveness of role in these organizations.
5. **Philanthropy** - (15 points)  
Donation in funds  
Donation of personal time
6. **Medical practice** - (10 points)  
Years in practice  
Quality of practice.
7. **Non-academic achievement** - (10 points)

*rev 10/05*



## ***PAST PRESIDENTS***

1984 – Shashin Shah, MD	2003 – Saroj Pagedar, MD
1985 – K.V.Gopalkrishna, MD	2004 – Shailesh Nanavati, MD
1986 – Arvind Shah, MD	2005 – Saroj Mahalaha, MD
1987 – Vinoo Mankad, MD	2006 – Arun Gupta, MD
1988 – Parshotam Gupta, MD	2007 – Sagarika Nayak, MD
1989 – H.P. Sundaresh, MD	2008 – Sangita Patel Mehta, MD
1990 – Atul Mehta, MD	2009 – Satish Mahna, MD
1991 – Raja Shekar, MD	2010 – Geeta Gupta, MD
1992 – Mohan Durve, MD	2011 – Sandhia Varyani, MD
1993 – Satish Kalhan, MD	2012 – Elumalai Appachi, MD
1994 – Chandra Haria, MD	2013 – Beejadi Mukunda, MD
1995 – Ashok Patil, MD	2014 – Ranjit Tamaskar, MD
1996 – Sudhir Mehta, MD	2015 – Umesh Yalavarthy, MD
1997 – L.C. Rao, MD	2016 – Ravi Krishnan, MD
1998 – Vasu Pandrangi, MD	2017 – Hari Balaji, MD
1999 – Girish Mulgaokar, MD	2018 – Mona Gupta – MD
2000 – Anjali Ambekar, MD	2019 – Harbhajan Parmar, MD
2001 – Ajit C. Shah, MD	2020 – Rupesh Raina, MD
2002 – Sanjay Parikh, MD	

## ***PAST DISTINGUISHED PHYSICIANS OF THE YEAR***

1989	Satish Kalhan, M.D.	2006	Vasu Pandrangi, M.D.
1990	Sharad Deodhar, M.D.	2007	Sanjay Parikh, M.D.
1991	Gita Gidwani, M.D.	2008	Darshan Mahajan, M.D.
1992	Elizabeth K. Balraj, M.D.	2009	Ashok Patil, M.D.
1993	Atul C. Mehta, M.D.	2010	Nandlal Varyani, M.D.
1994	Raja Shekar, M.D.	2011	Arun Gupta, M.D.
1995	Mohan Bafna, M.D.	2012	Girish Mulgaokar, M.D.
1996	Mohan Durve, M.D.	2013	Shaila Sundaresh, M.D.
1997	K.V. Gopalkrishna, M.D.	2014	Sangita Mehta, M.D.
1998	H. Sundaresh, M.D.	2015	Beejadi Mukunda, M.D.
1999	Lilian Gonsalves-Ebrahim, M.D.	2016	Neil Mehta, M.D.
2000	Laxminarayana C. Rao, M.D.	2017	Jaya Shah, MD
2001	Chandravadan Haria, M.D.	2018	Umesh Yalavarthy, MD
2002	Sudhir Ken Mehta, M.D.	2019	Samir Kapadia, M.D.
2003	Arvindkumar Shah, M.D.	2020	Yatish Goyal, MD
2004	Ajit C. Shah, M.D.	2021	Ravi Krishnan
2005	Prasanta K. Raj, M.D.		

## ***PAST MEDICAL STUDENT SCHOLARSHIP RECIPIENTS***

1997	Nand Kamath	2007	Malin Anand
1998	Geetha Mohla	2008	Seehtaram Chadavada
	Ashish Bhatia	2009	Priya Malik
1999	Sarita Shah	2010	Rueben Nair
	Sunita Kuar Saini	2011	Shishir Sharma
2000	Ashok Rajappa Asthagiri	2012	Preethi Mani
	Prashant Tamaskar	2013	Pooja Shah
2001	Sunil M. Patel	2014	Mihir Shah
2002	Sumit Bapna	2015	Amar Shah
	Falguni Patel	2016	Madhulika Eluri
2003	Kris Rajan Jatana	2017	Akshay Sharma
2004	Manish D. Shah	2018	Abhinay Ramachandran
2005	Asghar Ali Fakhri		Shree Agrawal
2006	Saba Mubarka Ali		



## ARTICLES OF INCORPORATION ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO, INC.

The undersigned, a majority of whom are citizens of the United States, desiring to form a corporation not for profit under Ohio Revised Code, Section 1702.01, et. seq., So hereby certify:

### **Article 1 - NAME**

The name of the corporation shall be the Association of Indian Physicians of Northern Ohio, herein referred to as the Corporation.

### **Article 2 - PLACE**

The place in the State of Ohio where the principal office of said corporation shall be located in the County of Cuyahoga.

### **Article 3 - NONPROFIT**

The Corporation is a nonprofit corporation as described in section 1702.01 of the Ohio Revised Code. The Corporation is not organized for the pecuniary profit of its Trustees, Officers or Members. The Corporation shall not declare nor distribute a dividend, and no part of its net earnings shall inure, directly or indirectly, to the benefit of any Trustee, Officer or Members, but the Corporation shall be entitled to make payments authorized under Article 7 Limitation and any balance of money or assets remaining after the full payment of Corporate obligations of all and any kind shall be solely devoted to the educational and benevolent purposes of the Corporation.

### **Article 4 - DURATION**

The duration of the Corporation is perpetual.

### **Article 5 - PURPOSES**

- A. The Corporation is organized for educational and charitable purposes.
- B. To bring together the physicians of Indian origin practicing in Northern Ohio in one organization, and to enhance their knowledge and mutual understanding.
- C. To assist medical students and physicians to obtain medical training in the United States.
- D. To conduct educational programs to acquaint the members with clinical, scientific and other developments in the field of medicine.
- E. To render medical services to indigent people in the community.
- F. To provide a vehicle for members to contribute to medical care and medical education in India.
- G. To provide mutual understanding and cooperation between members of this Corporation and other local and national organizations of mutual interest in the United States and India.

### **Article 6 - POWERS**

Solely for the forgoing purposes, the Corporation shall have the following powers:

- 1) To publicize and promote the purposes of Corporation to all members of the Corporation and to the public;
- 2) To exercise all rights and powers conferred by the laws of the state of Ohio upon nonprofit corporations; and
- 3) To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish such purposes.

**Article 7 • LIMITATION**

No part of the net earnings of Corporation shall inure to the benefit of or be distributed to its Members, Officers, or Trustees, but the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the Purposes as set forth in Article 5, Purposes.

**Article 8 - TAX EXEMPT**

It is intended that the Corporation shall have the status of a corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended, (the Code), and an organization described in Section 501 (c)(3) of the Code. These Articles shall be construed accordingly, and all powers and activities of the Corporation shall be limited accordingly.

**Article 9 - DISSOLUTION**

Upon the dissolution of the Corporation, the Board of Trustees shall, after paying or making provision for the payment of all the liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purpose of the Corporation, in such a manner, or to such organizations organized exclusively for charitable, religious, cultural or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law. Any of such assets not so disposed of shall be disposed of by the court of appropriate jurisdiction of the county of which the principle office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine to be organized and operated exclusively for such purposes.

**Article 10 • MEMBERS**

There shall be three categories of members, voting, associate and honorary.

**Article 11 - QUORUM**

The quorum for any meeting of the Executive Committee or Board of Trustees shall consist of a simple majority.

**Article 12 - OFFICERS**

The Corporation shall have a President, President-Elect, Secretary and Treasurer and Immediate Past President. Each officer shall be elected as set forth in the Code of Regulations.

**Article 13 - EXECUTIVE COMMITTEE**

The Executive Committee shall be composed of the President, President-elect, Secretary, Treasurer, Immediate Past President and ten members at large. Each at large member shall be elected as set forth in the Regulations.

**Article 14 - TRUSTEES**

The number of Trustees may be increased or decreased from time to time in accordance with the regulations, but shall never be less than three. The Trustees shall be elected as set forth in the Regulations.

**Article 15 - NON-STOCK BASIS**

This corporation is formed on a non- stock basis and shall not issue shares of stock.

**Article 16 - AMENDMENTS****SECTION I**

These Articles of Incorporation and the Code of Regulations, or any articles or sections or any part thereof may be amended, repealed or new by-laws adopted by the affirmative vote of two-thirds of those members entitled to vote at a meeting duly called and held for that purpose. The quorum for such a meeting shall be 20% or 40 members, whichever is the larger number of members entitled to vote.

## **SECTION 2**

Any amendment may be proposed by resolution adopted by the Executive Committee or by at least 20 active members of the Corporation. Said such proposed amendments shall then be submitted by the Executive Committee to the entire membership entitled to vote, at least 45 days prior to calling a meeting for the purpose of amending these Articles.

### **Article 17 PARLIAMENTARY AUTHORITY**

Officers, Trustees and Members shall guide conduct business of the Foundation using Robert's Rules of Order, unless otherwise specified in these Articles or Code of Regulations.

### **Article 18 - INDEMNIFICATION**

The Corporation shall indemnify each Trustee and Officer of the Corporation to the fullest extent permitted by the law.

## **CODE OF REGULATIONS ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO, INC. AN OHIO NONPROFIT CORPORATION**

### **Article 1- CODE OF REGULATIONS**

These regulations constitute the Code of Regulations adopted by the Corporation for the regulation and management of its affairs.

### **Article 2 - PURPOSES**

This Corporation is organized and shall be operated for the purposes set forth in the Corporation's Articles of Incorporation.

