Partners for quality patient care.

Centers for Dialysis Care – the largest outpatient dialysis provider in Northeast Ohio – excels at delivering patient-centered care, education and support for individuals with kidney disease. We provide a comfortable environment with highly trained and caring staff at our regional facilities. Call us today at 216.295.7000 or visit our website, cdcare.org to learn more.

As a proud sponsor of the AIPNO, CDC acknowledges the organization's exceptional achievements and commitment to superior patient care.
At University Hospitals, science and compassion converge to create new and innovative ways to cure and care.

That is why we are committed to our community and proud to support the Association of Indian Physicians of Northern Ohio.
RESEARCH SHOWCASE COMMITTEE
Co-Chairs:
- Mona Gupta, MD
- Beejadi Mukunda, MD

Members:
- Manmeet Ahluwalia, MD
- Hari Balaji, MD
- Namita Chowksi, MD
- Rahul Damania, MD
- Sanjay Gupta, PhD, MD
- Reema Gulati, MD
- Corattur Natesan, MD
- Rupesh Raina, MD
- Kooshali M. Shah, MS4
- Shetal Shah, MD
- Anu Suri, MD
- Raja Shekar, MD

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Chairperson:
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Committee:
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- Saloni Khatri, MD
- Dharmesh Mehta, MD
- Sangita Mehta, MD
- Beejadi Mukunda, MD
- Corattur Natesan, MD
- Harbhajan Parmar, MD
- Amit Patel, MD
- Rupesh Raina, MD
- Umesh Yalavarthy, MD

NOMINATIONS & ELECTIONS COMMITTEE
Awards & Recognition Committee
Chairperson:
- Hari Balaji, MD

Members:
- Corattur Natesan, MD

HEALTH FAIR COMMITTEE
Chair:
- Gopal R. Kapoor, MD

ENDOWMENT COMMITTEE
Chairperson:
- Harbhajan Parmar, MD

Co-Chair:
- Mona Gupta, MD

Members:
- Dharmesh Mehta, MD
- Beejadi Mukunda, MD
- Corattur Natesan, MD
- Amit Patel, MD
- Rupesh Raina, MD
- Umesh Yalavarthy, MD

SOCIAL COMMITTEE:
Chair:
- Sangita Mehta

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- Deepa Mukunda
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- Parijatha Narahari
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- Beejadi Mukunda, MD
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- Beejadi Mukunda, MD

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- Saroj Mahalaha, MD

Co-Chair:
- Murty Vuppal, MD

Vice Co-Chair:
- Gita Gidwani, MD

Vice Co-Chair:
- Jaya Shah, MD

Camp Director:
- Ramesh Shah

MEMBERSHIP COMMITTEE
- Hari Balaji, MD
- Mona Gupta, MD

SPORTS COMMITTEE
Chair:
- Arun Gupta, MD
Friends & Family join AIPNO in congratulating

Dr. Umesh Yalavarthy

2018 Distinguished Physician of the Year in His Achievement

Congratulations!
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PRESIDENT’S MESSAGE

Dear AIPNO members, donors, beneficiaries, friends and families,

As we look back at another year filled with overwhelming success, we look forward to an even more glorious year of giving back. This year we are proud to host our 35th Annual Dinner Gala, 27th “Chiraag” Annual Fundraiser and our 6th Research Showcase. I am honored and privileged to be the President of AIPNO and Co-chair of Research Showcase in such a wonderful time of progress. I am grateful to our founders, our sponsors, our endowment & executive committee and AIPNO Board of Trustees for showering our path thus far with success.

AIPNO has come a long way since it was founded in 1983. We hope to continue and thrive with our unwavering core principles of education, philanthropy and improving health care access. I am proud to say AIPNO is the largest organization in the state of Ohio 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 to under-served population in Ohio and in India. It is undoubtedly a result of our zeal and diligence that we have been able to maintain and draw staunch members. We now have over 400 active members who live and practice in Northern Ohio. We are very involved at local, national as well as international levels. And I would like to reiterate that AIPNO is for all of us - including non-physicians who share the same mission as us. We have had ongoing efforts throughout the year to reinvigorate and revitalize communication between members and families; improve relationship between the membership, executive committee, and the board of trustees.

AIPNO believes in contributing to the community we live in. 2018 has been another year of milestones. We are proud and privileged to be able to support great organizations in north east Ohio. Our mission has been to continue to enhance community involvement and coordinate with other local and national organizations. To this effect, we have organized health fairs, CME, and a research showcase with a goal of being more family friendly, involving the younger generation. This year we have strived to refine our online and social media presence and expand & amplify our reach to other geographical areas. We have pledged $100,000 over 5 years to support Cleveland Sight Center. We will also host a blood donation drive this November in collaboration with Red Cross.

We started a new endeavor and sponsored the community with the sponsorship of “Naach Di Cleveland” dance competition which was hosted by CWRU teams at Playhouse Square and also supported Kuchipudi dance drama hosted by NEOTA. AIPNO participated and sponsored the FICA Republic Day celebration and Project Seva. We were also instrumental in bringing comedian Amit Tandon to perform in Cleveland and started a new tradition -a joint collaboration for the event “Holi Ke Rang Apno Ke Sang” with ICACA and the Marwari Association of Ohio. AIPNO supported the Medical Yatra trip to Gujarat and Bengaluru along with a global grant to Women’s clinic. Mr. Ramesh Shah, Dr Jaya Shah, Dr Murthy Vuppala and their team worked tirelessly to make Medical Yatra 2018 an impactful mission. We sponsored IndiaFest USA along with the fund
for the “Save a Child” program, Cleveland International Hall of Fame, NEOMM-North East Ohio Maratha Mandal, fundraiser India food fair organized by St George’s Church, Visa and Passport day in collaboration with TANA and FICA. We sponsored the Shiksha Daan Volunteer Appreciation Luncheon at the Shiva Vishnu Temple. In addition to all this, we proudly presented the biggest event in AIPNO history, the “Mystic India” Bollywood show. The main beneficiary for this fundraiser was Benjamin Rose institute on Aging, and I am proud to say that over 1400 people attended making the show a huge success. AIPNO philanthropy has not gone unnoticed as we humbly accepted invitations from Spellbound, a fundraiser hosted by the Cleveland Sight center. We were also invited as the lead guest for the inauguration ceremony of BAPS charities health fair at the BAPS temple and also at Shiva Vishnu temple.

On behalf of AIPNO, I want to extend my heartfelt thanks and gratitude to Diane Wish, CEO and Gary Robinson, President of Center for Dialysis (CDC) and University Hospitals-UH Community Hospitals esp. Ms Susan Juris-President of Ahuja Hospital that are our presenting sponsors for our Annual Dinner Gala this year. I am thankful to Dr. Umesh Yalavarty, Dr Amit Patel, Dr Corattur Natesan for their enthusiasm and energy.

I am thankful to Dr. Hari Balaji, Dr. Beejadi Mukunda, Dr Harbhajan Parmar, Dr Saloni Khatri, Dr Dharmesh Mehta, Dr Sangita Mehta, Dr Rupesh Raina for their enthusiastic support.

The future of AIPNO looks bright and prosperous and it is truly astounding to see how the AIPNO family and the community from greater Cleveland come together to give back to the society. This year’s membership drive has resulted in even more new life members to the organization.

I invite and urge all who wish to join this movement by participating, sponsoring, and contributing towards making our main goal of quality healthcare that is accessible and affordable for the community. Together, we will continue to grow and expand AIPNO as a leading organization for medical education and philanthropy in Northeast Ohio.

Finally, I would like to sign off by saying a sincere thank you to all the members and sponsors who have supported us through the year. Without your charity, AIPNO would have never made it this far. I hope we continue to do the things we do that garner such unwavering loyalty and support from all the members. With the continued assistance of our AIPNO family, we hope to bring spectacular new events and shows along with providing continued support to the community both locally and abroad.

I would like to thank our executive assistant Binnie Eiger who has been instrumental in putting this gala event together.

I am especially indebted to my husband Dr. Vijay Rastogi and children Sunay and Krivam for supporting me to serve AIPNO.

Mona Gupta, MD
President of AIPNO 2018
Co-Chair Research Showcase
GREETINGS FROM
AHUJA
FOUNDATION

CONGRATULATIONS
TO
AIPNO!
PRESIDENT-ELECT & ENDOWMENT COMMITTEE REPORT

“Giving is not just about making a donation. It is about making a difference.”
– Kathy Calvin, CEO & President of the United Nations Foundation

Dear AIPNO friends and families,

Warm welcome to the 27th chiraag annual fund raising dinner. I am honored to be the endowment chair of chiraag. I am thankful to our sponsors, our endowment & executive committee and AIPNO Board of Trustees for this wonderful event.

We are pleased to support “Mayor Frank G. Jackson Scholar Program” administered through “College Now.” For 50 years “College Now” of Greater Cleveland has been able to help students pursue educational opportunities that empower them to embark on rewarding careers and strengthen our community. College Now assists over 23,500 students each year, delivering college access and success advising, financial aid counseling and scholarship and retention services in schools, in the College Now Resource Center and through community-based programs and collaborations.

We are fortunate to have two presenting sponsors this year.

On the behalf of AIPNO, I would like to sincerely thank Diane Wish, CEO of Center for Dialysis (CDC) for honoring us with her presence and supporting our mission with generous donations. I am humbled to announce that CDC has been our Presenting sponsor for last five years, including this year. Excellent work done by CDC does not need my recognition. Outstanding service for dialysis and chronic kidney diseases patients across Northeast Ohio speaks for itself. I would also like to thank Dr. Umesh Yalavarthy and Dr. Amit Patel for their impeccable support.

In the same breath, I, also want to thank University Hospitals for being our presenting sponsor. University Hospital system and Rainbow Baby Hospital has been a leader in Providing medical services in various specialities and super specialities in all age groups. The excellent work done by University Hospital System has been recognized not only in Ohio, but all over USA.

I extend my thanks to Mrs. Cynthia Moore-Hardy, Lake Health System, for her magnanimous support for many years.

On the behalf of AIPNO I would like to thank Dr. Keyvan Ravakah for his not only monetary support, but also his help with Research Show Case in various capacities including a being a judge and mentor to many Research Show Case participants. He has helped many students to become
successful physicians. I take this opportunity to thank him for molding my life in to a person as I stand today.

No Money No Mission. Our mission can not fulfill without the generous support of our several sponsors. I extend my gratitude to all the sponsors for their support to help us achieve our goals. On behalf of AIPNO I want to express my sincere appreciations to all the health care systems of greater Cleveland, including UH Ahuja medical center, Lake Health, Cleveland Clinic Regional Operations, Legacy Health Services, UH Rehabilitation hospital, and community businesses including Key Bank, Merrill Lynch, . We also owe a debt of gratitude for individual donations from Atrium Medical Group, American Kidney Institute, Faith Medical associates, Cleveland Kidney and Hypertension consultants, Dingus and Daga, Saber Health Care Group, Manor care, Great Lake caring, ID consultants, Great Lake Gastroenterology, fersenius, Relypsa, Novartis, Astrazeneca, Chandra and Hansa Haria, Excello Realty. My Sincere gratitude to Dr. Mona Gupta, Dr. Beejadi Mukunda, Dr. Hari Gopal Bala Ji, Dr. Rupesh Raina, Dr. Dharmesh Mehta, Dr. Nanavati, Dr. Sangita Mehta and Dr. Saloni Khatri for their unselfish and timely help.

These resources help us support our charitable activities, medical education programs, Continuing Medical Education, student scholarship, and conduct Research Show case annually.

I take a pride to say that I am working for the largest organization in the state of Ohio dedicated to enhance the quality of health care not only in our local community, but also abroad, in under served areas through Medical Yatra. Dr. Jaya Shah, Mr. Ramesh Shah, Dr. Saroj Mahalah and their team has worked round the clock to make Medical Yatra, a success and helped us to achieve our mission.

Last but not the least my heartfelt thanks to friends, families, everyone present here for their relentless support for AIPNO to live up to its sole mission to giving bak to community and making a difference. I cannot go without mentioning the name of my better half, my wife Dr. Rajvinder Parmar for her selfless support for me.

This gratitude can not be complete without thanking our executive assistant Binnie Eiger who has been the hub of this organization for many years in organizing all the events.

We may not be here tomorrow but the “Light of Chiraag” will keep enlightening the path of generations to come.

Gratitude from the bottom of my heart
Harbhajan Parmar, MD.
President-Elect, AIPNO
Chair, Endowment Committee
Todd Park is Co-Founder and Executive Chairman of Devoted Health, a company focused on dramatically improving health care for seniors by taking care of every member like family. Prior to Devoted, Todd served as White House technology advisor based in Silicon Valley until January 2017, working to bring top technology talent and best practices into government to improve service delivery, national defense, and more. Prior to this role, Todd served from March 2012 to August 2014 as U.S. Chief Technology Officer and Assistant to the President in the White House Office of Science and Technology Policy. Todd joined the Obama Administration in August 2009 as CTO of the U.S. Department of Health and Human Services, where he functioned as an “entrepreneur-in-residence,” helping HHS harness the power of data, technology, and innovation to improve the nation’s health. For his work at HHS, Todd was named one of Fast Company’s “100 Most Creative People in Business.” Prior to his government service, Todd co-founded Athenahealth in 1997 and co-led its development into a leading provider of cloud-based software and services for physicians and health care practitioners. He also co-founded Castlight Health, an innovative online health benefits platform company, in 2008. Todd graduated magna cum laude and Phi Beta Kappa from Harvard College with an A.B. in economics. He currently serves on the boards of New America and the Biden Cancer Initiative. Todd was elected a Fellow of the National Academy of Public Administration in 2017, and is a member of the 2017 Class of Henry Crown Fellows within the Aspen Global Leadership Network at the Aspen Institute.
Congressman Ro Khanna represents California’s 17th Congressional District, located in the heart of Silicon Valley, and is serving in his first term. Rep. Khanna sits on the House Budget and Armed Services committees and is a vice chair of the Congressional Progressive Caucus.

Rep. Khanna is committed to representing the people and ideas rooted in Silicon Valley to the nation and throughout the world. For each job created in the high-tech industry, another four jobs are created. The tech multiplier is even larger than the multiplier for U.S. manufacturing. Rep. Khanna will work to ensure the technology sector is at the forefront of U.S. economic policy and strive to provide opportunities to those our changing economy and technological revolution has left behind. To do so, the U.S. must implement policies that will not only create tech jobs in Silicon Valley but across America. This includes job training programs, economic development initiatives, re-wiring the U.S. labor market, and debt-free college to help working families prepare for the future.

A dedicated political reformer, Rep. Khanna is one of just six elected officials to refuse contributions from PACs and lobbyists. He also supports a 12-year term limit for Members of Congress and a constitutional amendment to overturn Citizens United.

Rep. Khanna was born in Philadelphia, PA, during America’s bicentennial, to a middle-class family. Both of his parents immigrated to the United States in the 1970s from India in search of opportunity and a better life for their children. His father is a chemical engineer and his mother is a substitute school teacher. Rep. Khanna’s commitment to public service was inspired by his grandfather who was active in Gandhi’s independence movement, worked with Lala Lajpat Rai in India, and spent several years in jail for promoting human rights.

Prior to serving in Congress, Rep. Khanna taught economics at Stanford University, law at Santa Clara University, and American Jurisprudence at San Francisco State University. He wrote the book Entrepreneurial Nation: Why Manufacturing is Still Key to America’s Future and worked as a lawyer specializing in intellectual property law. Rep. Khanna served in President Barack Obama’s administration as Deputy Assistant Secretary at the U.S. Department of Commerce. In 2012, California Governor Jerry Brown appointed him to the California Workforce Investment Board. He has also provided pro bono legal counsel to Hurricane Katrina victims with the Mississippi Center for Justice, and co-authored an amicus brief on the fair housing U.S. Supreme Court case, Mount Holly v. Mt. Holly Gardens Citizens in Action, Inc.

Rep. Khanna graduated Phi Beta Kappa with a B.A. in Economics from the University of Chicago and received a law degree from Yale University. As a student at the University of Chicago, he walked precincts during Barack Obama’s first campaign for the Illinois Senate in 1996. In his free time, Rep. Khanna enjoys cheering for the Golden State Warriors, watching movies, and traveling. He and his wife Ritu call Fremont, CA, home.
The Mayor Frank G. Jackson Scholarship Program has been established to support City of Cleveland employees, their children and Cleveland Metropolitan School District (CMSD) students interested in pursuing full-time college educations.

Administered by “College Now”, whose mission is to increase postsecondary educational attainment through college and career access advising, financial aid counseling, and scholarship and retention services.

College Now provides Greater Cleveland students with guidance and access to funds to prepare for and graduate from college. For 50 years, our goal has been to help students pursue educational opportunities that empower them to embark on rewarding careers and strengthen our community. College Now assists more than 27,000 students each year, delivering college and career access advising, financial aid counseling, and scholarship and retention services in Greater Cleveland schools, in the College Now Resource Center and through community-based programs. For more information, visit www.collegenowgc.org.
The Association of Indian Physicians of Northern Ohio is proud to honor Dr. Umesh Yalavarthy as the recipient of the Distinguished Physician of the Year Award for 2018.

Dr. Yalavarthy is a Board-Certified Nephrologist who has been in private practice at Cleveland Kidney and Hypertension Consultants Incorporated (CKHC). He is on staff at Euclid hospital, Geauga Medical Center and Hillcrest Hospital. He was the recipient of the “Physician Collaboration Excellence” award in 2015 in recognition of excellent collaboration with nurses at Geauga Medical Center. He currently serves as the Medical Director at Centers for Dialysis Care in Heather Hill and Beachwood.

Dr. Yalavarthy graduated from Guntur Medical College, Andhra Pradesh. His internal medicine residency training was at the University of Tennessee, Chattanooga where he served as Chief Resident during his final year of training. He represented the Tennessee Chapter at the American College of Physicians National Jeopardy competition. He received the “Best Teaching Resident” award given by the medical students for his commitment towards excellence in teaching. Subsequently, he finished his fellowship at University of Tennessee, Memphis. During his fellowship he was recognized with the “Fellow Award for Teaching Excellence” presented by the Department of Medicine. He scored 99th percentile in Nephrology In-Training exam.

Dr. Yalavarthy was awarded first place for his poster presentation on Resident Research Day at University of Tennessee, Chattanooga. He was also the recipient of the coveted First Prize in Oral Presentation by the American College of Physicians, Tennessee Chapter. He has presented at national meetings for American College of Physicians, Society of General Internal Medicine and American Society of Nephrology. He has been published in several journals including: Journal for Vascular Ultrasound, Journal of Medical Case Reports and American Journal of Medical Science.

Dr. Yalavarthy is a life member of AIPNO and served on multiple committees over the years including: Executive Committee, Publications Committee, Finance Committee, Nominations & Elections Committee, Awards & Recognition Committee and Research Showcase Committee. As the chair of the Endowment Committee in 2014, he organized “Chiraag,” the annual endowment fundraiser, benefiting “The Kidney Foundation of Ohio”. During his time as AIPNO president he organized the 32nd Annual Dinner in 2015. He encouraged more involvement of his younger colleagues and physicians from Greater Cleveland and the surrounding areas. He served on the Board of Trustees for Federation of Indian Community Associations and currently serves on the Board of Trustees of AIPNO.

Dr. Yalavarthy does not have enough words to describe how thankful he is to his parents and sister for their unconditional love and support. He is grateful to his wonderful family and attributes all his accomplishments to constant love, continued support and understanding of his wife Vanitha, daughter Rithika and son Nikhil. He is very appreciative of the support of his colleagues Dr. Lautman and Dr. Mosenkis along with staff at CKHC. He would also like to thank Dr. Mukunda and Dr. Tamaskar for the guidance during his tenure as president of AIPNO.

Dr. Yalavarthy conveys his best wishes to all AIPNO members, supporters, friends and families and requests everyone’s continued support to work together and achieve more.

AIPNO is proud to honor Dr. Umesh Yalavarthy as the “Distinguished Physician of the Year”!
In Loving Memory of

Dr. H.P. Sundaresh
AIPNO President - 1989
AIPNO Distinguished Physician of the Year - 1998
Dear Friends,

Thank you for the honor of serving as the Chairman of the Research Showcase for AIPNO. We started this signature event five 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 Fifth Research Showcase in 2017 was a grand success with close to one hundred abstracts presented by researchers ranging from high school students to university professors. Money was raised to support Medical Yatra to help take three residents to India. Abstracts were printed in the program booklet and cash prizes were awarded. Younger generations’ participation in AIPNO has been achieved with great enthusiasm. This year we are further expanding the program and wish to make this a national level research competition in the near future. I am thankful to Mona Gupta, MD, for enthusiastically co-chairing this committee and helping in our goal to take make this event constantly better. Many thanks to the Executive Committee members and the Board Members for their support. Special thanks to Rahul Damania, MD, for his enthusiastic support to all aspects of Research Showcase.

As we celebrate the 35th Anniversary of AIPNO, I am proud to chair this innovative committee. 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. This further broadens the purposes of AIPNO. I would like to thank all the members of AIPNO for supporting me to establish the Research Showcase, especially Raja Shekar, MD, Ranjit Tamaskar, MD, Umesh Yalavarthy, MD, and Mey Somasundaram, MD. I am grateful to all the healthcare systems for supporting this effort and especially to Ms. Diane Wish, CEO of CDC for her generous support in being the Presenting Sponsor of Research Showcase this year. Many thanks to all the sponsors and supporters, we are in the process of establishing an AIPNO research grant with your help and support. Heartfelt thanks to Ms. Binnie Eiger, Executive Assistant and Mr. Manohar Daga, for providing accounting oversight.

I am grateful to my children Amrita and Krishna for allowing me to continue to work for AIPNO and to my wife Deepa for all her support.

Dr. Gupta: I would like to thank the board of trustees, executive committee, research showcase participants and judges in making our 6th Research ta huge success.

I would like to thank my husband Dr. Vijay Rastogi and my son’s Sunay Rastogi and Krivam Rastogi for their conditional support and allowing me to work for AIPNO.

Sincerely,
Beejadi Mukunda, MD
Co-Chair, Research Showcase Committee
Chairman, Board of Trustee, AIPNO

Mona Gupta, MD
Co-Chair, Research Showcase Committee
In recognition of

Association of Indian Physicians of Northern Ohio’s
35th Annual Dinner, 6th Research Showcase, and

27th Annual Chiraag

Whereas, on behalf of the citizens of the City of Cleveland, I am honored to offer this Proclamation in recognition of the Association of Indian Physicians of Northern Ohio’s (AIPNO) 35th Annual Dinner and 6th Research Showcase; and,

Whereas, in 1983, local physicians founded AIPNO to enhance the quality of health care by fostering excellence and professionalism in the practice of medicine and supporting efforts to improve the availability of health care to underserved populations in this community and in India; and,

Whereas, AIPNO’s contributions have enhanced the lives of Clevelanders as well as enriched the work of high school and medical students, residents and researchers committed to medical and non-medical research. The annual Research Showcase allows Indian and non-Indian researchers from all over Ohio to exhibit and publish their work in a public venue; and,

Whereas, the City of Cleveland recognizes AIPNO’s dedication to the local medical community and congratulates those being honored this evening. I would also like to congratulate Mona Gupta, M.D.- President and Research Showcase Co-chair, Harbhajan Parmar, M.D.- President-elect, and Beejadi Mukunda, M.D.- Board of Trustees Chair and Research Showcase Co-chair on a successful Annual Dinner and Research Show Case and Fundraiser

Now therefore, I, Frank G. Jackson, the 56th Mayor of the City of Cleveland, do hereby offer this Proclamation recognizing the Association of Indian Physicians of Northern Ohio as they host this dinner and research showcase. I urge all citizens to join me in wishing the members of AIPNO the best as they tend to the medical needs of our community and areas beyond our borders.

In witness thereof, I have set my hand and caused the Corporate Seal of the City of Cleveland to be affixed on this 6th day of October in the year 2018.

Mayor Frank G. Jackson
With sincere gratitude to those who made Chiraag, Annual Dinner and the Research Showcase 2018 Fundraising Dinner a Success…

Presenting Sponsors
Centers for Dialysis Care
University Hospitals, UH Community Hospitals

Major Sponsors
Foundations Health Solutions

Co-Sponsors
Americare Kidney Institute, LLC
Atrium Medical Group
Lake Health
St. Vincent Charity Hospital

Underwriters
The Ahuja Foundation
Bank of America, Merrill Lynch
Robert W. Baird, the BCJC Group
Cleveland Kidney and Hypertension Consultants
Dingus & Daga, Inc.
Fresenius Medical Care
Key Bank
Trans-Pacific Trading, Inc.

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Chandra & Hansa Haria
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ID Consultants
IGS Energy
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Legacy Health Services
Harsha & Shailesh Nanavati, MD
Saber Healthcare Group, LLC
Shaila Sundaresh, MD
Rajani and Sindhura Vallabhaneni, MD’s
Margaret Wong and Associates
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, 2017, 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. The information is the representation of management. The information was subject to our compilation engagement, however 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 supplementary information.

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

Dingus and Daga, Inc.

Shaker Heights, Ohio
April 20, 2018
## ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO

### STATEMENT OF FINANCIAL POSITION

#### December 31, 2017

(With summary financial information for 2016)

<table>
<thead>
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<th>ASSETS</th>
<th>Unrestricted</th>
<th>Board Designated</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$ 51,218</td>
<td></td>
<td>$ 183,634</td>
<td>$ 234,852</td>
<td>$ 154,156</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>3,627</td>
<td></td>
<td>3,627</td>
<td>3,820</td>
<td></td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>9,750</td>
<td></td>
<td>9,750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>$ 226,246</td>
<td></td>
<td>$ 1,190,222</td>
<td>$ 1,416,468</td>
<td>$ 1,260,734</td>
</tr>
<tr>
<td>Due from operating fund</td>
<td>47,392</td>
<td></td>
<td>1,566</td>
<td>48,958</td>
<td>13,009</td>
</tr>
<tr>
<td>Due from board designated</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>1,071</td>
</tr>
<tr>
<td>Due from endowment fund</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>3,464</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$ 64,595</strong></td>
<td><strong>$ 226,246</strong></td>
<td><strong>$ 231,026</strong></td>
<td><strong>$ 1,191,788</strong></td>
<td><strong>$ 1,713,655</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>Unrestricted</th>
<th>Board Designated</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$ 3,700</td>
<td></td>
<td></td>
<td>$ 3,700</td>
<td>$ 4,350</td>
</tr>
<tr>
<td>Accrued payroll</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>1,000</td>
</tr>
<tr>
<td>Accrued and withheld payroll taxes</td>
<td>1,676</td>
<td></td>
<td></td>
<td>1,676</td>
<td>953</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>5,000</td>
<td></td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Accrued contribution</td>
<td></td>
<td>$ 35,000</td>
<td></td>
<td>35,000</td>
<td>45,000</td>
</tr>
<tr>
<td>Due to operating fund</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>4,535</td>
</tr>
<tr>
<td>Due to temporarily restricted fund</td>
<td>47,392</td>
<td></td>
<td></td>
<td>47,392</td>
<td>13,009</td>
</tr>
<tr>
<td>Due to endowment</td>
<td>1,566</td>
<td></td>
<td></td>
<td>1,566</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$ 59,334</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>35,000</strong></td>
<td><strong>68,847</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th>Unrestricted</th>
<th>Board designated as an endowment</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board designated functioning as an endowment</td>
<td>5,261</td>
<td>$ 226,246</td>
<td>$ 231,026</td>
<td>$ 1,156,788</td>
<td>$ 203,586</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td></td>
<td>$ 231,026</td>
<td></td>
<td>1,156,788</td>
<td>135,113</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td></td>
<td></td>
<td>$ 1,156,788</td>
<td></td>
<td>1,007,613</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>$ 64,595</strong></td>
<td><strong>$ 226,246</strong></td>
<td><strong>$ 231,026</strong></td>
<td><strong>$ 1,191,788</strong></td>
<td><strong>$ 1,713,655</strong></td>
</tr>
</tbody>
</table>