### **Article 3 - POWERS**

Solely for the foregoing purposes, the corporation shall have the powers set forth in the Corporation's Articles of Incorporation.

### **Article 4 - MEMBERSHIP**

#### **SECTION 1 - Voting Members**

Active membership is open to all physicians of Indian origin who are practicing medicine or are retired in Northern Ohio who maintain high moral, ethical, and professional standards. They shall have the right to vote and are eligible to hold office; Active members may become Life Members by paying the dues for lifetime membership. The dues for life membership will be determined by the Board of Trustees. The Corporation shall have voting members (Active) who shall have all rights and privileges of members of the Corporation.

#### **SECTION 2 - Associate Members**

Physicians in training, dentists, medical scientists and medical students of Indian origin residing in Northern Ohio. They shall have the right to vote but are not eligible to hold office.

#### **SECTION 3 – Honorary Members**

Honorary membership may be conferred by the Board of Trustees upon physicians and spouses of deceased members, who have shown outstanding achievements and special interest in this Corporation. Honorary members will not be eligible to hold office.



**Article 5 - DUES**

Active and Associate members shall pay annual dues which shall be determined and reviewed as needed by the Executive Committee. Honorary members are not required to pay dues. The fiscal year shall be from January 1 through December 31. Annual dues shall be due and payable on or before January 1 of each year. If the dues or any part thereof remain unpaid after March 15 of any year, a note of delinquency will be sent. After June 1, if the dues remain unpaid, the membership and all its rights and privileges may be suspended until such dues are paid in full.

**Article 6 - ADMINISTRATION AND OFFICERS**

The governance of the Corporation shall be vested in the Executive Committee and Board of Trustees.

**Article 7 - BOARD OF TRUSTEES****SECTION 1**

The Board of Trustees will have the ultimate authority for ensuring its fiscal welfare and financial stability; however, it will not interfere with the regular operation of the Corporation.

**SECTION 2**

In case of crisis, at the request of the Executive Committee, the Board will act as the mediator to resolve the dispute. The decisions of the Board of Trustees in these disputes will be binding.

**SECTION 3**

The Board of Trustees will be the custodian of all the assets of the Corporation and will make all decisions regarding disbursement of the funds in case of dissolution of the Corporation.

**SECTION 4**

The Board of Trustees will consist of nine members each being elected by the eligible voting membership. At least five Trustees of the Board will be from amongst the past presidents of the Corporation.

**SECTION 5**

The term of the trustees will be straddled.

**SECTION 6**

The term of the trustees will be limited to three years.

**SECTION 7**

Members of the Board of Trustees will not be members of the Executive Committee.

**SECTION 8**

A Chairperson of the Board will be elected by the Board amongst its members. The term of the Chairperson shall be limited to a maximum of two years. The Chairperson shall be ex-officio, nonvoting member of the Executive Committee and a voting member of the Finance Committee.

**SECTION 9**

The Board will act as the Trustee of the Endowment Fund of the Corporation. It will be responsible for long range planning, for constitutional and legal matters, and for safeguarding the tangible assets of the Corporation. The Board of Trustees is specifically required to pre-approve any expenditure item of more than \$5,000.

## **SECTION 10**

The Board will meet at least once a year. A record of the minutes of the meeting will be maintained. The President of the Corporation will attend the meetings of the Board as an ex-officio, non-voting member. Quorum consists of members attending duly convened meeting, except for pre-approval of expenditure items of more than \$5,000 for which minimal of 5 affirmative votes are needed for passage of the item.

## **Article 8 - COMMITTEES**

### **SECTION 1**

The following shall be the Standing Committees of the Corporation. The chairpersons of these committees, with the exception of the Executive Committee, shall be appointed by the President and chosen from among the members of the Executive Committee. The remaining members of the committees may be selected from the voting and honorary membership.

1. Executive
2. By-Laws Committee
3. Membership
4. Finance
5. Medical Education and Research
6. Nominations and Elections
7. Publications and Public Relations
8. Awards and Recognition Committee
9. Endowment Fund Committee

### **SECTION 2**

The Executive Committee shall be composed of the President, President-Elect, Secretary, Treasurer and the Immediate Past President and ten members-at-large.

### **SECTION 3**

The Chairperson of the Special Programs and Entertainment shall be selected from the General Membership or their spouses.

### **SECTION 4**

Nominations and Election Committee: The Nominations and Election Committee will consist of the President, the President-Elect, the Immediate Past President, one member of the Board of Trustees and one previous president. It will be chaired by the Immediate Past President.

### **SECTION 5**

Endowment Fund Committee: This committee will consist of at least five members, two of whom will be from the Board of Trustees. The committee will be responsible for raising funds for charitable causes, and will make recommendations to the Executive Committee.

**SECTION 6** – The Finance Committee shall be comprised of Chairman of the Board of Trustees, President, President-Elect, Treasurer, Past President, and 2 Members-at-Large (volunteers or elected by the Executive Committee.)

## **Article 9 - TERMS OF OFFICE**

### **SECTION 1**

The terms of office of the President, President-Elect and Secretary shall be for a period of one year. The term of Treasurer shall be for two years. The President may serve once only. Other officers and trustees may be re-elected.

## **SECTION 2**

Terms of office of the members at large shall be for two years. Five members-at-large shall be elected during odd years and the other five members-at-large shall be elected during even years.

## **SECTION 3**

In the event a member of the Executive Committee is unable to complete his/her term, a replacement will be appointed upon recommendation from the President with the approval of the Executive Committee, to complete the remaining elected term of the vacating member.

## **SECTION 4**

In the event the office of President is vacated, the succession shall be by the President-Elect, Secretary, and Treasurer, in that order.

## **Article 10 - ELECTIONS**

### **SECTION 1**

Elections shall be held each year four weeks prior to the annual meeting of the general membership in the month of November or December.

### **SECTION 2**

The Nominations and Elections Committee shall conduct the elections.

### **SECTION 3**

Elections to all offices shall be by secret ballot. Candidates shall have the right to send their representatives to witness the counting of the ballot.

### **SECTION 4**

The Nominations and Elections Committee shall invite nominations for various offices and trustees from the general membership by mailing the forms for nominations. The completed nomination paper, which should have the signature of the candidate signifying his/her consent, should be received by the deadline set by the Chairperson of the Nominations and Elections Committee. Applicants with incomplete or incorrect nomination forms will be given at least one week notice to correct the form prior to the nomination deadline. The Committee will submit the entire slate of candidates for vote to the eligible general membership by mail.

### **SECTION 5**

Members of the Nominations and Elections Committee may not nominate themselves for office. They may not contest any elected position in the organization. If there is an insufficient number of nominees the Committee can submit nominations with the approval of the nominee.

## **Article 11- DUTIES OF OFFICERS**

### **SECTION 1- Executive Committee**

- A. The Executive Committee shall have the duties and powers as ordinarily delegated to the governing board of a non-profit incorporated association. It shall govern and direct activities of the Corporation as described in this Code.
- B. It shall fill any vacancies of the office of President-Elect, Secretary, and Treasurer and members of the Executive Committee by appointment in accordance with the provisions set forth in this Code.
- C. It shall appoint all standing committees and direct their activities.
- D. The Executive Committee shall determine the dues of the Corporation and review the dues as necessary.
- D+ Any member, officer or trustee removed from the Corporation under Article 11, Section I, paragraph E and F may appeal such a decision by the Executive Committee and ask for vote by the Board of Trustees. They may be re-instated by the approval of two-thirds majority of the membership at the General Body Meeting.
- E. It may remove by two-thirds vote any member from the rolls of the Corporation for conduct detrimental to the Corporation.
- F. It may by two-thirds vote of its members present at the meeting that has been properly called, remove any member from any elected or appointed office. If the individual concerned is a member of the Executive Committee or Board of Trustee, he/she shall not vote on such motion



## **SECTION 2. President**

- A. The President shall be the Chief Executive Officer of the Corporation and shall perform all other duties incident to the office of President and such other duties as may be designated by the Executive Committee or Board of Trustees.
- B. He/She shall preside at all meetings of the Corporation and of the Executive Committee.
- C. He/She shall make such appointments as authorized by Code, Executive Committee or Board of Trustees.
- D. He/She shall designate all official delegates and representatives to other groups.
- E. He/She shall appoint such Special and Ad Hoc Committees as may be necessary to further the Corporation's objectives and he/she may discontinue any such committee when its purpose has been served, in consultation with the Executive Committee or Board of Trustees.
- F. The president is authorized to donate up to \$5,000.00 to non-profit groups or events without prior approval of the Board of Trustees or Executive Committee.

## **SECTION 3 - President-Elect**

- A. The President-Elect shall perform the duties of the President in his/her absence.
- B. The President-Elect may be assigned one or more special projects and is the Endowment Chair.

## **SECTION 4 - Secretary**

The Secretary shall keep the minutes of the meetings of the Corporation, the Executive Committee and Board of Trustees, and perform all duties assigned to him/her by the President, Executive Committee or B.O.T.