See Accountants’ Compilation Report

- 2 -
# ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO

## STATEMENT OF ACTIVITIES

**Year Ended December 31, 2017**

(With summary financial information for the year ended December 31, 2016)

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Unrestricted</th>
<th>Board Designated</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Endowment</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Yatra contributions</td>
<td>$68,124</td>
<td></td>
<td>$6,500</td>
<td>68,124</td>
<td>$55,614</td>
<td></td>
</tr>
<tr>
<td>Chiraag contributions</td>
<td>$1,051</td>
<td></td>
<td>1,051</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contributions</td>
<td></td>
<td></td>
<td>$1,000</td>
<td>1,550</td>
<td>2,375</td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>550</td>
<td></td>
<td></td>
<td>59,940</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational revenues</td>
<td></td>
<td></td>
<td></td>
<td>2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual dinner</td>
<td></td>
<td>124,550</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special events</td>
<td>3,895</td>
<td></td>
<td>3,895</td>
<td>3,915</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
<td>34,785</td>
<td></td>
<td>97,062</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of restrictions</td>
<td>148,526</td>
<td>(13,125)</td>
<td>(97,062)</td>
<td>(38,339)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$154,026</td>
<td>22,660</td>
<td>95,912</td>
<td>$149,175</td>
<td>$421,773</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Medical Yatra</th>
<th>Chiraag expenses</th>
<th>Continuing education costs</th>
<th>Annual dinner</th>
<th>Special events</th>
<th>Scholarships and donations</th>
<th>Wages</th>
<th>Insurance</th>
<th>Professional fees</th>
<th>Taxes</th>
<th>Office expenses</th>
<th>Bank and investment fees</th>
<th>Local travel</th>
<th>Telephone</th>
<th>TOTAL EXPENSES</th>
<th>Change in net assets</th>
<th>NET ASSETS - Beginning</th>
<th>NET ASSETS - Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>169,860</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>169,860</td>
<td></td>
<td>15,834</td>
<td>22,660</td>
<td>95,912</td>
<td>149,175</td>
<td>251,913</td>
<td>-</td>
<td>-</td>
<td>28,298</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**See Accountants’ Compilation Report**

- 3 -
ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO

SCHEDULE I - SATISFACTION OF RESTRICTIONS
Year Ended December 31, 2017

<table>
<thead>
<tr>
<th>From Permanently Restricted Endowment</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>Board Designated</td>
<td>Research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Showcase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yatra</td>
</tr>
</tbody>
</table>

**FROM PERMANENTLY RESTRICTED ENDOWMENT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>(Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment fees</td>
<td>$5,374</td>
<td>$(-5,374)</td>
</tr>
<tr>
<td>Donation/scholarships</td>
<td>13,000</td>
<td>(-13,000)</td>
</tr>
<tr>
<td>Transfer for operations (maximum 2% of average endowment)</td>
<td>19,965</td>
<td>(-19,965)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38,339</strong></td>
<td><strong>(-38,339)</strong></td>
</tr>
</tbody>
</table>

**FROM TEMPORARILY RESTRICTED**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>(Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Yatra direct expenses, net of $5,000 organization funding</td>
<td>5,917</td>
<td>$(-5,917)</td>
</tr>
<tr>
<td>Annual meeting direct expenses</td>
<td>91,145</td>
<td>$(-91,145)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97,062</strong></td>
<td><strong>(-97,062)</strong></td>
</tr>
</tbody>
</table>

**FROM BOARD DESIGNATED**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>(Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life membership direct expenses</td>
<td>3,029</td>
<td>$(-3,029)</td>
</tr>
<tr>
<td>Investment income available for operations</td>
<td>10,096</td>
<td>$(-10,096)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,125</strong></td>
<td><strong>(-13,125)</strong></td>
</tr>
</tbody>
</table>

**TOTAL SATISFACTION OF RESTRICTIONS**

<table>
<thead>
<tr>
<th>Amount</th>
<th>(Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$148,526</td>
<td>$(-13,125)</td>
</tr>
<tr>
<td>$(-91,145)</td>
<td>$(-5,917)</td>
</tr>
<tr>
<td>$(-38,339)</td>
<td></td>
</tr>
</tbody>
</table>

See Accountants' Compilation Report

- 4 -
## SCHEDULE II - MANAGEMENT AND GENERAL EXPENSES

### Years Ended December 31, 2017 and 2016

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$15,192</td>
<td>$15,040</td>
</tr>
<tr>
<td>Professional fees</td>
<td>7,278</td>
<td>6,916</td>
</tr>
<tr>
<td>Office expenses</td>
<td>3,666</td>
<td>2,003</td>
</tr>
<tr>
<td>Scholarships and donations</td>
<td>2,000</td>
<td>2,500</td>
</tr>
<tr>
<td>Taxes</td>
<td>1,508</td>
<td>1,706</td>
</tr>
<tr>
<td>Insurance</td>
<td>1,375</td>
<td>1,375</td>
</tr>
<tr>
<td>Continuing education costs</td>
<td>-</td>
<td>875</td>
</tr>
<tr>
<td>Telephone</td>
<td>606</td>
<td>785</td>
</tr>
<tr>
<td>Local travel</td>
<td>541</td>
<td>455</td>
</tr>
<tr>
<td>Bank and investment fees</td>
<td>96</td>
<td>81</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$32,262</strong></td>
<td><strong>$31,736</strong></td>
</tr>
</tbody>
</table>

See Accountants’ Compilation Report
Every year since its inception in 2001, Medical YATRA program is growing in awareness, acceptance, and impact to rural India. For the retiring physicians, it has become a very rewarding activity filled with joy & blessing.

Dr. Murthy & Jyothin Vuppala have chaired YATRA 2018 for mission in Visakhapatnam, AP, their ‘karmabhumii’. Both of them (with their families) put in humongous amount of hours/weeks to make it a truly memorable, impactful and enjoyable mission for the Vizag rural community and Yatris. Thru **14 clinics in 10 days with help of 25 physicians & 25 medical volunteers, 9,800 rural folks benefited**. With support from Lions Club, Garuda Rao family & local community health centers, referral & follow up program has been best ever. Lot of new hi-tech initiatives have been taken with astounding results.

NEW Initiatives:

1. **Artificial Limbs-‘Jaipur Foot’**: 200 amputees received the ‘Gift of New Foot’, crutches or calipers. Most important each one walked away with great Mobility, more self esteem and ability to be more productive. Ratna Nidhi Trust from Mumbai was contracted to do measurement work in Nov. and they made customized legs to be fitted Jan.27-28-29. Lions Club played a major role bringing amputees from long distance and Dr. Nagula arranged the transportation.

2. **Cataract Surgeries**: “Gift of Sight” has been a great success story for marginalized & illiterate rural folks. Mohsin Eye Hospital & Vebart Trust led by Dr.A.V.N. Chetty-Ophthalmic Surgeon- provided eye services with Mobile Van @ each clinic. Dr. Shin from Hillcrest Hospital provided generous donation for Cataract Surgeries, Glaucoma treatment & Cornea harvesting.

3. **MRDT Foundation** During this year, we have been honored with recognition from MRDT foundation with $5,000 grant. Lot of funds were used for ‘Jaipur Foot’ and other services.

4. **Women’s Health**: Dr.Saroj Mahalaha, and Dr. Gidwani teamed up with Dr. Nagula, & Dr. Stvanarayana - Ob/Gyn from Gayatri Hospital & Medical students from Andhra Medical College to provide Pap test & Breast Examination to all women patients. Abnormal cases were referred to local hospital for further evaluation.

5. **Save Babies**: Andhra Medical School –Neo Natal Pediatrics dept. needed help to save 6 babies by administering Surfactant. We did provide funds for it to save the Babies.

Sustainable Solutions… Long term Legacy projects:

So far we have done following projects with support from Rotary Clubs and Rotary International Foundation:

1. **Mobile Ophthalmic Clinic** - ‘Take Hospital’ to Patients; Save Money, Increase accessibility, affordability, convenience, awareness.

2. **Water Treatment Plants** - To prevent water borne diseases in schools and communities, Provides Safe Drinking water, Improves Health and Reduces loss of education days in schools.

3. **Sanitary Pads Mfg. Women Empowerment Project**: For Women Health, By Women to manufacture, & market inexpensive sanitary pads to girls/women.

4. **Mobile Women’s Health Clinic**: ‘Take Hospital’ to patients; Save Money, Increase Accessibility, Affordability, Convenience for examining pap tests, breast examination, etc.
Upcoming Events:
• “Jyot Se Jyot Jalao”- Indian DOSA Breakfast
  --Oct.14-Sun. @ Highland Hts. comm. Center
• Philanthropia 2018 @ Landerhaven, Dec. 5, Monday

Medical YATRA Report Card 2001-2018

No. of patients served in India: 300,000
No. of countries visited: 10
No. of physicians inspired: 100
No. of Volunteers inspired: 100
Supported by Foundations: 5
Supported by Pharmaceutical cos. 10
States visited in India: 11
(Gujarat, Rajasthan, Madhya Pradesh, Karnataka, Andhra Pradesh
Tamilnadu, Orissa, Uttarkhand, Maharashtra, Kerala)

Awards:  
  **FICA person of the Year**  
  Inducted in Cleveland Hall of Fame  
  Distinguished Physician of the Year
Two years ago Swathiya lost her leg. Today she took her first steps with her new prosthetic leg. Jaipur foot; “I am happy, I can walk, I can go to work, my family is very happy.”

Medical YATRA-2018
Medical YATRA-2018

- 26 Physicians + 24 Volunteers = 50 NRI Yatris
- 10 Clinics (Ophthalmology, Gynecology, Pediatrics, ECG, Ultrasound, Hematology, Microbiology, Pathology, Anesthesia, Ward/
  Teaching) - 9,800 Patients
- Partnership with Rotary, Lions, Sri Satya Seva
- Services Provided: Blood Pressure, Blood Sugar, ECG, Fluoride Treatment, Eye Examinations, Dental, Diagnostics with FREE Medicines

**Education**

-Education & Sharing of Health Issues in tribal villages.
- Inspiring the Next Generation leave a greater impact on individuals and communities.
- Interpreters helped to translate in Telugu

**Child Life**

-Saving 6 Babies @ Andhra Medical School from Respiratory Failure by administering Surfactant Medicines in Neonatal Pediatrics

**Mobile Eye Bank**

- UPR Training to children by Vimala Gandhi

June 2016—“Taking Hospital to Rural folks doorsteps”

**EYE SCREENING**

Mobile Eye clinic has been doing nearly **12 screening camps** every month and around **2000 patients** get the screening done.

160 to 180 patients undergo FREE cataract surgeries every month.

As of JULY 2018 the figure stands at **28,484**.
Medical YATRA-2018
Dr. Arun Gupta, Chair of the AIPNO Sports Committee dedicated the annual Golf outing to Dr. H.P. Sundaresh, who passed away in January of 2018. The H.P. Sundaresh Memorial Golf Outing took place on June 10 at Signature of Solon Country Club in Solon, Ohio. Thirty-eight players golfed on a beautiful sunny day. The golfers enjoyed a catered lunch from Saffron Patch, the driving range and then hitting the links. The sports committee would like to thank the sponsors for this event: Doug Crandall of the BCJC Group, Bedford Hospital, Southwest General, Cleveland Clinic, Ajuha Medical Center, Richmond East Hospital and ID Consultants.

After golfing the players, spouses and other AIPNO members gathered at Saffron Patch Restaurant in Shaker Heights for dinner, awards and camaraderie. Golf teams below:
The health fair was held on May 13, 2018, at Shiva Vishnu Temple of greater Cleveland in Patel hall. The event was inaugurated by Chief Guest, Mayor of Parma, Ohio, the Honorable Mr. Timothy DeGeeter. Also Dr. Mona Gupta, president of AIPNO and Dr. Darshan Mahajan, Chairman of the Board of Trustees and Mr. Manhar Shah, President of Shiva Vishnu Temple were in attendance.

Like last year we had no Booth. We had 20 tables and 2 rooms were set up for consultation and Triage. This year about 29 community members received services from Physicians in various specialties and subspecialties: Internal Medicine, ENT, Orthopedics, Neurology, Endocrinology, Pediatrics, Pediatric Neurology, GYN -Women's Health, Dentistry, Cardiology, Nephrology, Pulmonology, Chiropractor, Hematology-oncology, Allergy-Asthma, Family Medicine, General Surgery, Breast Surgery and Geriatric-Medicine.

Also Laboratory services were provided by St. Vincent Charity Hospital. Pharmacologic Consultation provided by North Ohio Academy of Pharmacy. Also we are thankful to Madhu Gupta for providing Audiology Services.

Also I thank Dr. Murty Vuppala for helping us with the Health Fair. Also special thanks to Satishbhai Modi, Dr. Sharma, all board of trustees and Mr. Manhar Shah for making the health fair successful. Also special thanks to Dr. Darshan Mahajan for all the guidance and encouragement.

Also we are thankful to all volunteers and Bharat Patel for Audio-Visual services

Respectfully submitted,
Gopal R. Kapoor, MD
Congratulations
TO THE
RESEARCH SHOWCASE 2017 WINNERS

CLINICAL RESEARCH
First Place: Parth Parikh
Second Place: Siri Yalamanchili and Aditi Patel
Third Place: Roshini Srinivasan

CASE REPORTS
First Place: Fuat Bicer
Second Place: Sai Krishna Korada
Third Place: Saloni Sheth

QUALITY IMPROVEMENT
First Place: Natasha Kesav and Eswar Shankar
Second Place: Ahmed Khalifa
Third Place: Naveen Dhawan and Michael Glover
Cutaneous presentation of metastatic breast cancer: implications for Northeast Ohio breast cancer burden and awareness among regional Dermatologists

Cassandra Johnson, MS1, Naveen Dhawan, MBAl, Sofi Rodriguez, BS1,
Matthew Apicella, MS1, Anita Gade, BA2

1 Nova Southeastern University, Division of Health Sciences
2 Weill Cornell Medical College, Department of Dermatology

Background: In 2009, Ohio had the fourth-highest mortality rate resulting from breast cancer. Since Cuyahoga County is considered a “high risk” area for breast cancer and disparities in breast cancer screening have been reported in Northeast Ohio, special consideration is warranted for the implications in this region. The growing number of Dermatologists in Northeast Ohio further necessitates the need for awareness of cutaneous presentations of breast cancer. Cutaneous metastasis is the spread of malignant cells from an internal neoplasm to the skin and can occur either by contiguous invasion or by distant metastasis through hematogenous or lymphatic routes. Incidence of cutaneous metastasis from breast cancer is 23.9%. Cases of cutaneous metastasis have emerged which led to establishing the diagnosis of a previously unknown breast cancer. Early detection of breast cancer can increase survival and alter disease course, unlike some other internal malignancies. Recognizing these skin manifestations can lead to earlier detection compared to standard screening alone, especially when physical exam and mammography fail to reveal a breast lesion. A systematic review of literature was conducted to better understand the incidence and nature of cutaneous metastasis as the initial presentation (leading to diagnosis) of an underlying breast cancer.

Methods: This study utilized the PRISMA guidelines for systematic reviews. A review of the literature was conducted using the following databases: PubMed, Embase, CINAHL, Cochrane Library, and Medline/EBSCO. Keywords: (cutaneous metastasis) AND (breast cancer). Inclusion criteria: articles published in the last ten years, female. Exclusion criteria: patients with a previous malignant breast cancer diagnosis prior to the appearance of a cutaneous lesion. The initial search yielded a total of 722 papers and 36 papers were included, 27 of which were individual reported cases and 9 of which were retrospective reviews.

Results: The reported cases revealed several notable findings. 14% of the patients presented with a skin lesion before or simultaneous to the diagnosis of breast cancer, 44% reported a painful or tender lesion, 12% reported pruritis, and 50% were asymptomatic. Over 40% fall out of the USPSTG age range for breast cancer screening, with 24% of the patients under the age of 50 and 17% over the age of 74. The most common skin lesions were plaques and nodules. These lesions most commonly presented on the thorax. 79% presented with an erythematous lesion, two cases presented with a black nodule, making these lesions highly suspicious of melanoma. Gross characteristics of skin lesions are not specific indicators of malignancy since cutaneous metastasis can mimic many other skin conditions. Six cases presented with skin lesions that mimicked and were misdiagnosed as herpes zoster, bacterial infections, dermatitis, mastitis, and refractory eczema. The final diagnosis of cutaneous metastasis was confirmed by skin biopsy in five of these cases with one case diagnosed on imaging. Four cases reported negative mammography and ultrasound. In three of these cases, no primary tumor was ever found. Twelve cases specified the role Dermatologists played in identifying cutaneous metastasis of a primary breast cancer.

Discussion: Diagnosis of primary breast cancer in the form of cutaneous metastasis is a rare occurrence, but prompt biopsy and early intervention may significantly affect patient outcome. Dermatologists may have a key role in diagnosing breast cancer; general awareness about such possibilities is warranted among these physicians. Physicians should exercise a high index of suspicion for breast cancer when encountering cutaneous malignant manifestations in a female, particularly when they are found on the chest. Further studies are needed to fully elucidate the role of specialty physicians in diagnosing primary breast cancer when initially encountering skin cancer. Since significant disparities exist across income and race for breast cancer screenings in Northeast Ohio, leading to low rates of breast cancer screenings among low-income women, detection of breast cancer manifesting in diverse presentations is crucial; the role of specialists in detecting breast cancer is even more important. Greater awareness of unusual presentations of breast cancer among Dermatologists and other specialists is warranted in Northeast Ohio.

Environmental enrichment improved cognitive performance in mice under normoxia and hypoxia

Sahej Bindra1, J. C. LaManna2, K. Xu2

1 Hathaway Brown High School, Shaker Heights, Ohio
2 Department of Physiology and Biophysics, Case Western Reserve University, School of Medicine, Cleveland, Ohio, USA

The mammalian brain modulates its microvascular network to accommodate tissue energy demand in a process referred to as angioplasticity. There is an aging effect on cognitive function and adaptive responses to hypoxia. Hypoxia-induced angiogenesis is delayed in the aging mouse brain. It has been shown that enrichment provides an environment that fosters increased physical activity and sensory stimulation for mice as compared to standard housing; this increases neuronal activity and oxygen demand. We investigated the effect of environmental enrichment on cognitive performance in young mice (2-4 months; n=18) and the effect of hypoxia in both young (2-4 months; n=8) and aged mice (17-21 months; n=5). Mice were placed in a non-enriched or an enriched environment for 4 weeks under normoxia followed by 3 weeks of hypobaric hypoxia (~0.4 atm). Cognitive function was evaluated using Y-maze and novel object recognition tests in the enriched or non-enriched mice under normoxic or hypoxic conditions. The effect of environmental enrichment on cognitive performance in young mice (2-4 months; n=18) and the effect of hypoxia in both young (2-4 months; n=8) and aged mice (17-21 months; n=5). Mice were placed in a non-enriched or an enriched environment for 4 weeks under normoxia followed by 3 weeks of hypobaric hypoxia (~0.4 atm). Cognitive function was evaluated using Y-maze and novel object recognition tests in the enriched or non-enriched mice under normoxic or hypoxic conditions. The effect of environmental enrichment on capillary density was determined. Microvascular density (N/mm²) was calculated through GLUT-1 immunohistochemistry in young mice following a 3-week placement in a non-enriched or enriched environment. The young mice showed significantly higher alteration rate (%; 63 ± 7 vs. 48 ± 10, n = 6 young; 5 old) in the Y-Maze test as compared to the old mice. Under normoxia, the enriched mice showed a significantly higher alteration rate (%; 63 ± 10, n = 10) in Y-Maze test and a higher novel object exploration rate (%; 60 ± 10 vs. 52 ± 10) in the novel object recognition test compared to the non-enriched controls. Similar results were observed following hypoxic exposure. The young mice that underwent environmental enrichment showed significantly higher (~30%) capillary density in cortical brain opposed to the non-enriched mice. Our data suggests that environmental enrichment improved the cognitive performance in mice under normoxic and hypoxic conditions.
When silence is not golden! Another cause of isolated aphasia - the not-so-good stuff

It is because of the distribution of the middle cerebral artery (MCA), that isolated aphasia as a presentation of stroke is uncommon. Causes of such a presentation is assumed to be that of an embolic phenomenon. This case reminds us of the risk of stroke in illicit drug use while highlighting another cause of stroke with isolated aphasia.

We present a 50 year old male with no prior medical history, who presented because his wife noted he was unable to speak. Upon arrival, patient was complaining normally until 8 hours prior to presentation where the mother of the patient noted that he was speaking in incomprehensible sentences. He subsequently was acting confused and then unable to talk at all. Facial weakness, anoxia, facial drooping or unsteady gait was denied. He does not take any medications. He smoked cigarettes and marijuana smoking in which wife was unable to quantify.

When seen, his blood pressure was 120/76; pulse 54 beats/minute, other vital signs were normal. Cerebellar, respiratory and abdominal exam were normal. Cranial nerves were not appreciated.

The patient was assessed as ischemic stroke. As he was out of the window for emergent intervention, patient was managed conservatively. An MRA confirmed subacute ischemic injury involving the left MCA distribution with focal narrowing of an M1 branch within the sylvian fissure. Cerebellar atrophy showed no significant stenosis. Echocardiogram was normal. Lipid profile, homocysteine and anti-cardiolipin antibodies were normal. Thrombophilia workup was negative. Full neuroimaging assessment by neurologist and by speech therapy revealed expressive aphasia without dysphasia or any other focal neurological deficits - the cause of such assumed to be secondary to cocaine abuse. The patient was discharged for outpatient speech and occupational therapy.

Isolated aphasia as a presentation in COVA is an uncommon occurrence - because of the distribution of the MCA, aphasia is usually accompanied by focal weakness, sensory deficit or visual disturbances. When it does present as an isolated event, it is usually secondary to an embolic event. As with this patient, illicit drugs are also associated with ischemic stroke. As vasospasm is an accepted proposed mechanism for ischemia, it should be highlighted that illicit drugs can also be a cause of this uncommon presentation of stroke.

References:

The Role of Endothelin in Chronic Kidney Disease: A Review

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Abstract

Background

Endothelins (ET) are a family of peptides that act as potent vasoconstrictors and pro-fibrotic growth factors. ET-1 is integral to renal and cardiovascular pathology and exerts effects via autocrine, paracrine and endocrine signaling pathways tied to regulation of aldosterone, catecholamines, and angiotensin. In the kidney ET-1 is critical to maintaining renal perfusion and controls glomerular arteriolar tone and hemodynamics. ET can bind to two different receptors, ETA and ETB. It is hypothesized that ET-1 influences the progression of chronic kidney disease (CKD), and the objective of this review article is to discuss the pathophysiology and role of ET in the following diseases: diabetic nephropathy, hypertensive nephropathy, focal segmental glomerular sclerosis (FSGS), and autosomal dominant polycystic kidney disease (ADPKD).

Methods

Search terms include “chronic kidney disease”, “CKD”, “endothelin”, “ET-1”, “diabetic nephropathy”, “hypertensive nephropathy”, “focal segmental glomerular ischemic kidney disease”, and “ADPKD” were used to search PubMed for relevant articles to consider for review. Research staff hand-selected articles that pertained to the review and they were examined at that time. Additionally, CliniciansMD was searched for recent/current clinical trials pertaining to endothelin and CKD.

Results

Use of ERAs in hypertensive nephropathy has potential to decrease proteinuria, and in diabetic nephropathy has potential to restore glycosylation thresholds. Also, decreasing endothelin, FSGS has no specific FDA-approved therapy currently, however ERAs show promise in decreasing proteinuria and tissue damage. ET-1 is also associated with the progression of ischemia and ET-1 is suggested to be a pro-inflammatory mediator, and it is therefore thought that ET-1 may be of therapeutic benefit.

Conclusion

Multiple studies have shown utility of ERAs in CKD. These agents have shown to reduce blood pressure, proteinuria, and arterial stiffness. However, populations are needed, and the results of active or recently concluded studies are eagerly awaited.

ABSTRACT and POSTER RESEARCH

Title: Anesthetic care of a patient with Bernard-Soulier syndrome for posterior spinal fusion

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Introduction: Bernard-Soulier syndrome (BSS) is characterized by excessive and prolonged bleeding due to thrombocytopenia and platelet dysfunction with decreased platelet size and deformability. The primary defect in BSS involves the platelet glycoprotein (GP) IIb-IIIa complex, which is important in initiating platelet aggregation and thrombosis after vascular injury by facilitating the adhesion of platelets to von Willebrand factor. The lack of or defect in this function, by definition of GP IIb-IIIa V in a compromised ability to initiate platelet adhesion and aggregation leading to a bleeding diathesis. We present a patient with BSS who presented for posterior spinal fusion for idiopathic scoliosis.

Case Report: The patient was a 17-year-old, 70.9 kg girl with macrothrombocytopenia and a baseline platelet count between 50,000–70,000/mm³. Due to previous limited responses to platelet transfusions, it was decided to monitor in vivo coagulation function using the rotational thromboelastogram (ROTEM). The values were normal except for a prolongation of clot formation time (CFT). Antithrombin induction involved prophylactic 200 mg, idarucizone (100 mg), and infusing 20 mg). Maintenance anticoagulation included unfractionated and a subcutaneous infusion, and was supplemented by continuous infusions of lidocaine and epinephrine. She received intraoperative recombinant factor VIIa and tranexamic acid. In total, she received 3 units of phenothesized platelets, 3 pro-coagulantly and 1 post-operatively. Up to 10 days postoperatively, a low molecular weight heparin (LMWH) and aminocaproic acid (Armacor) was administered. Although she lost 90mL of blood during surgery and her platelet count decreased to a 39,000/mm³, there was no clinically concerning bleeding and her ROTEM values remained stable. Her postoperative course was unremarkable and she discharged home on postoperative day 5.

Discussion: Our case was unique in two respects including our patient’s refractory state to the administration of allodegenous platelets with minimal increase in the platelet count. Despite this work-up did not reveal platelet antibodies or other issues that might be amenable to corticosteroid therapy or thrombapheresis. To date, there are a limited number of reports in the literature regarding the perioperative care of pediatric patients with BSS. While the mainstay of therapy includes platelet transfusions, adjunctive therapies have included desmopressin, anti-fibrinolytic agents (tranexamic acid or ε-aminoacetic acid), or recombinant factor VIIa. Given our patient’s inadequate response to platelet transfusions, we chose tranexamic acid and recombinant VIIa to augment platelet. Our anecdotal experience adds to the literature suggesting the demonstration of utility of bedside, point-of-care coagulation function monitoring using the ROTEM®. With such care, even invasive surgical procedures can be accomplished with minimal sequelae related to the primary bleeding disorder.