## **SECTION 5 - Treasurer**

- A. The Treasurer shall receive and be the custodian of the funds of the Corporation, and will chair the Finance Committee.
- B. He/She shall present to the Board of Trustees a proposed budget for the ensuing fiscal year and this budget in the final form shall be approved by the Board of Trustees prior to the beginning of the fiscal year. Any single expenditure item of more than \$5,000 should be pre-approved by the Board of Trustees.
- C. He/She shall make a complete financial report at the annual business meeting of the Corporation. The financial report should be audited by a C.P.A.
- D. Life membership dues will be placed in a separate income bearing account. Finance committee is authorized to spend up to 100% of the income for operating expenses.
- E. Endowment Fund: The Corporation will establish an Endowment Fund distinct from other finances. Endowment fund will be maintained by a 3rd party administrator. Fifteen percent of the gross revenues for Endowment fund-raising events will go toward administrative costs. Up to 4% of the market value of the Endowment fund, averaged over previous 3 years, may be distributed annually for Charity and operating expenses, while continuing the growth of the corpus. Fifty percent (2% of the market value) of the distribution of the funds will be used for charitable giving, including a \$1,000.00 medical student scholarship and fifty percent (2% of the market value) of the distribution may be used for operating expenses of the corporation. The scholarship selection will fall under the Awards & Recognition Committee
- F. Funds may be added to the Endowment Fund by donations or by fund-raising events. After paying for the expenses and contribution to the charitable cause (for which the fund-raising event was held), the moneys generated from the fund-raising activity will be added to the AIPNO Endowment Fund. All unidentifiable charitable contributions to the Corporation will be deposited in the Endowment Fund account.

## **Article 12 - MEETINGS**

### **SECTION 1**

There shall be at least one meeting of the entire membership each year at a place and date designated by the Executive Committee.

### **SECTION 2**

The time and place of all meetings shall be decided by the Executive Committee. The notice of the time and place of all meetings, except those of the Executive Committee or Board of Trustees shall be mailed to all officers and members at least 45 days prior to such meetings. Special meetings may be called by the President, by majority of the Executive Committee or Board of Trustees, or by 10% or 25 members, whichever is the larger.

### **SECTION 3**

The Executive Committee shall meet once a month or as needed to conduct its business.

### **SECTION 4**

If a member of the Executive Committee fails to attend three consecutive meetings of the Executive Committee without a proper excuse, he/she may be dismissed from the Executive Committee by two-thirds of its members.

### **SECTION 5**

The quorum for any meeting of the Executive Committee or Board of Trustees shall consist of a simple majority.

### **SECTION 6**

Parliamentary Procedure - In the absence of any provision in the Code of the Corporation, Board of Trustees, Executive Committee, and all Committee Members shall be guided by the Parliamentary Rules as used and contained in the current edition of the Roberts "Rules of Order".

## **Article 13 - LIABILITY OF MEMBERS**

No member of the Corporation shall be personally liable to the creditors of the Corporation for any liability or indebtedness, and any and all creditors shall look only to the assets of the Corporation.

## **Article 14 - AMENDMENTS**

### **SECTION 1**

This Code of Regulations, or any articles or sections or any part thereof may be amended, repealed or new Code adopted by the affirmative vote of two-thirds of those members entitled to vote at a meeting duly called and held for that purpose. The quorum for such a meeting shall be 20% or 40 members, whichever is the larger number of members entitled to vote.

# ***MILESTONES 2011***

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**2011**

***President: Sandhia Varyani, M.D.***

**20th Annual Chiraag Fundraiser:**

**Beneficiary:** Marion Sterling Library Renovation Project of the Cleveland Metropolitan School District

**Chair:** Dr. Appachi

**Chief Guest:** Anand Julka

**Donation:** \$10,000.00 and Chiraag Continuing Medical Education Program

- Karaoke Night at Landerhaven, sponsored by Gregory Ochalek, CFP of AXA Advisors on March 18, 2011
- Japan Earthquake donation on April 5, 2011
- BAPS Health Fair, May 1, 2011
- By-Laws review & amendments
- Golf Outing Aug. 21, 2011 Avon Oaks Country Club
- Social Dinner at Saffron Patch, Sept. 15, 2011
- Annual Dinner
  - Chief Guest:** Dr. Michael Nochomovitz  
President, University Hospitals Physician Services
- Annual Continuing Medical Education, Nov. 5, 2011
- Acquisition of CPA firm - Dingus & Daga, Inc.
- Shiva Vishnu Temple Health Fair, Sept. 18, 2011
- Bonding of Officers and Board of Trustees.
- Contribution to Project SEVA
- Contributions to Philanthropia
- YATRA Medical Camps in Rishikesh, India

# ***MILESTONES 2012***

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## **2012**

***President: Elumalai Appachi, MD***

- Humanitarian Services Committee, Medical Yatra mission to Gondal, & Ambaji, Guj (India)  
January 27 to Feb. 2, 2012
- Establish of Directors & Officers Insurance, March 2012
- Twenty-first Annual Chiraag Fundraising Dinner & CME program:  
Beneficiary: American Heart Association  
**Chief Guest:** David L. Bronson, MD, FACP, President of American College of Physicians  
**Chair:** Dr. Beejadi Mukunda  
**Donation:** \$15,000.00
- Reinstatement of “The Pulse” on-line AIPNO magazine by Drs. Anupa & Milind Deogaonkar
- Karaoke Night at Bamboo Gardens, July 21, 2012
- Shiva Vishnu Temple & AIPNO Health Fair on September 16, 2012
- Golf Outing at Signature of Solon with Dinner at Saffron Patch on September 23, 2012
- Historic election with over 33% of eligible membership casting ballots.
- Annual Dinner ‘Physicians Seminar’ on November 10, 2012 at Ahuja Medical Center in Beachwood.
- AIPNO launches a new, updated website engineered by Dr. Anupa Deogaonkar.
- Annual Dinner & Dancing at “Lacentre Banquet Facility” on December 8, 2012.  
First induction of “Honorary Members” at the Annual Dinner.
- Seventh Annual New Year’s Eve Gala - Executive Caterers of Landerhaven



# ***MILESTONES 2013***

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## **2013**

***President: Beejadi Mukunda, M.D.***

- FICA: Republic Day Celebrations, invited guest speaker
- American Heart Association: Sponsored the Power of Laughter Workshop and Comedy luncheon in June 2013
- Participation in Dinner Reception for Indian Ambassador to US, Honorable Ms. Nirupama Rao
- Participation in the Planning Committee of the first Global Impact Award by Cleveland Council of World Affairs to the Former Ambassador to India and Former Governor of Ohio, Richard Celeste
- 22nd Annual Fundraiser “Chiraag”, first sold-out event in the history of AIPNO, with record amount of monies collected.

**Chairperson** – Ranjit Tamaskar ,M.D.

**Beneficiary** – Alzheimer’s Association, Cleveland Area Chapter, Hospice of Western Reserve,  
Food Bank of Cleveland

**Chief Guest** – Chief Justice Maureen O’Connor, Supreme Court of Ohio

- CME at Lake West Hospital, facilitated by LakeHealth
- AIPNO Pulse and updating of AIPNO website
- Meeting with AAPI President Elect, Ravi Jahagirdar, MD, and requested hosting of Annual Conference of AAPI and Governing Body Meeting. Apprised of improvement in availability of convention facilities in Cleveland. Requested better representation of AIPNO at the national level in AAPI
- Efforts throughout the year to rejuvenate and resurrect AIPNO, improved communication with members and families, improved relationship between the Executive Committee and Board of Trustees.
- Efforts to change bylaws to improve operations of the organization.
- Idea of Legacy Gift and third party management of Endowment fund to provide perpetuity to the organization via an Ad-hoc committee chaired by Vasu Pandrangi, MD
- Karaoke Night, June 22nd at Bamboo Gardens
- Golf Outing at Signature of Solon Country Club, June 2nd
- Golf Outing at Hawthorne Valley Country Club, July 28
- Shiva Vishnu Temple Health Fair, September 15th
- BAPS Swaminaryan Temple Health Fair, September 29th
- Sponsorship of Downtown Cleveland Alzheimer’s Walk, Oct. 13th
- 30th Annual Dinner with Research Showcase at Cleveland Convention Center & Global Center for Health Innovation, November 2, 2013

**Chief Guest** – U.S. Senator Sherrod Brown

- Invitation and participation of majority of health care systems, nursing facilities, business leaders and media involvement.
- Research poster competition to showcase the research activities from Northern Ohio, to help network between researchers, physicians and nurse/nurse practitioners in training with practicing physicians with the vision to attract, recruit and retain talent in Northern Ohio
- Kala, Art exhibition and Sale
- General Body Meeting, December 15
- Encouragement to involvement of non-Indian physicians and healthcare workers with Medical Yatra
- Encouragement to start a Youth arm of Medical Yatra to encourage participation of younger families of AIPNO and their friends.
- Encouragement to Project Seva and changes in bylaws to help facilitate reinstatement of support to Project Seva

# ***MILESTONES 2014***

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## **2014**

***President, Ranjit Tamaskar, M.D.***

- FICA: Supported and participated in Republic Day Celebration
- 23rd Annual Fundraiser Chiraag  
**Chairperson** – Dr. Umesh Yalavarthy  
**Chief Guest** – Dr. Kris Ramprasad, President, State Medical Board, OH  
**Beneficiary** – Kidney Foundation \$21,000, Dyslexia Association 3,000, Shiksha Daan \$3,000
- CME at Lake West Hospital, facilitated by Lake Health System
- Picnic at Metro Park, organized by Dr. Umesh Yalavarthy
- Two Golf Outings at Signature of Solon, organized by Dr. Arun Gupta and Dr. H. P. Sundaresh
- Karaoke Night, Bamboo Garden, organized by Dr. Parag. Kanvinde
- Health Fair at Shiva Vishnu Temple, organized by Dr. Lal Arora  
Chief Guest – Dr. David Perse
- New partnership with Cleveland Foundation to manage AIPNO Endowment Fund
- Legacy Gift for Cleveland Sight Center: More than 7000 preschool children will be screened for vision every year for next five years.
- Sponsored “White Cane Walk” a fundraising event for Cleveland Sight Center
- Medical Yatra, Sponsored one Medical Resident to India, both AIPNO and non AIPNO members provided medical care in Rural India
- 31st Annual Dinner and Second Research Showcase at Cleveland Convention Center  
**Chief Guest** – Mr. Sam Pitroda
- Organized and hosted APPI Governing Body Meeting at Cleveland Convention Center
- Membership drive that resulted in more new life members to the organization and participation of physicians in training in AIPNO activities
- General Body Meeting on December 13th at Ahuja Hospital
- Ninth annual New Year’s Eve Gala, Dr. Umesh Yalavarthy and Dr. Arun Gupta
- Participated in meetings that led to the partnership of “Helping Hands” and SEVA International to create a social network of volunteers to help the community
- Represented AIPNO at Cleveland City Hall for Asian Heritage Day