Conflict of Interest: Authors have no conflict of interest to declare.

CT Scan Timing and Relationship toward length of stay, re-admission, repeat CT scans in acute pancreatitis

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Abstract

Introduction: Acute pancreatitis (AP) is the single most frequent gastrointestinal cause of hospital admissions in the US and resulting in approx. 275,000 hospitalizations at a direct annual cost of $2.6 billion in the United States. CT scan is a part of diagnostic criteria for Acute Pancreatitis (AP) and primarily used to determine alternate diagnosis for abdominal pain or to detect complications. This leads us to ask, "Does the timing of CT scan affect length of stay, readmission, or number of future CT scans?"

Methods: We conducted a single center retrospective study using data from EHR from 2012-2017 of all patients admitted with AP as primary diagnosis from 2012-2017 in adults ≥ 18 years. One-way analysis of variance (ANOVA) tests were used to assess for statistical significance with a p-value < 0.05.

Results: A total of 486 patients were included in the study Average length of stay among BISAP score of 0 in No CT group was 3.12 days, Early CT group 3.75 and Late CT 4.81 days, which was statistically significant (p<0.009). Reurrences of AP were compared among same groups 1.45 vs. 0.93 to 0.60 (p=0.009) respectively, with similar results were found among BISAP score of 1 (p<0.09).

Conclusion: This study showed that the No CT group had a decreased length of stay compared to Early CT and Late CT group while recurrence rate was lowest in the Late CT group. Further studies will be required to address the debate regarding timing of CT scans for pancreatitis.

Keywords: Pancreatitis, CT Scan, BISAP, Readmissions, Length of Stay
Teaching and Fostering Empathic Touch and Eye Gaze

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Background/Purpose
Though empathy is conveyed both verbally and nonverbally (1), little focus has been placed on teaching nonverbal empathy, which is crucial to proper patient-centered medical care (2). We explored the following question: can a 3-minute video, promoting empathic touch and eye gaze, encourage these behaviors during standardized patient interviews, AND increase empathy scores?

Approach/Methods
We conducted a randomized controlled trial of 34 first-year medical students. Participants watched either a handwashing video or one encouraging touch, and eye gaze at exit. Videos of SP encounters were analyzed for touch (excluding handshake), prolonged eye gaze at exit, and handwashing. A true “empathic touch” was defined as a moment of physical interaction by the student associated with an empathic moment in the conversation with the SP. Any “pseudo-touches” (a maneuver of reaching out to the SP as a physical reaction to information relayed during the conversation) were noted but not counted. Any sustained eye contact with the SP while the student exited was also noted. Correlations between perceived empathy by SPs, (using the Jefferson Scale of Patient Perception of Empathy-JSPPE) with physical touch and eye gaze were assessed (3,4). Statistical tests used included the Levene’s test of median homogeneity of variance to assess data distribution and Mann-Whitney U Test to compare differences in A and B groups. Kendall’s rank correlation was utilized to detect any correlations in JSPPE responses.

Results/Outcomes
23.5% (4/17) of the “touch video” (intervention group) students performed at least one act of touch during the SP encounter. 88.2% (15/17) of intervention students demonstrated eye gaze at the exit of the interview. 20 students in total showed eye gaze at exit (including 5 students in control group). Analysis with JSPPE scores compared all students who performed eye gaze at interview exit vs. those who did not. 76.9% (12/17) of the “control-hand hygiene” students washed hands during encounter. There was greater compliance among this group than the “touch group” eye gaze at exit was the only maneuver that showed a statistical correlation with JSPPE scores. Kendall’s Tau (correlation) was 0.6479 for eye contact at exit with a 2 tailed significance of 0.001.

Discussion
Historically, within medical education, while a great deal of attention has been paid to optimal word usage in conversations in patients to demonstrate empathy, relatively little focus has been placed on nonverbal communication as part of empathy. A significant positive correlation between sustained eye gaze at the exit of an interview and a patient’s perception of empathy was found. We believe this is a new finding. The touch video appeared to result in 23.5% of students touching their patients. This demonstrates the potential of brief instructional videos in teaching empathy.

Conclusions/Significance
Our study has implications in teaching and assessing nonverbal empathic behaviors in history-taking. Instructional videos on physical empathic touch and sustained eye gaze at exit may be useful in promoting empathic nonverbal communication maneuvers. To our knowledge, this is the first study to instruct and encourage touch, as well as eye gaze at exit, using brief videos and correlate with empathy score. Empathic touch can be promoted in medical education, but further studies are needed to explore barriers in empathic touch during medical student/SP interactions. These findings can be generalized to the greater community of health practitioners.

References
Impact of molecular marker and treatment on overall survival and progression free survival in patients with recurrent GBM: A retrospective single center analysis

Background: GBM is the most common aggressive CNS tumor in adults with poor prognosis. Recurrence of the GBM is inevitable with a median survival of 12-15 months. We have no standard of care treatment for recurrent GBM and lot of clinical trial has been going on to for the recurrent GBM. We report the association of the molecular marker and type of treatment on overall survival and progression free survival in recurrent GBM.

Methods: After IRB approval, we reviewed the chart of 288 recurrent GBM patients from 2012 to till date. Multivariable analysis was used to calculate the overall and progression free survival for the 3 cohort of patients (EGFR, MGMT, IDH mutation).

Results: 43% of the patient had EGFR amplification, 38% harbored MGMT mutation and 7.4% were IDH-1 mutation, only 4% patient had TERT mutation therefore they were not included for analysis. 66 (25.6%) patients had surgery, 29 (11.2%) had radiation, 184(72.4%) had chemotherapy. Out of these patients who had chemotherapy, 34 had Lumostine alone, 81 had Bev alone and 18 had both, 8(31.4%) patients were on clinical trials. Mean duration between first surgical diagnosis to 1st recurrence for all patient is 9.4 months; The median overall survival was 11.7 months; the median PFS from the diagnosis to the first recurrence is 6.49 months; and the median PFS from the first recurrence to the second recurrence is 4.59 months. The median PFS for MGMT methylation and non methylation was 9.05 and 5.51 months, Hazard ratio of 0.59 (0.43, 0.80), p-value =< 0.001. There were no association of molecular marker on the overall survival on all 3 cohort of the patient. On further analysis, treatment with bevacizumab is associated with either lower level of kidney function and PFS in all 3 cohort of patients.

Conclusion: Molecular marker have impact on the progression free survival exp. MGMT methylation but no association with overall survival. Bevacizumab is efficacious in recurrent GBM but we need standard of care for recurrent GBM for increased overall survival benefit.

Bicky Thapa

Clinical outcomes of single agent bevacizumab therapy in recurrent GBM: Cleveland Clinic Experience

Background: Glioblastoma (Grade IV) is the most common malignant brain tumors in adults and is associated with dismal prognosis. Bevacizumab has been used as salvage therapy especially after recurrence and it has shown to have increased progression free survival (PFS) and overall survival (OS) either alone or in combinations. We report survival benefit of bevacizumab in recurrent GBM and its association with molecular markers.

Methods: We reviewed 258 patients with recurrent GBM from 2012-2017 after IRB approval. A total of 65 patients received single agent therapy with bevacizumab after first recurrence. The median OS, median PFS and its association with molecular marker were analyzed for this cohort of patients who received single agent bevacizumab.

Results: Out of 258 patients, 82 patients received bevacizumab as single agent or combinations but only 65 patients had single agent bevacizumab after first recurrence. 23 patients harbored EGFR mutation, 3 patients had IDH mutation and 14 patients were MGMT methylated. Median overall survival (OS) was 354 days (p value of 0.58) and median progression free survival (PFS) was about 179 days (p value of 0.24). On further analysis using molecular markers, median OS in EGFR amplified and non-amplified were 347 and 384 days with p value of 0.316; IDH mutated and wild type had median OS of 363 and 325 days with p value of 0.425; median OS in MGMT methylated and unmethylated were 462 and 301 days with p value of 0.042.

Conclusion: In our study bevacizumab is found to have efficacious in patients with MGMT methylation as compared to other mutations however there was no statistical significance in median overall survival and progression free survival in whole cohort.

Arshna Qureshias

Title: S-Nitrosylation status and its possible role in mitigating kidney hypoxia following CPB

Background: Impaired kidney function is frequently observed in heart surgery patients following cardio-pulmonary bypass. Previous studies by our group have linked acute reductions in nitric oxide bioactivity, the main regulator of tissue blood flow S-nitrosorephemoglobin (SNO-Hb), to reductions in kidney oxygenation, blood flow and subsequent renal impairment. We hypothesized that components of the bypass procedure would reduce circulating SNO-Hb levels, with the magnitude of this reduction correlating with markers of kidney function and patient outcome.

Methods: After obtaining written informed consent, blood samples were obtained before and during bypass and on post-operative day (POD) 1. SNO-Hb levels, change in kidney function (estimated glomerular filtration rate; eGFR), and plasma erythropoietin (EPO) concentration were all measured. Status and outcome data were secured from the patients’ medical record.

Results: In the patients studied to date (n=28), a significant decline in SNO-Hb concentration by POD 1, correlated with ICU stay (R=0.32). In addition, SNO-Hb and eGFR on PODs 1 & 2 directly correlated (R=0.48 and 0.30, respectively), i.e. lower SNO-Hb tracked with reductions in kidney function. Consistent with a presumed reduction in kidney oxygenation, plasma EPO levels were elevated at off pump and POD1. Plasma EPO was inversely correlated with both SNO-Hb (R=0.53) and eGFR (R=0.55).

Conclusion: CPB decreases SNO-Hb and is associated with kidney dysfunction and worse patient outcome (increased ICU stay). While the mechanism for this decline remains to be determined, the results suggest that therapies directed at maintaining or increasing NO bioactivity could improve outcome in adult cardiac surgery patients.

Arshna Qureshias

Clinical outcomes of single agent bevacizumab therapy in recurrent GBM: Cleveland Clinic Experience

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Conclusion: In our study bevacizumab is found to have efficacious in patients with MGMT methylation as compared to other mutations however there was no statistical significance in median overall survival and progression free survival in whole cohort.
ABSTRACT and POSTER RESEARCH

Title: “Lowest effective dose of Buprenorphine in stable office based opioid maintenance treatment

Authors: Theodore V Parran MD, Chris Adelman MD, Haisha Parkh MD, William Goldman DO, Gaurav N Mathur MD

Background:
Research and extensive clinical experience since its release in 2002 have established that bup/NX is a safe and effective treatment for moderate and severe opioid use disorder as part of medication assisted treatment. Bup/NX treatment decreases opioid use, improves treatment adherence and increases sobriety rates. Much less has been reported regarding the safety and efficacy of changing bup/NX doses in stable patients during long-term opioid maintenance therapy. Very little information is available as to whether or not patients need the same bup/NX dose in long-term stable maintenance that was necessary to initially stabilize them from active addiction.

Bup/NX doses appear to rarely be changed over time, and even strategies to introduce the topic of dose change have not been reported in the literature. This is contrary to many other areas of chronic illness management, in which in very stable patients concepts of “lowest effective dose” or “gradual dose adjustment to ensure stability and limit side effects” are commonly encountered. Bup/NX tapering could be done for a number of good clinical reasons: 1) evaluate a long term stable dose to see if it is the most appropriate dose for the patient at this point in time (i.e. sustained full remission), 2) to limit side effects of bup/NX resulting from higher initial induction doses, 3) to keep the over-all pharmacy costs of MAT to the lowest reasonable level, or 4) to maintain the patient on as low a level of physical dependence as is safe in order to facilitate final tapering if or when the patient decides to stop bup/NX entirely. Despite all of these potential clinical indications to discuss the gradual tapering of bup/NX dose during long term MAT, there is little research or even case reports indicating whether or not such discussions take place or the safety and efficacy of such tapers.

In this report we present data from a MAT clinic initiative to introduce the idea of ultra-gradual bup/NX dose taper patients in sustained full remission from opioid use disorder and fully adherent with a comprehensive sobriety support program who were receiving bup/NX between the years of 2003 through 2017. All patients met criteria to be considered in sustained full remission from their opioid use disorder. We collected the following demographic data: patient age, sex, race, insurance status, employment, urine toxology history, bup/NX dosage history, outpatient program adherence, and withdrawal symptoms if tapered. In addition, a validated Satisfaction with Life Scale wellbeing survey was also given to all patients to assess self-wellbeing. Patients were asked to assess their wellbeing satisfaction prior to their start of bup/NX treatment, and also after receiving bup/NX MAT. The taper option was presented to patients who agreed to the tapering of full remission from opioid use disorder on the basis of the patient’s decision and in our experience was welcomed by almost half of the patients in our clinic.

Methods:
The study is a retrospective case series chart review of patients stable on long-term outpatient MAT and fully adherent with a comprehensive sobriety support program who were receiving bup/NX between the years of 2003 through 2017. All patients met criteria to be considered in sustained full remission from their opioid use disorder. We collected the following demographic data: patient age, sex, race, insurance status, employment, urine toxology history, bup/NX dosage history, outpatient program adherence, and withdrawal symptoms if tapered. In addition, a validated Satisfaction with Life Scale wellbeing survey was also given to all patients to assess self-wellbeing. Patients were asked to assess their wellbeing satisfaction prior to their start of bup/NX treatment, and also after receiving bup/NX MAT. The taper option was presented to patients who agreed to the tapering of full remission from opioid use disorder on the basis of the patient’s decision and in our experience was welcomed by almost half of the patients in our clinic.