### **Distinction:**

**Dr. Anupa Deogaonkar** was awarded “Bharat Gaurav”

**Dr. Beejadi Mukunda**, Chief of Staff Elect and Director of Medicine, Hillcrest Hospital

**Dr. Rajesh Sharma**, Chief of Staff, Lutheran Hospital

**Dr. Sandhia Varyani**, Chair Robotic Surgery Committee, UH

**Dr. Praveer Kumar**, Chief of Medicine, Bedford Hospital

# ***MILESTONES 2015***

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## **2015**

***President, Umesh Yalavarthy, M.D.***

- **FICA:** Supported and participated in Republic Day Celebration, January 24
- Supported Annual **Medical Yatra** trip to Mysore/Bangalore, India, January 1828
- 24th Annual Endowment Fund raiser, **Chiraag**, April 25  
**Chairperson:** Ravi Krishnan, M.D.  
**Chief Guest:** Sister Judith Ann Karam CSA, FACHE of SVCH  
**Beneficiary:** Minds Matter, Cleveland Chapter, \$16,000.00, Ride for World Health, \$500.00
- **CME Symposium** at Lake Hospital, facilitated by Lake Health System
- Supported Shiva Vishnu Temple **Health Fair** on May 17
- Summer **Golf Outings** on June 7 and August 9 at Signature of Solon Country Club, chaired by H.P. Sundaresh, M.D. and Arun Gupta, M.D.
- Chaired **AIPNO Family** Picnic on August 22 at Brecksville Reservation
- Karaoke night at bamboo gardens on September 12
- Legacy gift beneficiary, sight center, Donation: \$20,000
- Met with Bill Spiker, Director of Development for Cleveland Sight Center to facilitate coordination between AIPNO and sight center
- Attended Cleveland Sight Center's annual gala, Spellbound, September 26
- Supported **BAPS Health Fair** on October 4.
- **AIPNO 32nd Annual Dinner, Annual Report, 3rd Research Showcase and 1st Annual Huron, Hillcrest and Southpointe Alumni Dinner** on October 24 at the Global Center for Health Innovation.  
**Chief Guest and Key Note Speaker:** Jeffrey Susman, M.D., Dean, College of Medicine, NEOMED
- General Body meeting on November 28

### **Distinctions:**

- **Dr. Beejadi Mukunda:** Chief of Staff, Hillcrest hospital
- **Dr. Umesh Yalavarthy:** "Physician Collaboration Excellence award," University Hospitals, Geauga medical center
- **Dr. Mohan Durve:** "PRAVASI RATTAN AWARD," from NRI Welfare Society of India
- **Dr. Mohan Durve:** "THE MOST DISTINGUISHED SERVICE AWARD", American Association of Physicians of Indian Origin (AAPI)
- **Dr. Mona Gupta:** Co-chair palliative care for Indo American Cancer Association
- **Dr. Mona Gupta:** Vice-chair for the Visionary Executive Leadership Team of Elite Women Around the World

# ***MILESTONES 2016***

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## **2016**

***President, Ravi Krishnan, M.D.***

- **FICA:** Supported and participated in Republic Day Celebration, January 23
- Supported Annual **Medical Yatra** trip to Dharampur & Guj, Jan 18 to Jan 28
- 25th Annual Endowment Fundraiser, **Chiraag**, April 9
- **Chairperson:** Harigopal Balaji, M.D.
- **Chief Guest:** Scott Hamilton, Olympic Gold Medalist
- **Beneficiary:** Scott Hamilton CARES Foundation
- **CME Symposium** at Lake Hospital, facilitated by Lake Health System
- Supported Shiva Vishnu Temple **Health Fair** on May 15
- Fall **Golf Outing** on September 18 at Signature of Solon Country Club, chaired by H.P. Sundaresh, M.D. and Arun Gupta, M.D.
- Legacy gift beneficiary, sight center, Donation :\$20,000
- Attended Cleveland Sight Center's annual gala, Spellbound, September 24
- Supported **BAPS Health Fair** on October 2.
- **AIPNO 33rd Annual Dinner, Annual Report, 4th Research Showcase and 2nd Annual Huron, Hillcrest and Southpointe Alumni Dinner** on October 22 at the Global Center for Health Innovation.
- **Chief Guest:** Campy Russell, Cavaliers Director of Alumni Relations and FOX Sports Analyst for "Cavaliers Live" Pre & Post Game Show
- **Key Note Speaker:** Harry Boomer, Anchor/Reporter Cleveland 19 News



# ***MILESTONES 2017***

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## **2017**

***President, Hari Balaji, M.D.***

- Supported Annual **Medical Yatra** trip to Bhopal, MP, January of 2017
  - Held a “Karaoke Night” at Holiday Inn on April 22, Dr. Rupesh Raina, CME speaker.
  - Medical Yatra Recognized by Million Dollar Roundtable
  - Supported Shiva Vishnu Temple **Health Fair** on May 21
  - Supported **Golf Outings** on June 25 and September 10 at Signature of Solon Country Club, chaired by H.P. Sundaresh, M.D. and Arun Gupta, M.D.
  - Legacy gift beneficiary, sight center, Donation :\$20,000
  - “Yoga in Medicine” a introduction to Yoga CME conducted in association with SEVA and Metro Health.
  - Attended Cleveland Sight Center’s annual gala, Spellbound, September 15
  - **AIPNO 34th Annual Dinner, Annual Report, 5th Research Showcase, 26th Chiraag and 3rd Annual Huron, Hillcrest and Southpointe Alumni Dinner** on September 23 at the Global Center for Health Innovation.
- Chief Guest – Diane Wish, CEO at Centers for Dialysis Care**
- New Website @ [www.AIPNO.org](http://www.AIPNO.org) enhancing user friendly features.

# ***MILESTONES 2018***

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## **2018**

### ***President, Mona Gupta, M.D.***

- Initiated AIPNO support to “Visa, Passport and Consular Services Day” in collaboration with TANA (Telugu Association of North America) and FICA (Federation of India Community Associations of Northeast Ohio), January 20
- Supported and participated in FICA republic day celebration, January 20
- Combined EC/ BOT meeting and ratification of nomination committee appointments, January 21
- Bylaws review and clarification of Board and Officers selection, January 21
- Supported Medical Yatra trip to Gujrat/Banglore, India and Jaipur gift of artificial limb appreciated by Lions Club and community, January 11-18 and 19-25
- Global Grant to Women’s Clinic-Medical Yatra, February
- Meeting with Cleveland Foundation to review AIPNO endowment fund management and year-end financial information, February 15
- Initiated new endeavor for AIPNO by supporting local and national dance talent and sponsored “Naach Di Cleveland” dance competition from across the country hosted by CWRU teams at Playhouse Square, February 17
- Initiated a new endeavor for AIPNO “ Amit Tandon- live in Cleveland” show. Provided special discount for AIPNO members, March 9
- Initiated a new tradition for AIPNO - Community collaboration in Cleveland- Holi Ke Rang Apno Ke Sang: joint venture in collaboration with other organizations – ICAGA ( Indian Community Associations of Greater Akron) and Marwari Association of Ohio (MAOH), March 18
- Invited Chief guest at BAPS “ Shri Swaminarayan Jayanti and Shri Ram Navami” celebration, April 8
- First ever Bollywood show in history of AIPNO – fundraiser “Mystic India” attended by an audience of 1500. Beneficiary: Benjamin Rose Institute on Aging. Huge marketing for AIPNO via media, local grocery stores, collaboration with local organizations, social media, online newspaper, e-blasts, electronic marketing, local distribution, electronic and postal mails, April 14
- Media involvement both television and newspaper to promote “Mystic India”
- Supported Cleveland International Hall of fame to recognize Inductee Dr. Atul Mehta-AIPNO member and past president. April 17
- Cleveland International hall of Fame inductions ceremony sponsored and promoted our annual dinner. April 17
- Presented check to our Chiraag Beneficiary 2017 – Recovery Resources at their Annual Gala from April 18
- First time project for AIPNO- Sponsored NEOMM – Northeast Ohio Maratha Mandal fundraiser show to promote AIPNO fundraiser “Mystic India” show, April 27
- Invited Guest at Shiva Vishnu Temple Health Fair organized by Dr. Gopal Kapoor, May 18
- Golf outing at Signature of Solon Country Club, chaired by Dr. Arun Gupta, June 18
- Meeting with AAPI president Dr. Gautam Samadder, and chairman of the board of trustees, Dr. Mohan Kothari and requested hosting of governing AAPI board meeting in Cleveland, July 3
- First time project for AIPNO-Sponsored India food fair, St. George’s Church, and marketed our annual fundraiser dinner, July 18

# ***MILESTONES 2018***

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## **2018 continued**

- Supported FICA Independence day celebration and represented AIPNO, August 18
- Sponsored Shiksha Daan Volunteer Appreciation Luncheon at Shiva Vishnu Temple, September 8
- First time endeavor-Sponsored India fest USA, participated in awards ceremony and promoted our annual fundraiser dinner, September 15
- Invited as Lead Guest at the inauguration ceremony of BAPS Charities Health Fair at BAPS Temple, September 23
- Invited to attend Cleveland Sight Center “Spellbound” Dinner & Fundraiser, September 28
- First time initiative- Sponsored Annual Fundraiser for “Save A Child” program to help the orphan and poor children in India, October 5
- CME at South Pointe Hospital facilitated by American College of Family Physicians October 6
- 35th Annual Dinner, Fundraiser and RSC at a new venue - Public Auditorium, October 6

**Chief Guest:** Todd Park, Chair Devoted Health

**Keynote speaker** - Rohit Khanna US Rep California

**Beneficiary** - Mayor Jackson Scholarship Program administered through “College Now”

- Invitation and participation by major health systems, nursing facilities, business leaders, and media involvement
- Plan to attend and present check to AIPNO Mystic India Beneficiary- Benjamin Rose Institute on Aging at their Annual Gala, November 8
- General body meeting, December 9
- Quarterly Executive Committee meetings- Jan 21, April 3, June 19
- Legacy gift beneficiary, Cleveland Sight center, donation \$20,000
- Ongoing efforts throughout the year to reinvigorate and revitalize AIPNO improve communication between members and families; improve relationship between the membership, executive committee, and the board of trustees
- Increased social media presence recognizing AIPNO events and marketing our sponsors.
- Ongoing efforts throughout the year for updating AIPNO website making it more user friendly to market AIPNO events.
- Membership drive that resulted in more new life members to the organization and participation of physicians in training with AIPNO activities.
- New public platform to AIPNO by collaboration with local organization, Mystic India Bollywood show and extensive marketing via social media, TV media, newspapers, online, newsletters, advertisements
- First ever family friendly New Year’s Eve party 2018 which was a tremendous success and a sold out event.

### **Distinctions**

**Dr. Murthy Vuppala** awarded Appreciation from Lions.

**Dr. Atul Mehta** inducted at the Cleveland International Hall of Fame

**Dr. Ajit Kothari**, Chairman Board Of trustees, American Association of Physicians of Indian Origin (AAPI)

# ***MILESTONES 2019***

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## **2019**

### ***President: Harbhajan Parmar, MD***

- Supported Medical Yatra trip to Gandevi in the western part of India, January
- Organized an AIPNO Picnic at Highland Heights park for all AIPNO members on June 9, supported by Corey Kimble of Merrill Lynch
- Supported the June 30 Golf Outing at Signature of Solon, organized by Dr. Arun Gupta
- Continued with support for the Annual Fundraiser for “Save A Child” program to help orphaned and poor children, July
- Initiated AIPNO’s First Health Fair, coordinated with University Hospitals on August 24 at Willow Praise Church in Willowick, OH, offering consultation with 13 specialties, education, vaccines and testing
- CME at Regency Hospital on November 9
- Public Relations Committee was reactivated
- 36th Annual Dinner, Fundraiser and RSC at Landerhaven, Mayfield Heights on November 9
  - ✓ Chief Guest: Melody J. Stewart, Justice of the Supreme Court of Ohio
  - ✓ Keynote speaker – Marc Byrnes, Chairman of Oswald Companies
  - ✓ Beneficiary- WomenSafe Inc. “The Green House”, Chardon, OH
- Invitation and participation by major health systems, nursing facilities, business leaders, and media involvement
- General body meeting in December 2019
- Legacy gift beneficiary, Cleveland Sight Center, completed \$100,000 commitment in March of 2019
- Supported the Board of Trustees in the selection of AIPNO’s second Legacy Gift beginning 2020

### **Distinctions**

***Dr. Rupesh Raina:*** Most Distinguished YPS (Young Physician) Award of 2019 at the AAPI Annual meeting in Atlanta., GA on July 4, 2019.

### ***Dr. Mona Gupta:***

- Advanced to American Geriatric Society (AGS) Fellow status.
- Co-chair palliative care at American Geriatric Society and Indo-American Cancer Association
- Chair, Health and Wellness, IndiaFest USA

### ***Dr. K.V. Gopalakrishna:***

- Laureate Award by ACP Ohio Chapter on Oct. 17, 2019

### ***Dr. Neil Mehta:***

- Appointed Associate Dean for Curricular Affairs at Cleveland Clinic Lerner College of Medicine and Case Western Reserve University
- Jones Day Endowed Chair in Medical Education at Cleveland Clinic

### ***Dr. Jaya and Mr. Ramesh Shah:***

- Honored by the India Association of Greater Akron for 20 years of Humanitarian Services to the indigent rural population of India on Oct. 19, 2019



# ***MILESTONES 2020***

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**2020**

***President: Rupesh Raina MD***

- FICA: Supported and participated in Republic Day Celebration,
- Supported I Medical Yatra ventures through rotary club serving underserve population in India.
- The 37th Annual Gala with 8th Research Showcase and 29th Fundraiser “Chiraag”  
GALA will be held virtually this year due to Covid-19 restrictions.  
CHIEF GUEST: Sherrod Brown, U.S. Senator  
KEY NOTE SPEAKER: John Langell, MD, Ph.D., M.P.H. M.B.A., President, NEOMED
- Beneficiary – AIPNO has selected a major beneficiary every year since 1992. This year we are supporting - NKF “National Kidney Foundation”; which is a lifeline for all people affected by kidney disease, and Hattie Larlham Foundation; which creates opportunities for children and adults with intellectual and developmental disabilities.
- AIPNO Pulse and updating of AIPNO website
- Efforts throughout the year to rejuvenate and resurrect AIPNO, improved communication with members and families, improved relationship between the Executive Committee and Board of Trustees.
- Efforts to change bylaws to improve operations of Medical yatra organization under the banner of humanitarian service. Encouragement to start a Youth arm of Medical Yatra to encourage participation of younger families of AIPNO and their friends.
- Karaoke Night, with fund raising for family services on March 3, 2020 at Marriot in Beachwood Ohio.
- Golf Outing at Signature of Solon Country Club
- Tennis Tournament in September 2020
- Invitation and participation of majority of health care systems, nursing facilities, business leaders and media involvement.
- Research poster competition to showcase the research activities from Northern Ohio, to help network between researchers, physicians and nurse/nurse practitioners in training with practicing physicians with the vision to attract, recruit and retain talent in Northern Ohio
- General Body Meeting, March 3, 2020
- Our team along with several AIPNO members hosted the annual AIPNO fundraiser to raise funds for healthcare facilities, private practitioners, and the local foodbank.
- AIPNO and SEWA launched a 24/7 COVID-19 Convalescent Blood Plasma Registry for Northeastern Ohio. This national registry allows for plasma collection from donors who had complete COVID symptom-resolution in order to save the lives of patients currently suffering from COVID-19.
- Our team worked with several medical educators in order to create an informative web series aimed at teaching students, residents, and physicians’ evidence-based medicine centered around COVID-19. These hour-long webinars gave participants an opportunity to ask questions and dispel myths about the coronavirus while learning how to combat this global health crisis.
- AIPNO along with SEWA International worked with world-renowned singer, lyricist, and music composer Padma Shri Kailash Kher in order to create an online concert dedicated to frontline COVID-19 Healthcare Workers. This concert, “Music is the Medicine of the Mind”, drew several thousand viewers and was a monumental success in de-stressing healthcare workers around the global.

## ***MILESTONES 2020 continued***

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- In collaboration with SEWA International, our AIPNO Executive Committee, including Dr. Sundaresh and Dr. Ahluwalia, undertook a noble initiative labeled “Quilts for Kids”. AIPNO called for volunteers around the community to sew quilts for local children’s hospitals and anticipate on donating several dozen blankets
- In anticipation of the COVID-19 patient surge, AIPNO member providers will be caring for patients with an unfamiliar diagnosis or in unfamiliar settings. Dr Neil Mehta and Dr Vikram Kumar our CME chairs collaborated with Cleveland Clinic to have access an online curriculum, available to all physicians in AIPNO, to prepare you to care for patients with and without COVID-19 in the ICU, inpatient and ambulatory settings
- AIPNO President and the Executive committee are introducing the initiative for serving food to the Homeless shelter every month in collaboration with SEWA International and local homeless shelters in order to serve food to the most vulnerable patient-populations in Northeast Ohio. This initiative will continue for the next 24 months
- AIPNO President Announces AIPNO First Youth Initiative Program for High School And College Students This Year In The Fall Of 2020.
- In collaboration with several other organizations, including SEWA and FICA, the organization has undertaken the enormous task of rallying support for the healthcare community and collaboratively impacting local, national, and international counties in a positive manner.
- We are in process of research endowment for minority students of Cleveland to assist the community through education, research and service. We are in the process of establishing AIPNO Research Scholarship to encourage researchers to focus on community friendly projects.