Results:
45 of 101 patients expressed interest in attempting a slow dose taper while 56 declined to taper and remained on their original dose. Of the 45 taper attempting patients, their average length of time on stable MAT was 58.3 months with a range of 6 to 130 months and median length of 47 months. Characteristics of those agreeing to dose adjustment: 35.7% were female, 64.3% male, 64.3% employed, 73.8% were Caucasian, 19% African American, 7.1% Hispanic. All patients in the MAT Clinic had already completed an IOP and Aftercare program, ongoing 12 step participation, regular urine toxicology screening and prescription monitoring program checks. The average daily bup/NX dosage of patients prior to taper was 11 mg with a range of 6 mg to 16 mg. The ultra-slow taper approach produced minimal withdrawal symptoms (some mild increase in reported anxiety, new onset descrimination, new onset craving, no increase in opioid cravings and no relapse events). The average final bup/NX dose at the time of data gathering for tapering patients was 5.4 mg with a range of 0 mg to 12 mg. Of the 45 patients who chose to taper, 5 patients reduced their dose to zero, 4 patients were unable to tolerate the taper and were returned to their initial bup/NX dose. There was no report of relapse in patients who began tapering, and there were no abnormal UDS results in this group.

Conclusion:
Patients in sustained full remission, two or more years enrolled in a comprehensive sobriety support program combined with bup/NX MAT, can be safely screened for their willingness to very gradually reduce their bup/NX dosage. In motivated patients, gradual dose reductions in the range of 1-2 mg every 3-4 months appears to be safe and well tolerated. The act of screening patients on long term stable MAT regarding a possible gradual tapering of dose often results in patient agreement to participate in a taper attempt. The efficacy of dose adjustment in long term stable patients, bup/NX as measured by patient satisfaction, withdrawal, and cravings is safe and well tolerated. There was no appreciable difference in wellbeing satisfaction in patients who agree to dose adjustments versus those who did not agree. In stable patients on MAT, discussion of dose adjustments and gradual dose tapering can be considered and in our experience was welcomed by almost half of the patients in our clinic.

Abstract:

Title: Evaluating Patient Perceptions of Physician Extenders

Kritiksha Sundaram, Dr. Charles Modlin MD, MBA, FACS, Lillian Prince MS, MSeD, Andrew Genoa

Cleveland Clinic

Background: Physician extenders have begun to take on responsibilities of physicians. A physician extender is defined as either a nurse practitioner or a physician assistant (PA) that does tasks that a physician commonly does. This change in view has occurred for many reasons including: a decreased number of primary care physicians that are available for routine physical examinations and chronic care for each patient requires. Previous studies have shown that patient satisfaction is equivalent between the two professions, and that further studies need to be done to determine what profession is preferred by patients. This study was designed to measure patient experience and satisfaction with a physician extender and how certain demographics can affect how a respondent answers. It was hypothesized that patients will be satisfied with their experience with a physician extender, but will prefer to see a physician when given the chance.

Methods: To assess the general public’s opinion about the situation, 200 anonymous surveys were passed out that contained 11 demographic questions and 14 survey questions about physician extender experience and comparison of the two professions. The answer choices from the survey included rating components of experience from 1-10, Yes & No Questions, and Sometimes, Never, Always, Usually. These surveys were passed out to patients, patient families, Cleveland Clinic staff, and residents of Cuyahoga County.

Results: When evaluating the experience with a physician extender, the most common response was “Always,” meaning that the physician extenders treated patients well. When comparing a physician extender versus a physician, the results showed that 64% of the sample population would not feel comfortable with a physician extender performing surgery on them. It also showed that cost could play somewhat of a role in deciding between going to a physician versus a physician extender. Most commonly, respondents reported that physician extenders were sometimes comparable to physicians when providing medical care.

Conclusions: The first part of the hypothesis was correct in that patients were satisfied with their experience with a physician extender. The second part of the hypothesis will need further research because the data showed that “Sometimes” was a common answer regarding those questions, suggesting that certain circumstances play a role between choosing the two professions. Demographics correlated with every question response, except for questions concerning cost, for which majority of respondents with children responded that cost was not a factor in seeking care from a physician extender. Those without children reported that their decision depends on cost difference. Patients may benefit from greater education in the difference between physicians and physician extenders because few could distinguish between the two providers.

References:


Endoplasmic reticulum (ER) stress and neuroinflammation are implicated as significant contributors to neurodegeneration and cognitive dysfunction in a variety of neurodegenerative diseases. Recently, we reported that exposure to deltamethrin, the pyrethroid insecticide, causes hippocampal ER stress, apoptotic cell death, cognitive deficits in adult mice (Hossain et al., 2015). Here, we investigated the mechanistic links between ER-stress and neuroinflammation following exposure to deltamethrin. We found that single oral exposure to very low dose of deltamethrin (3 mg/kg) caused neuroinflammation as mice exhibited with microglial activation and increased protein levels of TNF-α, gp91phox, and iNOS in the hippocampus. These changes were accompanied by induction of ER stress as the protein levels of C/EBP-homologous protein (CHOP) and glucose-regulated protein 78 (GRP-78) were significantly increased in hippocampus following exposure to deltamethrin. To determine whether induction of ER Stress triggers the inflammatory response, mice were treated with two intraperitoneal (i.p.) injections of 1 mg/kg salubrinal (ER stress inhibitor) 24 h and 30 min before the administration of deltamethrin. Induction of ER stress with salubrinal prevented deltamethrin-induced TNF-α, gp91phox and iNOS activation. For further confirmation of these results, we performed an additional experiment with BV2 cell lines. We found that inhibition of ER stress with salubrinal significantly attenuated the levels of TNF-α, gp91phox, and iNOS in BV2-2 cells. Collectively, these results demonstrate that exposure to deltamethrin leads to ER stress mediated neuroinflammation, which may contribute to neurodegeneration and neuronal dysfunction in mice. Supported in part by 1R01ES027481-01A1.

CONTRAST-INDUCED NEPHROPATHY IN ELDERLY HOSPITALIZED PATIENTS AND IMPACT IN NORTHERN OHIO
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Background: Contrast-induced Nephropathy (CIN) is a major cause of mortality and morbidity among elderly patients. Elderly patients who suffer from impaired renal function are at an increased risk of developing CIN. A systematic review of literature was performed to understand the occurrence, risk factors, and appropriate preventive measures for CIN in the elderly patients. The results were put into perspective for Northern Ohio, a region with a growing elderly population and increased use of hospital services.

Methods: Our study methodology adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement for systematic reviews guidelines. The PubMed, EMBASE, and CINHAL databases were utilized. All prospective, cross-sectional or retrospective studies investigating CIN in elderly were evaluated for eligibility. Studies were included if they were: at the level of evidence between I and IV, written in English, published within the last 15 years and included human subjects at the age of 80 and over. Studies that only reported issues other than different contrast media, risk factors, epidemiology, or pathophysiology were excluded. 930 studies were initially considered prior to exclusion criteria. 68 studies were used in our final analysis.

Results: The development of nephrotoxicity in elderly patients following the introduction of contrast media during invasive and diagnostic procedures is a relatively common occurrence in hospitals. Several studies reported the frequent occurrence of contrast induced nephropathy in the elderly over the age of 85. Multiples studies bolster the notion that age by itself is a risk factor for developing contrast-associated nephropathy. Studies have shown a dose-dependent risk of renal dysfunction; lower doses of contrast are relatively safer, but they are not devoid of risk. Prospective randomized trials established significant distinctions between contrast agents based upon their chemical attributes. The use of first generation hyperosmolar ionic contrast media is associated with a greater risk of nephropathy compared to nonionic low osmolal or iso-osmolar agents.

Discussion: Awareness of CIN is particularly important for physicians practicing in Northern Ohio hospitals, due to the region’s growing elderly population. The year 2020, 1 out of every 4 residents in half of all counties in Ohio will be at least 60 years of age. According to a recent projection, by 2050, nearly one-third of residents of Cuyahoga County will be over age 60. Thus, greater awareness of CIN and its prevention is particularly warranted among Northern Ohio physicians. Based upon the current studies and review, CIN appears to be common among elderly patients, leading to acute renal function impairment. Physicians should recognize key risk factors and take steps to reduce CIN in high risk patients. Low-osmolar and iso-osmolar media should be utilized to prevent CIN in the at-risk patient population.

Aravind Thavamani
The Safety and Efficacy of Enteral Omega-3 Fatty Acids Supplementation in the Resolution of Parenteral Nutrition Associated Cholestasis: A Case Control Study

Objective: To analyze safety, tolerance and efficacy of enteral omega-3 fatty acids (FAs) in the resolution of Parenteral Nutrition Associated Cholestasis (PNAC) and postnatal growth among preterm neonates.

Study Design: This is a single center retrospective case-control study of all neonates born less than 32 weeks of gestation and developed PNAC (Direct bilirubin >2mg/dl). Infants who received enteral omega-3 FAs supplementation (1g/Kg/d) served as cases and were compared with gestational age, gender and direct bilirubin level matched controls that did not receive enteral omega-3 FAs supplementation.

Results: A total of 48 infants were analyzed, 24 who received enteral omega-3 fatty acids were matched with 24 controls. The omega-3 FAs and control groups were similar in gestational age (weeks) and birth weight (gram). Overall there were no differences between the two groups in infants’ demographics or clinical characteristics including risk factors for the development of PNAC. Infants who received enteral omega-3 FAs had significantly fewer days of cholestasis (p=0.025) and a higher average daily weight gain (grams/day) (p=0.011) than their controls. In a linear regression analysis with days of cholestasis as the dependent variable and Ursodeoxycholic acid (UDCA) and Omega-3 FAs as independent variables, enteral omega-3 FAs remained associated with a shorter duration of cholestasis, p<0.001.

Conclusion: Enteral fish oil is inexpensive, safe & well tolerated in preterm neonates with no contraindications to enteral feeding. Enteral omega-3 FAs are easy to administer and help in rapid resolution of PNAC while promoting postnatal weight gain in preterm infants.
A RARE FINDING OF H PYLORI GASTRITIS AND DUODENITIS MIMICKING A GASTRIC DIVERTICULUM IN UPPER GASTROINTESTINAL BLEEDING

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1. Case Western University/MetroHealth Medical Center, Cleveland, Ohio. 2. Cleveland Clinic Foundation, Cleveland, Ohio.

Background:
Gastric diverticulum is extremely rare with a prevalence of 0.04-0.11% (1). Two types occur – congenital and acquired. Acquired diverticula are often located close to the pylorus and are associated with organic gastric diseases (2,3).

Case report:
A previously healthy 13-year old male presented with acute onset, red, painless rectal bleeding. Initially, Meckel scan did not show evidence of Tc99 Pertechnetate uptake. A subsequent CT angiogram revealed an incidental finding of two outpouchings concerning diverticula near the gastric antrum without any source of active bleeding (figure 1). The patient’s bleeding progressively became melena raising a suspicion for an upper GI source of bleeding, possibly from the gastric diverticula. An upper GI endoscopy did not visualize diverticula, however, showed swollen gastric antrum and ulcerated duodenum (figure 2). Biopsies revealed active H. Pylori gastritis and duodenitis with acute mucosal hemorrhage. Since endoscopy did not visualize diverticula, contrast upper GI series was performed to verify location. The contrast study showed prominent swelling of duodenal bulb which was mimicking the ‘gastric diverticula’ on prior CT angiogram.

Discussion:
The finding of the ‘mistaken’ gastric diverticula on CT, which was subsequently determined to be the swollen duodenal bulb in upper GI contrast study, is fascinating. Evidence favoring the latter is based on the appearance of two symmetric outpouchings caused by distension of the bulb versus a gastric diverticulum which would present a single outpouching. Since the definitive treatment of a symptomatic gastric diverticulum is surgical resection, this case illustrates the importance of maintaining a cautious approach in the diagnoses of this rare entity.

Figure 1: CTA Abdomen - Two small diverticula at the gastric antrum with surrounding thickening and mesenteric wall edema.

Figure 2: UGI series – Duodenal distension with prominent fold of duodenal bulb.

Distribution and projection of VIP expressing cells in the Inferior Colliculus in mice.

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Objective: To identify the distribution and projection of vasoactive intestinal peptide expressing (VIP+) cells in the inferior colliculus (IC).

Background: The IC is the main hub in the central auditory system, serving a critical role in the ascending and descending auditory pathways. The IC contains three major subdivisions with different functions. The lateral cortex helps localize sounds in space. The dorsal cortex serves auditory attention and vigilance. The central nucleus is involved in the main pathway for sound perception1. VIP is a neuropeptide that serves as a co-transmitter. We hypothesized that VIP+ cells may represent a functional subtype of IC neurons.

Methods: We used 7 mice that were genetically engineered to express cre-recombinase and a red fluorescent protein in VIP+ cells. Three mice were used to identify the distribution of VIP+ cells. Five mice were stereotaxically injected with an adeno-associated virus into the left IC for viewing VIP+ cell projection patterns. Mice brains were fixed and sliced horizontally, coronally, or sagittally. Brain sections were viewed on a fluorescence microscope. A computerized system was used to analyze the distribution of VIP+ cells in the IC and to track their projections to IC targets in other brain regions.

Results: We found that VIP+ cells are expressed in all three subdivisions of the IC with a majority of the cells being in the dorsal cortex of the IC (>70%) specifically in the caudal parts. We also found that VIP+ cells project to most major outputs of the IC, contributing to both ascending and descending auditory pathways.

Conclusions: VIP+ neurons could contribute to perception, vigilance, and attention. They could be the reason why we assign priorities to sounds and the reason why we wake up to our crying child and not a loud truck.