# ***MILESTONES 2021***

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## **2021**

### ***President: Dharmesh Mehta MD***

- Education webinars (Global Covid 19 Epidemiology and Vaccine, Covid19 Infection in NorthEast Ohio) conducted to learn evidence-based medicine centered around COVID-19
- AIPNO President initiated “Celebrating Women’s Leadership in AIPNO” and announced “AIPNO woman of the Year” award first time ever.
- AIPNO launched initiative to fight Covid Crisis in India. AIPNO collaborated with MDtok to provide tele consultancy to the patients over there. AIPNO is generated funds to provide an armamentarium through the Red Cross. AIPNO also joined with efforts with MedWish International and other local organizations to support COVID 19 relief efforts in India
- AIPNO Pulse was launched in May. AIPNO website and social media platforms continuously updated.
- Tennis Tournament on May 15th at Mayfield Village Racquet Club
- AIPNO in collaboration with the Art of Living presented a live session on the power of yoga, breath, and meditation on June 19
- AIPNO Picnic and Karaoke on August 22nd at South Chagrin Reservation
- AIPNO Golf Outing on September 19th at Avon Oaks Country Club
- AIPNO Youth Initiative Program for High School and College Students conducted in Fall.
- AIPNO 38th Annual Gala and 30th Fundraiser “Chiraag” along with the 9th Research Showcase on Saturday, October 30 at Renaissance Cleveland Hotel.
- CHIEF GUEST: Mr Stephen Moore, Writer & Economics Journalist
- KEY NOTE SPEAKER: Dr Kiran Patel, MD, Entrepreneur & Philanthropist
- RESEARCH KEY NOTE: Dr John Langell, MD, PHD, MBA, MPH, President Neomed
- Beneficiaries – Facing History and Ourselves & Akron Children Hospital
- AIPNO Food shelter initiative for serving food to the Homeless shelter every month to the most vulnerable populations in Northeast Ohio.
- Efforts throughout the year to rejuvenate and resurrect AIPNO, improved communication with members and expand membership.
- Efforts to improve operations of Medical yatra under the umbrella of humanitarian service and supported ventures serving underserve population in India
- We are in the process of establishing AIPNO Research Scholarship to encourage researchers to focus on community projects.

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*† Deceased*



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Cleveland, Ohio 44195

*Gastroenterology*

**\* Sandhu, Satnam S. MD**

4200 Warrensville Ctr Rd #320 . . . . . Office: 216-491-7205  
Warrensville Hts, OH 44122

*Nephrology*

**\* Saraiya, Jayshree MD**

6225 Lochmoor Court . . . . . 330-348-9558  
Solon, OH 44139

*Internal Medicine - Hospitalist*

**\* Saraiya, Rajesh MD**

6225 Lochmoor Court . . . . . 440-263-8439  
Solon, OH 44139

*Internal Medicine – Hospitalist*

\* Denotes Life Member

† Deceased

**\* Saralaya, Sparsha, MD**  
 18101 Lorain Ave. . . . . Office: 216-445-8383  
 Cleveland, OH 44111  
*Internal Medicine*

**\* Sawhny, Bhupinder MD**  
 7255 Old Oak Blvd #C408 . . . . . Office: 440-891-8880  
 Middleburg Hts., OH 44130  
*Neurosurgery*

**\* Sehgal, Ashwini MD**  
 2500 Metro Health Drive . . . . . Office: 216-778-7728  
 Cleveland, OH 44109  
*Nephrology*

**\* Sehgal, Bindu MD**  
 25200 Center Ridge Rd. Suite 2450  
 Westlake, OH 44145  
*Family Practice*

**\* Sekhon, Baldev MD**  
 29099 Health Campus Dr. #380. . . . . Office: 440-827-5390  
 Westlake, OH 44145  
*Cardiothoracic Surgery*

**\* Sequeira, Thomas Mark MD**  
 11201 Shaker Blvd . . . . . Office: 216-368-7065  
 Cleveland, OH 44104  
*Cardiology*

**\* Shah, Ajit C. MD**  
 7215 Old Oak Blvd #A414. . . . . Office: 440-816-2782  
 Middleburg Hts., OH 44130  
*ENT*

**\* Shah, Arunika N. MD**  
*Physical Medicine/Rehabilitation*

**\* Shah, Chirag MD**  
 UH Parma Medical Center . . . . . Office: 440-743-3000  
*Anesthesia*

**\* Shah, Jaya MD**  
*Pediatrics - Retired*

**\* Shah, Kalyani MD**  
 9500 Euclid Avenue C21  
 Cleveland, OH 44195  
*Physical Medicine & Rehabilitation*

**\* Shah, Pankaj MD**  
 14519 Detroit Ave. . . . . Office: 216-529-7145  
 Lakewood, OH 44107  
*Anesthesia*

**\* Shah, Shashin MD**  
 9700 Garfield Blvd #103 . . . . . Office: 216-641-0600  
 Garfield Hts, OH 44125  
*Pediatrics*

**\* Shah, Surekha**  
 2500 Metro Health Drive . . . . . Office: 216-778-1016  
 Cleveland, OH 44109  
*Physical Therapy*

**\* Shah, Tushar MD**  
*Emergency Medicine*

**Shah, Vaishal, MD**  
 9500 Euclid Ave. R03-60 . . . . . Office: 216-444-8488  
 Cleveland, OH 44195  
*Sleep Medicine*

**\* Shaikh, Aasef, MD, PhD**  
 11100 Euclid Avenue . . . . . Office: 216-381-6736.  
 Cleveland, OH 44110  
*Neurology, Neurotology, Movement Disorders*

**\* Sharan, Vishwa MD**  
 . . . . . Office: 800-646-9000  
*Radiation Oncology*

**\* Sharma, Rajesh MD**  
 2709 Franklin Blvd. Suite 2E . . . . . Office: 216-363-5720  
 Cleveland, OH 44113  
*Internal Medicine*

**\* Sharma, Trilok C. MD**  
 7255 Old Oak Blvd #C208. . . . . Office: 440-816-2708  
 Middleburg Hts., OH 44130  
*Cardiology*

**\* Shekar, Raja MD**  
 3609 Park East Dr #207 . . . . . Office: 216-360-0456  
 Beachwood, OH 44122  
*Infectious Disease*

**\* Shinde, Sharad MD**  
 130 Jefferson St. #3A  
 Port Clinton, OH 43452  
*OB/GYN*

**\* Shivadas, Anita MD**  
 9500 Euclid Ave . . . . . Office: (216) 444-1084  
 Cleveland, OH 44195  
*Internal Medicine*

**\* Sidhu, Kanwaljit, MD**  
 2500 Metrohealth Drive . . . . . Office: 216-778-4801  
 Cleveland, OH 44109  
*Anesthesia*

**\* Sidhu, Tejbir MD**  
 Metrohealth Drive. . . . . Office: 216-778-4809  
 Cleveland, OH 44109  
*Anesthesiology*

**\* Singh, Annapurna**  
 11100 Euclid Ave BHC3200 . . . . . Office: 216-844-8503  
 Cleveland, OH 44106  
*Ophthalmology*

**\* Singh, Arun D. MD**  
 9500 Euclid Ave I30 . . . . . Office: 216-445-9479  
 Cleveland, OH 44195  
*Ophthalmology*

\* Denotes Life Member

† Deceased

**\* Singh, Chandra V. MD**  
125 E. Broad Street Ste 119 . . . . . Office: 440-329-7397  
Elyria, OH 44035  
*Internal Medicine*

**\* Singh, Kuldeep MD**  
*Emergency Medicine - Retired*

**\* Sitabkhan, Rayeka MD**  
*Pediatrics – Retired*

**Sivalingam, Sri MD**  
6770 Mayfield Rd. . . . . Office: 440-461-6430  
Mayfield OH 44124  
*Urology*

**Sivaraman, Indu, MD**  
35040 Chardon Rd. . . . . Office: 440-946-1200  
Willoughby Hills, OH 44094  
*Pediatric Neurology*

**\* Sivashankaran, Subhalakshmi MD**  
11100 Euclid Ave . . . . . Office: 216-844-3506  
Cleveland, OH 44106  
*Anesthesia*

**\* Sogal, Ramesh MD**  
*Pain Management*

**\* Somasundaram, Mey, MD**  
6701 Rockside Rd. # 100 . . . . . Office: 216-382-0418  
Independence, OH 44139  
*Internal Medicine*

**\* Sreshta, Michael, RPh, MS. CDE**  
8300 Hough Ave. . . . . Office: 216-231-7700 ext 1121  
Cleveland, Ohio 44103  
*Director of Pharmacy/ Certified Diabetes Educator*

**\* Subramanian, Thyagarajan MD**  
9500 Euclid Avenue, S90 . . . . . Office: 216-444-4270  
Cleveland, OH 44195  
*Neurology*

**† Sundaresh, H.P. MD**  
*Pediatrics*

**\* Sundaresh, Shailaja MD**  
*OB/GYN–Retired*

**\* Suresh, Keelapandal R. MD**  
21851 Center Ridge Rd #3309 . . . . . Office: 440-333-8322  
Rocky River, OH 44116  
*Nephrology*

**Suri, Anu, MD**  
33100 Cleveland Clinic Blvd. AVW3-2 . Office: 440-695-4330  
Avon, OH 44011  
*Pulmonology and Critical Care Medicine*

**\* Swamy, Kumar MD**  
*Allergy - Retired*

**\* Swarup, Namita MD**  
2500 Metrohealth Drive . . . . . Office: 216-778-2687  
Cleveland, OH 44109  
*Pediatrics*

**\* Tamaskar, Ila R., MD**  
6525 Powers Blvd . . . . . Office: 440-743-4747  
Parma, OH 44129  
*Medical Oncology*

**\* Tamaskar, Mandakini**  
*Anesthesia*

**\* Tamaskar, Ranjit B. MD**  
36100 Euclid Ave. Suite 270 . . . . . Office: 440-946-8300  
Willoughby, OH 44094  
*Internal Medicine*

**\* Tamasker, Shobha MD**  
*OB/GYN - Retired*

**\* Tandra, Brahmaiah MD**  
8577 E. Market St. . . . . Office: 330-856-6663  
Howland, OH 44484  
*Pediatric Psychiatry*

**\* Tandra, Usharani MD**  
18697 Bagley Rd. . . . . Office: 440-816-8678  
Middleburgh Hts., OH 44130  
*Physical Medicine & Rehabilitation*

**\* Thaker, Niranjana Shah MD**  
*OB/GYN–Retired*

**\* Thakore, Nimish MD**

**\* Thakore, Yuan MD**

**Thota, Prasanthi, MD**  
9500 Euclid Ave. Suite A30  
Cleveland, Ohio 44195  
*Gastroenterology*

**Tirounilacandin, Pazhaniaandi, MD**  
234 N. Chestnut St. . . . . Office: 440-576-8933  
Jefferson, OH 44047  
*ACMC, Family Medicine*

**\* Turakhia, Ashwin MD**  
12301 Snow Road. . . . . Office: 216-362-2000  
Parma, OH 44130  
*Internal Medicine*

**\* Udayashankar, S.V. MD**  
*Anesthesia - Retired*

**\* Ujla, Dilip MD**  
*Family Practice*

*\* Denotes Life Member*

*† Deceased*



**\* Ujla, Rekha**  
1468 E. 55th Street . . . . . Office: 216-881-2000  
Cleveland, OH 44103

*Nurse Practitioner*

**\* Umapathy, Kandasamy MD**  
25 Tarbell Avenue . . . . . Office: 440-439-7766  
Bedford, OH 44146

*Internal Medicine*

**\* Vaidya, Vijaykumar MD**  
2351 E. 22nd St . . . . . Office: 216-861-6200  
Cleveland, OH 44115

*Surgery*

**\* Vallabhaneni, Raj MD**  
124 Liberty St. . . . . Office: 440-321-9725  
Painesville, OH 44077

*Cardiology*

**\* Vallabhaneni, Rajani MD**  
124 Liberty St. . . . . Office: 440-352-4956  
Painesville, OH 44077

*Family Medicine*

**\* Varma, Kalpana MD**  
12300 McCracken Rd. . . . . Office: 216-587-8200  
Garfield Heights, OH 44125

*Anesthesia*

**\* † Varyani, Nand MD**

*Anesthesia*

**\* Varyani, Sandhia MD**  
UH Ahuja Medical Center  
1000 Auburn Drive . . . . . Office: 216-285-4130  
Suite 34, Beachwood, OH 44122

*OB/GYN*

**\* † Vasavada, Prasan MD**

*Internal Medicine*

**\* Vasavada, Sandip MD**  
9500 Euclid Avenue A100 . . . . . Office: 216-445-0296  
Cleveland, OH 44195

*Urology*

**\* Venkat, Vasuki, MD**  
27600 Chagrin Blvd. Suite 300 . . . . . Office: 216-347-5795  
Woodmere, OH 44122

*Nephrology*

**\* Venna, Prabhakar MD**  
Cleveland VAMC 11A(W) . . . . . Office: 440-562-0762  
10701 East Blvd

Cleveland, OH 44109-1709

*Anesthesiology*

**\* Vibhakar, Nilla MD**

*Pediatrics*

**\* Vibhakar, Shardul MD**

*Radiology, Diagnostic*

**\* Vuppala, Murty MD**  
6363 York Pearl Rd #103 . . . . . Office: 440-888-1500  
Cleveland, OH 44130

*Pediatrics*

**Vyas, Chinmay, MD**  
600 W. 3rd Street . . . . . Office: 419-522-6191  
Mansfield, OH 44096

*Family Medicine*

**Wankhade, Sharad, MD**

*Clinical Research*

**\* Wyckoff, Neeti MD**  
3043 Sanitarium Rd #3 . . . . . Office: (330) 253-4931  
Akron, OH 44312

*Pediatrics*

**\* Yadavelli, Gopal MD**

11100 Euclid Ave . . . . . Office: 216-844-2562  
Cleveland, OH 44106

*Infectious Disease/Internal Medicine*

**\* Yalavarthy, Umesh MD**  
25301 Euclid Ave. . . . . Office: 216.261.6263  
Euclid, OH 44117

*Nephrology*

**Yerneni, Himabindu MD**  
University Hospitals Medical Center . . Office: 216-844-5525  
Cleveland, Ohio 44106

*Transplant Nephrology*

**\* Zanotti, Salena, MD**  
36901 American Way Suite A . . . . . Office: 440-930-6200  
Avon, OH 44011

*OB/GYN*

# LISTING OF PHYSICIANS BY SPECIALTY

## Allergy

Chouksey, Akhilesh MD  
Durve, Mohan MD

## Anesthesiology

Bhavani, Sekar MD  
Deogaonkar, Anupa, MD  
Devarajan, Jagan  
Ebrahim, Zeyd MD  
Jagetia, Anil MD  
Joshi, Vinod MD  
Kalhan, Santosh MD  
Kapadia, Gautam MD  
Kapadia, Jyotika MD  
Khanna, Ashish, MD  
Maniar, Smita MD  
Mulgaokar, Girish MD  
Patel, Dineshchandra MD  
Patel, Narendra MD  
Perumbeti, Prasad MD  
Pradhan, Minal MD  
Ragagopalan, Sudha MD  
Raj, Chandra MD  
Ramachandran,  
Mangalakarpudur, MD  
Ramachandran, Saraswati MD  
Reddy, Kalva S. MD  
Shah, Chirag MD  
Shah, Pankaj MD  
Sidhu, Kanwaljit, MD  
Sidhu, Tejbir MD  
Sivashankaran, Subhalakshmi MD  
Tamaskar, Mandakini  
Varma, Kalpana MD  
Varyani, Nand MD  
Venna, Prabhakar MD

## Cardiology

Ahluwalia, Charanjit MD  
Bhaiji, Khushal C. MD  
Bolla, Ravisankar MD  
Brahmanandam, Maddikunta MD  
Brahmbhatt, Ramesh MD  
Desai, Mihir MD  
Dhingra, Rahul MD  
Ginwalla, Mahazarin, MD  
Jain, Mukesh MD  
Jayaswal, Bijay MD  
Kapadia, Samir MD  
Madan Mohan, Sri MD  
Maroo, Praful V. MD  
Mistry, Vijay MD  
Mitra, Kunal MD  
Osman, Mohammed Najeeb MD  
Patel, Chetan MD  
Rakhit, Ashis K. MD  
Sequeira, Thomas Mark MD  
Sharma, Trilok C. MD  
Vallabhaneni, Raj MD

## Cardiology, Electrophysiology

Iyer, Inderisha, MD

## Cardiology, Interventional

Bhakta, Shyam MD  
Chawla, Rakesh, MD  
Kondapaneni, Meera MD  
Nair, Ravi, MD

## Cardiology Pediatric

Patel, Bhupendra MD

## Cardiothoracic Surgery

Gill, Inderjit MD  
Sekhon, Baldev MD

## Chiropractic

Dahodwala, Ty DC

## Clinical Research

Wankhade, Sharad, MD

## Critical Care Medicine

Khanna, Ashish, MD  
Suri, Anu, MD

## Dentistry

Gupta, Nisha DDS  
Chhibber, Surabhi, DDS  
(Pediatric)  
Jagannathan, Ramya, DDS

## Dermatology

Diwan, Renuka MD  
Khandekar, Prakash MD

## Diabetes (Educator)

Sreshta, Michael, RPh, MS. CDE

## Emergency Medicine

Dhillon, Jagprit MD  
Gupta, Adarsh MD  
Paul, Randhir MD  
Shah, Tushar MD

## Endocrinology

Bindra, Sanjit MD  
Kashyap, Sangeeta MD  
Kumar, Vikram MD  
Mehta, Adi MD  
Rao, Pratibha, MD

## ENT

Haria, Chandra MD  
Malhotra, Ritu, MD  
Mehta, Govind MD  
Shah, Ajit C. MD

## Epilepsy

Lachwani, Deepak MD

## Family Practice

Ahuja, Payal, MD  
Apte, Manohar MD  
Desai, Dipali, MD  
Dravid, Sheela MD  
Tirounilacandin, Pazhaniaandi, MD  
Ujla, Dilip MD  
Vallabhaneni, Rajani MD  
Vyas, Chinmay, MD

## Gastroenterology

Bandi, Ram MD  
Dalal, Bankim MD  
Khambatta, Parvez MD  
Kumar, Namrata MD  
Kumar, Unni P.K. MD  
Mahajan, Subhash MD  
Natesan, Arumugam MD  
Parikh, Keyur MD  
Patel, Dinubhai MD  
Sanaka, Madhusudhan, MD  
Sehgal, Bindu MD  
Thota, Prasanthi, MD

## General Medicine

Kundu, Sunanda MD

## Geriatrics

Bhavani, Sanjeev MD  
Gudla, Jyothi MD  
Gupta, Mona MD  
Jethva, Natwar MD  
Meyyazhagan, Swarnalatha MD  
Pallaki, Muralidhar MD

## Hematology/Oncology

Bhatt, Mukesh MD  
Kantharaj, Belagodu MD  
Mahajan, Neeraj, MD  
Makkar, Vinit, MD  
Mendpara, Suresh MD  
Prithviraj, Panju MD

## Hospitalist

Bahuva, Rubin MD  
Chimalakonda, Ravi, MD  
Gupta, Mohit MD  
Saraiya, Jayshree MD  
Saraiya, Rajesh MD

## Infectious Disease

Gopalakrishna, K.V. MD  
Shekar, Raja MD  
Yadavelli, Gopal MD

## Internal Medicine

Agarwal, Rajesh, MD  
Balaji, Harigopal, MD  
Bhaiji, Alok MD  
Bhalla, Rakesh MD  
Bhimani, Jayantilal MD  
Chand, Prakash MD  
Dasari, Narayana MD  
Dhillon, Harmohinder MD