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Authors have no conflicts of interest.
Title: Missed Opportunities for Literacy-Related Anticipatory Guidance

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Ryan Chao, BS
Robert Needelman, MD

Purpose: Literacy Promotion (LP) is recognized as an essential component of pediatric primary care. However, the actual behavior of pediatricians delivering LP has not been described in detail. This information could highlight missed opportunities for more effective LP.

Method: 7 attendings and 7 residents participating in an established Reach Out and Read (ROR) program agreed to deliver “optimal” LP given real-world time constraints. Parents of children 6 months through 6 years attending an urban primary care clinic were enrolled. With parents’ consent, a research assistant videotaped well-child visits and made follow-up phone calls to assess parents’ recall of the visits. Transcripts of the visits were analyzed quantitatively and qualitatively.

Results: Of 73 parents approached, 64 agreed to be taped. LP occurred in 46/64 encounters. LP averaged 74.5±7.4 seconds (7% of total visit time), and included questions (75% of visits), advice on the average of liquid (58±1.1mL). The pH of all cultures was 6.0.

Conclusions: There was less growth of probiotic bacteria when heated in the microwave than the convection-oven. Gas stove heating led to minimal growth, but sudden heating in the control group led to the least growth. In conclusion, slow heating (convection-oven) appears to be the safest to probiotic bacteria, while microwaves and rapid heating have toxic effects.

PURPOSE:

Microwaves, gas-stoves, and convection-ovens are used daily to warm up food. We sought to determine the toxic effects of these heating methods on the growth of probiotic bacteria.

METHODS:

Probiotic bacteria growth was determined by using the effectiveness of bacteria to turn milk into yogurt. Eighteen culture cups were prepared, each with one tablespoon of yogurt and four ounces of milk. For each heating method, six random cups were heated to the determined time it took to heat one culture to 115°F. For the control, no bacteria were exposed to direct heating, as one tablespoon of yogurt was added to four ounces of milk after heating the milk to 115°F (via gas-stove). All cultures were placed at room temperature. The conversion of milk into yogurt was measured, after 32 hours, by the amount of liquid left and the pH of the cultures.

RESULTS:

The time to heat one culture to 115°F was 27, 117, and 350 seconds for the microwave, gas-stove, and convection-oven. Each of the cultures had different amounts of liquid left (microwave=46±2.3mL, gas-stove=54±2.2mL, convection-oven=37±2.0mL; p<0.05 ANOVA), suggesting different toxic effects of heating methods. The control had the greatest amount of liquid (58±1.1mL). The pH of all cultures was 6.0.

CONCLUSIONS:

Be the safest to probiotic bacteria, while microwaves and rapid heating have toxic effects.
T-cell-rich B-cell Lymphoma with Secondary Hemophagocytic Lymphohistiocytosis Presenting as Acute Liver Failure - Chung Ki Wong

Abstract:
Malignancy-associated hemophagocytic lymphohistiocytosis (M-HLH) is mostly associated with T/NK cell lymphomas and Hodgkin’s lymphoma, but it is relatively uncommon in patients with B-cell lymphomas. This is a case of a patient with acute liver failure caused by malignant infiltration by T-cell-rich B-cell lymphoma and secondary HLH.

Introduction:
Hematologic malignancies such as Hodgkin’s lymphoma, non-Hodgkin’s lymphomas, and leukemias can cause malignant infiltration of the liver. Malignant infiltration and malignancy-associated hemophagocytic lymphohistiocytosis (M-HLH) can simultaneously present as acute liver failure (ALF) and carry a poor prognosis with > 60% mortality rate.

Case Report:
A 62-year-old man presented as a direct admit from PCP office with elevated LFT’s and a 3-month history of generalized weakness, fatigue, daily fevers of 101-102 degrees. His past medical history was significant for Castelman’s disease/splenectomy, portal vein thrombosis, asthma, and recently diagnosed sarcoidosis without biopsy. He was a never smoker and consumed alcohol occasionally. Labs on presentation revealed anemia, thrombocytopenia, and transaminis.

After hospitalization, patient continued to have low-grade fevers with hemoglobin 9.3 g/dL, platelet 77,000/μL, alanine aminotransferase 268 U/L, aspartate aminotransferase 199 U/L, serum ferritin > 70,000 ng/mL, and serum triglycerides of 348 mg/dL. CT scan of the abdomen revealed a large peritoneal pseudocyst with extension to the liver. He also met criteria for HLH with fever, anemia, thrombocytopenia, hypertriglyceridemia, and elevated ferritin level. Upon further investigation, he was noted to have markedly elevated soluble IL-2 receptor alpha, which is specific for the diagnosis of HLH. Patient was started on R-ChOP for lymphoma along with etoposide and dexamethasone for HLH. Unfortunately, by his third cycle of chemotherapy, patient developed worsening metabolic acidosis and septic shock secondary to bacteriaemia and fungemia. Despite aggressive treatment, patient continued to deteriorate rapidly. With full capacity to make his own decision, he opted for supportive care only approach and was discharged to hospice care facility.

Discussion:
In addition to T-cell-rich B-cell lymphoma, this patient also presented with secondary HLH. HLH is not a malignancy; it is a syndrome of excessive inflammation and tissue damage caused by a lack of down-regulation of activated macrophages and lymphocytes. While primary HLH refers to HLH caused by a genetic mutation, secondary HLH can be a manifestation secondary to any infection, malignancy, or rheumatologic condition. 27% of secondary HLH is related to malignancy with the majority being hematologic malignancies. According to one retrospective population-based analysis, the estimated annual incidence of M-HLH in adulthood was 0.36/100,000 individuals/year. If left untreated, patients with HLH survive for only a few months secondary to progressive multi-organ failure.

The diagnosis of HLH is difficult because of its rare occurrence, variable clinical presentation, and the non-specific laboratory findings. Nonetheless, the diagnosis is often made by identifying a mutation in an FLH gene, or by fulfilling 5 out of 8 diagnostic criteria. H score is a diagnostic scoring system consisting of 12 variables designed to estimate the probability of HLH; for instance, fever, immunosuppression, hemoglobin level, leukocyte level, and triglyceride level. An H score > 250 confers a 99% probability of HLH, whereas a score of < 90 confers a < 1% probability of HLH. Our patient met 6 out of 8 criteria and had an H score of 254, making the probability of HLH 99%. Based on the HLH-94 protocol, which is the mainstay of HLH treatment, he was initiated on weekly treatment with etoposide and dexamethasone. The goal of therapy is to suppress systemic inflammation by destroying immune cells.

Besides malignant hepatic infiltration by concurrent T-cell-rich B-cell lymphoma, our patient also suffers from M-HLH induced liver failure. Liver involvement in HLH is common and results in marked elevation of liver enzymes. The probable mechanism of liver injury is considered secondary to infiltration of hemophagocytic histiocytes or due to overproduction of cytokines. Hematologic malignancies and M-HLH can present simultaneously as acute liver failure and are associated with a poor prognosis. Once a high likelihood of HLH is established, evaluation for multi-organ involvement including bone marrow biopsy, liver biopsy, lymph node biopsy, and immunologic profiling should be initiated as soon as possible. Prompt induction of immunosuppressive treatment and chemotherapy are crucial for the survival of affected patients but HLH still carries a high mortality.

Conclusion:
In conclusion, hematologic malignancies and secondary HLH can present simultaneously as acute liver failure and are associated with a high mortality. In patients presenting with B symptoms such as fever, chills, weight loss, as well as hepatosplenomegaly, malignancy workup should be initiated as soon as possible. While starting chemotherapy and immunosuppressive therapy can be lifesaving, HLH is associated with high mortality rate with an average survival of 2-12 months.

References:
Pathological changes to the visual system in Alzheimer’s Disease

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Understanding the mechanisms, timing, and progression of Alzheimer’s pathology in the visual system can help inform new, early interventions that may slow, stop, or reverse neurodegeneration. Research shows that visual deficits and accumulation of retinal amyloid beta and phosphorylated tau (ptau) pathologies may precede onset of cognitive decline in Alzheimer’s disease (AD). To elucidate the relationship between AD pathology and visual deficits, we examined two transgenic AD mouse models (Htau and 3xtg) and their respective controls (tau null and C57BL6J) for visual deficits and pathological changes to brain regions that receive visual information. We assessed these variables across ages representing pre-pathological, emerging pathology, and progressing pathology disease states. Visual behavior tests were conducted using a fully-automated system to measure optomotor response in order to provide estimates of visual acuity. At pre-pathological ages, 3xtg mice had lower visual acuity than controls. With increasing age, both htau and 3xtg had reduced visual acuity compared to controls. There were no statistical differences between males and females of any strain in visual acuity at the ages tested; therefore, data are averaged across both sexes for each strain.

To assess brain pathology, immunofluorescent histological labeling techniques were used to identify amyloid beta, ptau, and inflammation in retinorecipient brain structures. Both htau and 3xtg mice show increased presence of Aβ, ptau and microglia inflammation in the SC at a prepathological age of 3 months compared to C57 and tau null mice. This supports literature that states retinal AD pathology precedes development of pathology in brain areas responsible for cognition—making visual disturbances and detection of retinal pathology potential early biomarkers for AD. Future work will characterize the progression of AD pathology in these mouse strains (and other AD models) throughout the central visual pathway in the brain.

Effect of Chromium Picolinate on Atherosclerotic Lesion Regression in Metabolic Syndrome

Metabolic syndrome (MetS) refers to a cluster of risk factors that include insulin resistance, abdominal obesity, hyperglycemia, and dyslipidemia. Atherosclerotic disease, a major player in the development of several cardiovascular complications, is the leading cause of increased morbidity and mortality in MetS. Prevalence of atherosclerotic complications increases two- to four-fold in individuals with MetS. Therapeutic management of vascular disease substantially burdens the national health care expenditure. Consequently, there remains an unmet need for cost-effective alternative approaches. Trivalent chromium (Cr3+) is a mineral nutrient with long-standing glycemic and cardiovascular benefits. However, lack of a mechanistic understanding of Cr3+ action has stalled its advancement in clinical medicine. Notably, it is currently unknown whether Cr3+ can regress lesions once formed, a highly clinically relevant goal affecting vascular health of individuals with MetS. The overarching aim of this proposal was to interrogate whether chromium picolinate, an over-the-counter bioavailable form of Cr3+, can regress atherosclerotic lesions in MetS. This was tested in a pre-clinical mouse model of combined MetS and atherosclerosis (KKAy+/ApoE−/−) using histochemical microscopic studies and biochemical assays. The results point to a possible trend in the regression of atherosclerotic lesion formation. However, further investigation will be necessary to confirm the results.

Northeast Ohio Medical University (NEOMED)
Mitochondrial Dysfunction Induces MMP-13 Expression via Production of ROS in Primary Human Chondrocytes

Sriharsha Voleti1, Mohammad Y. Ansari1, Tariq M. Haqvi1
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Introduction: Osteoarthritis (OA) is the most common chronic joint disease and is characterized by joint articular cartilage degradation. Chondrocytes are the only cell type in cartilage and are responsible for its regulation and repair. An upregulation of catabolic processes, such as Matrix Metalloproteinase 13 (MMP-13), is associated with reactive oxygen species (ROS). However, its effect on OA is unclear. Our objective was to determine the effect of mitochondrial dysfunction upregulated MMP-13 expression through ROS production in primary human OA chondrocytes.

Methods: Primary human OA chondrocytes and cartilage explants were prepared from unaffected areas of knee OA cartilage (n=3) and treated with Carbonyl cyanide m-chlorophenyl hydrate (CCCP) (30 μM) to mimic mitochondrial dysfunction. Mitochondrial membrane depolarization and ROS levels were determined by staining with JC-1 and MitoSOX Red dyes respectively, followed by flow cytometry. MMP-13 expression was detected via Western blotting, ELISA, and immunohistochemistry.

Results: CCCP treatment of primary human OA chondrocytes induced mitochondrial dysfunction as determined by mitochondrial membrane potential loss. Induction of mitochondrial dysfunction via CCCP significantly upregulated mitochondrial ROS levels. Induction of oxidative stress by CCCP or H2O2 in chondrocytes induced MMP-13 expression. Upregulation of MMP-13 expression was dependent on time and dose of CCCP treatment. To rule out the possibility of chondrocyte de-differentiation, we prepared human OA cartilage explants and treated with CCCP. Interestingly, in human OA cartilage explants, CCCP treatment upregulated MMP-13 expression. To confirm that mitochondrial dysfunction upregulated MMP-13 expression through ROS production, we treated primary human OA chondrocytes with MitoTempo antioxidant, followed by CCCP. Interestingly, mitochondrial ROS inhibition suppressed CCCP-induced MMP-13 expression.