## Internal Medicine, cont'd

Goswami, Atul MD  
Gudla, Jyothi MD  
Gupta, Arun MD  
Gupta, Geeta MD  
Jain, Rashmi, MD  
Jethva, Natwar MD  
Jhala, Nilamba MD  
Kalepu, Sudheera, MD  
Kansal, Sunil MD  
Kapoor, Gopal MD  
Karimpil, Joseph MD  
Khatri, Saloni MD  
Kotak, Sandeep MD  
Kothari, Samir MD  
Krishnan, Ravi MD  
Kumar, Praveer MD  
Lele, Anju S. MD  
Lele, Shreenivas MD  
Madan Mohan, Sri MD  
Majmudar, Himanshu MD  
Mankad, Vinoo MD  
Mehta, Dharmesh MD  
Mehta, Neil MD  
Mehta, Rajendra MD  
Mehta, Usha MD  
Mistry, Darshan MD  
Mistry, Niraj MD  
Mukunda, Beejadi N. MD  
Natesan, Corattur, MD  
Nayak, Hemanta MD  
Oza, Sudhir MD  
Pandit, Mukul MD  
Pandit, Vidya MD  
Parmar, Harbhajan MD  
Parmar, Rajvinder, MD  
Patel, Chetan MD  
Paul, Bobby MD  
Pillai, Latha MD  
Punjabi, Eshwar B. MD  
Rao, Neelima MD  
Reddy, Madhu MD  
Reddy, S. Sethu MD  
Roy, Somnath D. MD  
Saraiya, Jayshree MD  
Saraiya, Rajesh MD  
Saralaya, Sparsha, MD  
Sharma, Rajesh MD  
Shivadas, Anita MD  
Singh, Chandra V. MD  
Somasundaram, Mey, MD  
Tamaskar, Ranjit B. MD  
Turakhia, Ashwin MD  
Umapathy, Kandasamy MD  
Vasavada, Prasan MD  
Yadavelli, Gopal MD

## Neonatology

AchanFati, Babu MD  
Holla, Ira, MD

## Nephrology

Ghose, Manesh K. MD  
Nadkarni, Vivek MD  
Padiyar, Aparna MD

# LISTING OF PHYSICIANS BY SPECIALTY - continued

## *Nephrology cont'd*

Pannu, Kulbir S. MD  
Patel, Amit, MD  
Raina, Rupesh, MD  
Rao, Akhilesh MD  
Sandhu, Satnam S. MD  
Sehgal, Ashwini MD  
Suresh, Keelapandal R. MD  
Yalavarthy, Umesh MD  
Yerneni, Himabindu MD

## *Neurology*

Chandar, Krishan MBBS, MRCP  
Deogaonkar, Milind, MD  
John, Kuruvilla MD  
Kumar, Suresh MD  
Mahajan, Darshan MD  
Muthusamy, Preetha, MD  
Nayak, Sagarika MD  
Patel, Dhruv MD  
Ravishankar, K.C. MD  
Shaikh, Aasef, MD  
Subramanian, Thyagarajan MD

## *Neurology, Pediatric*

Parikh, Sanjay MD  
Shaikh, Aasef, MD, PhD  
Sivaraman, Indu, MD

## *Neurosurgery*

Sawhny, Bhupinder MD

## *Neurotology*

Shaikh, Aasef, MD

## *Nurse Practitioner*

Ujla, Rekha

## *OB/GYN*

Arora, Urmila MD  
Kothari, Ajeet MD  
Kothari, Purnima MD  
Mankad, Devi MD  
Mehta, Gita MD  
Parikh, Kamal MD  
Patel, Urmila MD  
Shinde, Sharad MD  
Varyani, Sandhia MD  
Zanotti, Salena, MD

## *Occupational Medicine*

Mahna, Satish MD  
Patel, Maheshkumar MD  
Patel, Tarulata MD  
Patil, Ashok MD

## *Oncology*

Ahluwalia, Manmeet MD  
Gupta, Mona MD  
Patel, Mita, MD  
Tamaskar, Ila R., MD

## *Ophthalmology*

Bafna, Shamik, MD  
Ghasia, Fatema, MD  
Kapadia, Mansavee MD  
Krishnan, Nagureddi MD  
Mehta Patel, Sangita MD  
Singh, Annapurna  
Singh, Arun D. MD

## *Optometry*

Chatterjee, Arup Kumar OD

## *Orthodontist*

Chhibber, Aditya, DDS

## *Orthopedics*

Maheshwer, C. MD  
Marshall, Brian, DO  
Purohit, Umkant MD

## *Pain Management*

Gupta, Parshotam MD  
Sogal, Ramesh MD

## *Pathology*

Deodhar, Sharad MD  
Godbole, Medha S. MD  
Madan Mohan, Gayatri MD  
Mehta, Madhu MD  
Patel, Minal MD  
Raju, Rajeeva MD

## *Pathology, Forensic*

Murthy, P.S.S. MD

## *Pediatrics*

Adhvaryu, Neela MD  
Appachi, Elumalai MD  
Appachi, Mala MD  
Dipali, Aravind MD  
Jain, Rajneesh MD  
Kalhan, Satish MD  
Khadilkar, Vidula MD  
Kherani, Kausar MD  
Mahajan-Khanna, Niyati, MD  
Rao, Shakuntala MD  
Rao, Sheela M. MD  
Roy, Aparna, MD  
Shah, Shashin MD  
Sundaresh, H.P. MD  
Swarup, Namita MD  
Vibhakar, Nilla MD  
Vuppala, Murty MD  
Wyckoff, Neeti MD

## *Pediatric Anesthesiology*

Adur, Anjali P. MD

## *Pharmaceutical*

Chawla, Ash, MS, RPh  
Sreshta, Michael, RPh, MS. CDE  
(Director)

## *Physical Medicine/*

## *Rehabilitation*

Kumar Sanjay, DO  
Shah, Arunika N. MD  
Shah, Kalyani MD  
Tandra, Usharani MD

## *Physical Therapy*

Shah, Surekha

## *Plastic Surgery*

Bapna, Sumit MD  
Malhotra, Ritu, MD  
Pandurangi, Vasu MD

## *Podiatry*

Mathur, Monica DPM

## *Psychiatry*

Adhvaryu, Hareendra G. MD  
Adityanjee, A MD  
Bains, Shivnaveen, MD  
(Child & Adolescent)  
Cupala, Homai MD  
Ebrahim, Lilian MD  
Hegde, Shura MD  
Mahajan, Nitika, MD  
Mude, Jagdish L. MD  
Rakesh Ranjan, MD  
Rao, Kancherla S. MD  
Rohira, Lalsingh MD  
Tandra, Brahmaiah MD  
(Pediatric)

## *Pulmonary Medicine*

Dacha, Harinathrao MD  
Gosain, Sudhir MD  
Iyer, Sridhar K.  
Khandelwal, Anand MD  
Makadia, Ashok P. MD  
Mehta, Atul MD  
Rao, L.C. MD  
Suri, Anu, MD

## *Radiology, Oncology*

Ambekar, Anjali MD  
Patel, Chandralekha MD  
Sharan, Vishwa MD

## *Radiology*

Batchu, Chandra, MD  
Jain, Rachana MD  
Jain, Vikas, MD  
Kanvinde, Mangesh MD  
Kosaraju, Vijaya, MD  
(Muskuloskelatal)  
Patel, Deodutt MD  
Patel, Kirit MD  
Ram, Dasarathi MD  
Ramana, C.V. MD  
Vibhakar, Shardul MD

## *Rheumatology*

Hampole, Vagesh MD

## *Sleep Medicine*

Ahluwalia, Harneet MD  
Shah, Vaishal, MD

## *Surgery, Cardiothoracic*

Apte, Susan MD

## *Surgery, General*

Augustin, Toms MD  
Chari, Vedantum Ramanuja MD  
Deshpande, Krishna MD  
Kalepu, Anand Rao, MD  
Kampani, Shanta MD  
Narichania, Dilip MD  
Patel, Vasant  
Vaidya, Vijaykumar MD

## *Transplantation Surgery*

Krishnamurthi, Venkatesh MD

## *Vascular Surgery*

Kashyap, Vikram MD  
Rao, Vikram MD

## *Urology*

Cherukuri, Subbarao MD  
Jawa, Prem S. MD  
Kedia, Kalish MD  
Krishnamurthi, K.C. MD  
Sivalingam, Sri MD  
Vasavada, Sandip MD

# ***AIPNO MEMBERSHIP APPLICATION***



NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

SUB-SPECIALTY: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Preferred mailing address - Check one: ☐ Home ☐ Office

## Membership Dues:

Active - \$75.00 per year per physician; \$125.00 per year per physician couple

Life - \$500.00 one-time per physician; \$750.00 one-time fee per physician couple

Associate (In Training) - No Charge

Mail completed form to: AIPNO

Pam Pawelecki, Executive Assistant  
3702 Sutherland Road  
Shaker Heights, OH 44122

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Free Clinic of Cleveland was the beneficiary and Ohio Senator John Glenn was the Chief Guest for the first Chiraag in 1992.

Thanks to all the succeeding presidents of AIPNO who have continued the tradition of Chiraag until today. Well done AIPNO for all the marathon efforts for raising substantial funds for well-deserved local charities.

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more to come.**

*Regards,  
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**“Best Wishes for Aipno Members and Supporters for 2021!”**

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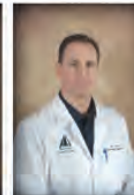
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*From Dr. Dharmesh Mehta,  
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