Conclusion: Our data demonstrates that mitochondrial dysfunction upregulated MMP-13 expression through the production of mitochondrial ROS in primary human OA chondrocytes.
Combing quantitative histomorphometry with NF-κB/p65 nuclear localization- A better predictor of biochemical recurrence in prostate cancer patients

Eswar Shankar, Patrick Leo, Robin Elliott, Andrew Janowczyk, Anant Madabhushi, Sanjay Gupta

Though the approach of risk determination possess major uncertainty, it is the major basis of clinical management decisions in prostate cancer. Only limited tools are available to understand the risk of disease recurrence and guide the treatment decision process. Computer-aided quantitative histomorphometric analysis has emerged as a powerful computing tool to identify, characterize, and quantitate histologic features of tissues beyond human visual capabilities. Several quantitative features can be assessed, such as precise numeric measurements pertaining to the spatial arrangement and architecture of nuclei, shapes of nests and nuclei, and nuclear texture. This technology has proven to be useful for the detection of cancer in tissue sections and also for predicting tumor biology and clinical outcome in cancer patients. Utilizing a combination of synergistic strategy of quantitative histomorphometry and biomarker expression of NF-κB/p65 from prostate tissue specimens, we sought to fuse structural and functional information from morphological and molecular markers to better characterize disease progression improving prediction of biochemical recurrence (BCR). We utilized radical prostatectomy specimens (n=23) for feature extraction from 15 patients without BCR and 8 patients who experienced BCR (PSA > 0.2 ng/ml) within 2 years of surgery. Digitized H&E slides were annotated for a representative cancerous region, glands were automatically segmented, and 216 features of gland architecture, shape, and orientation disorder were extracted. Nuclei were automatically segmented from NF-κB/p65 stained slides. Based on digitally calculated stain optical density, every nuclear pixel was classified as either negative or weakly, moderately, or strongly positive for NF-κB/p65 staining. H&E features alone in leave-one-out cross validation with a naive Bayes classifier was applied, using the top two features by t-test in every fold, to obtain a recurrence probability and repeated for NF-κB/p65 features. Analysis demonstrate that the three most predictive H&E features were all gland orientation disorder features. The top NF-κB/p65 feature was percentage of nuclei pixels positive for staining. Accuracy predicted was 78% with H&E features alone, 74% with NF-κB/p65 features alone, and 87% in the aggregate model. Taken together, our results demonstrate that fusing nuclear NF-κB/p65 and gland morphology information allows for functional and morphologic characterization of prostate cancer, potentially allowing for improved risk characterization and prognosis prediction in prostate cancer patients.

Efficacy of Immune Checkpoint Inhibitors for Brain Metastasis from NSCLC, RCC, and Melanoma

Adam Lauko

Background: There is limited data evaluating benefit of Immune Checkpoint Blockade in Brain Metastasis. The only prospective study was of 18 NSCLC patients treated with pembrolizumab. We report overall survival (OS) and progression-free survival (PFS) in Non-Small-Cell Lung Cancer (NSCLC), Renal Cell Carcinoma (RCC), and Melanoma treated either Nivolumab, Pembrolizumab and/or ipilimumab.

Method: After IRB approval, patients with brain metastases treated with immune checkpoint blockade and whole-brain radiation therapy, surgery, or stereotactic radio-surgery at our tertiary care institution from 2014-2017 were reviewed. Univariate was used to assess OS and PFS.

Results: 45% of the patients were male, median age at the diagnosis of the lung cancer was 61 years. Most patients had good performance status (>80% with ECOG score of 0&1) at the time of the brain metastasis. 62% had supratentorial brain metastasis, 10% had infratentorial and 28% had both. 55 patients were started on the Nivolumab at the time of diagnosis of BM and 39 patients had Nivolumab after first progression of BM. The OS was 27.4 months when Nivolumab was given at the time of diagnosis of BM compared to 24.6 months when nivolumab was given after the first progression of NSCLCBM. PFS was similar at 3.7 months when Nivolumab was given at the time of diagnosis of BM compared to 2.4 months when nivolumab was given after the first progression of NSCLCBM.

Response and toxicity with immune checkpoint inhibition in older patients with non-small-cell lung cancer.

Authors: Kevad Yergeri; Jiaxiang Zhang, MD; Julie R. Brahmer, MD, MHS; David S. Eiltinger, MD; Patrick M. Forde MBChB; Christine L. Hann, MD, PhD; Ronan Joseph Kelly, MBChB, MBBch; Josephine L. Feliciano, MD; Sarah Bonerigo, PA-C; Michelle Turner, CRNP; Valerie Rowe, CRNP; Januska Naidoo MB BCH; and Kristen A. Marrone, MD

Background: Immune checkpoint inhibition (ICI) has rapidly become standard of care in advanced or metastatic non-small-cell lung cancer (NSCLC) treatment. Initial phase III clinical trials suggest ICI may have decreased efficacy in NSCLC patients ≥ 75 years old. The relationship between age-related immune system changes and ICI treatment is poorly understood.

Methods: The Johns Hopkins Upper Aerodigestive Diseases Immunotherapy Database was queried for all patients ≥ 75 years old treated with anti-PD-1/PD-L1 agents as part of a clinical trial or standard of care, from 2007 to 2018.

Results: Thirty-one patients ≥ 75 years old receiving anti-PD-1/PD-L1 agents for locally advanced or metastatic NSCLC were identified. Eleven patients were female, median age was 80.8 years (range: 75.1-90.6) with median ECOG PS=1 (range: 0-3). Twenty-seven patients received PD-1/PD-L1 monotherapy (nivolumab=16, pembrolizumab=10, atezolizumab=1) and 4 received combination (+chemotherapy=1, +ipilimumab=2, +additional ICI=1). Ten patients received ICI in the first-line setting (1L); 21 patients in the second-line or beyond (2L+). In 1L ICI monotherapy, median doses received was 5.5 (range: 2-19), median progression-free survival (mPFS) was 7.5 months, median overall survival (mOS) was 11.3 months. In 2L+ patients, median dose administration was 4 (range: 1-24), mPFS was 7.6 months. Across 1L and 2L+ ICI monotherapy patients, a rate of 81.5% all-grade toxicity was seen, of which 30% were high-grade (≥3). All 1L and 2L+ ICI combination patients (n=4) experienced a toxicity, with 3 patients experiencing high-grade events. Across all patients, the most common low-grade toxicities were fatigue (n=8) and dyspnea (n=8). High-grade pneumonitis was seen in two 1L ICI monotherapy patients; 2L+ ICI monotherapy high-grade toxicities included dyspnea (n=4), hypoxia (n=1), Grade 5 pneumonitis, chest pain (n=1), delirium (n=1), aspiration (n=1), heart failure (n=1), lymphadenopathy (n=1) and pleural infection (n=1). Combination ICI high grade toxicities included pneumonitis (1L=1, 2L+=1) and rash (2L+=1). Across patients, reasons for treatment discontinuation included progressive disease (31%), with double the patients stopping for toxicity (62%) and treatment ongoing for 2 patients.

Conclusions: Our results indicate increased frequency and severity of toxicity in anti-PD-1/PD-L1 L1 treated older NSCLC patients, with decreased time to off treatment compared to landmark phase III studies. Survival data comparisons are limited in the setting of the current small sample size, but show interesting trends of decreased time on therapy and decreased overall survival. Further translational evaluation of concomitant remodeling’s role in outcome and toxicity with ICI in older NSCLC patients is needed.
ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO
DISTINGUISHED PHYSICIAN OF THE YEAR CRITERIA

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

ASSOCIATION OF INDIAN PHYSICIANS OF NORTHERN OHIO
MEDICAL STUDENT SCHOLARSHIP AWARD CRITERIA

For student scholarship award of $1000.00 the nominee:
Final year medical student with place of residence or medical school being Northeast Ohio.
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 medical student with highest score shall be a recipient of award.

Academic merit - (50 points)
GPA, SAT, MCAT, USMLE-I
Publications, research

Extra curricular achievements - (25 points)
Sports, music, drama, other hobbies and talents

Community service - (25 points)
PAST PRESIDENTS

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

PAST DISTINGUISHED PHYSICIANS OF THE YEAR

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

PAST MEDICAL STUDENT SCHOLARSHIP RECIPIENTS

1997  Nand Kamath  2006  Saba Mubarka Ali
1998  Geetha Mohla  2007  Malin Anand
Ashish Bhatia  2008  Seetharam Chadalvada
1999  Sarita Shah  2009  Priya Malik
Sunita Kuar Saini  2010  Rueben Nair
2000  Ashok Rajappa Asthagiri  2011  Shishir Sharma
Prashant Tamaskar  2012  Preethi Mani
2001  Sunil M. Patel  2013  Pooja Shah
2002  Sumit Bapna  2014  Mihir Shah
Falguni Patel  2015  Amar Shah
2003  Kris Rajan Jatana  2016  Madhulika Eluri
2004  Manish D. Shah  2017  Akshay Sharma
2005  Asghar Ali Fakhri
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 foregoing 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 signing 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.
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
F. cont’d: of the Executive Committee or Board of Trustee, he/she shall not vote on such motion.

G. Any member, officer or trustee removed from the Corporation under Article 11, Section 1, 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.

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

2010
President: Geeta Gupta, MD

19th Annual Endowment fundraiser dinner “Chiraag”
Chairperson: Dr.Sandhia Varyani
Beneficiary: The Diabetes Association of Greater Cleveland
Chief Guest: Dr. Monte Ahuja
Donation: $20,000.00

• Health Fairs:
  BAPS Temple on May 2, 2010
  Shiva Vishnu Temple on September 19, 2010
    • Medical Camp supported by our AIPNO physicians in India to provide free medical services in conjunction with the local communities and hospitals.
    • Fundraising and donation to “American Red Cross Haiti Fund” for victims of the Haiti Earthquake disaster.
    • Continue to pledge to support “Project Seva” in conjunction with FICA.

• Programs & Events:
  3. Raas Garba Celebration and Speaker Program at Bamboo Gardens in North Olmsted on September 24, 2010. Speaker, Dr. Patrick Sweeney.

• CME Seminars
  1. AIPNO Physician Seminar at University Hospital in the morning of “Chiraag”
  2. Annual Dinner Seminar at South Pointe Hospital in conjunction with Metro Health Systems.
  3. Several educational speakers programs throughout the year.
MILESTONES

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
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.
  First induction of “Honorary Members” at the Annual Dinner.
- Seventh Annual New Year’s Eve Gala - Executive Caterers of Landerhaven
MILESTONES

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 Swaminarayan 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
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. Beejiji 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
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 18-28
- 24th Annual Endowment Fundraiser, **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  
*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
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” an introduction to Yoga CME conducted in association with SEVA and Metro Health.
- Attended Cleveland Sight Center’s annual gala, Spellbound, September 15
- AIPNO 34nd 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 enhancing user friendly features.
- InSpin - AIPNO has embarked on a multi-generational longitudinal observational study of the Indian subpopulation called InSpin (Asian Indian Sub Population in North America Longitudinal Registry)
**MILESTONES**

**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 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

**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)
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* Appachi, Mala MD
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* Apte, Manohar MD
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Allergy/Asthma
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<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td>Ebrahim, Lilian MD</td>
<td>9500 Euclid Ave</td>
<td>216-444-2197</td>
<td>Psychiatry</td>
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<td>9500 Euclid Ave</td>
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<td>Gill, Inderjit MD</td>
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<td>Mona Gupta, MD</td>
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<td>Gupta, Parshotam MD</td>
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<td>Holla, Ira, MD</td>
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<td>Iyer, Inderisha, MD</td>
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<td>440-585-7006</td>
<td>Cardiac Electrophysiology</td>
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<td>Jagetia, Anil MD</td>
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<td>Jhala, Varsha MD</td>
<td>Anesthesia - Retired</td>
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<td>Joshi, Vinod MD</td>
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<td>Julka, Neeraj MD</td>
<td>Family Practice - Retired</td>
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<tr>
<td>Kalepu, Anand Rao, MD</td>
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<td>440-785-2574</td>
<td>General Surgery</td>
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Physical Medicine & Rehabilitation

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Neurology

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Gastroenterology

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Endocrinology

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General Medicine

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Abu Dhabi UAE
Epilepsy

Lalwani, Vidya MD
Internal Medicine - Retired

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Mentor, OH 44060
Internal Medicine

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Internal Medicine

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Pathology

*Madan Mohan, Sri MD
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Cardiology, Internal Medicine

* Mahajan, Darshan MD
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Elyria, OH 44035
Neurology

* Mahajan, Neeraj, MD
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Parma, OH 44129
Hematology, Oncology

*Mahajan, Nitika, MD
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Psychiatry

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Gastroenterology

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 Streetsboro, OH 44241
Pediatrics, Primary Care

* Mahala, Saroj MD
OB/GYN - Retired

* Mahendra, C. MD
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Orthopedic Surgery

* Mahna, Satish MD
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Mentor, OH 44060
Occupational Medicine

*Majmudar, Himanshu MD
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Internal Medicine

* Makadia, Ashok P. MD
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Lorain, OH 44053
Pulmonary

*Makkar, Ritu, MD (see Malhotra)

*Makkar, Vinit, MD
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Mayfield Heights, OH 44124
Hematology/Oncology

*Malhotra, Ritu, MD
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Mentor, OH 44060
ENT/facial plastic surgery

* Mallik, Gagan MD
ENT - Retired

* Maniar, Smita MD
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Painesville, OH 44004
Anesthesia

* † Mankad, Devi MD
OB/GYN

* † Mankad, Vinoo MD
Internal Medicine

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Cleveland, OH 44111
Cardiology

*Marshall, Brian, DO
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Cleveland, OH 44125
Orthopedics

*Marshall, Cyril MD
Orthopedics - Retired

*Mathur, Monica DPM
Podiatrist ......................... Office: 616-706-5347

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Cleveland, OH 44195
Endocrinology
* Mehta, Atul MD  
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Cleveland, OH 44195  
Pulmonary Medicine  

* Mehta, Dharmesh MD  
Willoughby, OH 44094  
Internal Medicine  

* Mehta, Gita MD  
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Lyndhurst, OH 44124  
OB/GYN  

* Mehta, Govind MD  
125 E. Broad St. #322. . . . . . . . . . . . Office: 440-329-7345  
Elyria, OH 44035  
ENT  

* Mehta, Hetal RPh  

* Mehta, Madhu MD  
Pathology  

* Mehta, Neil MD  
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Cleveland, OH 44195  
Internal Medicine  

* Mehta, Rajendra MD  
5109 Broadway Ave. #410. . . . . . . . . . . . Office: 216-441-5665  
Cleveland, OH 44127  
Internal Medicine  

* Mehta Patel, Sangita MD  
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Highland Hts, OH 44143  
Ophthalmology  

* Mehta, Sudhir Ken, MD  
Pediatric Cardiology - Retired  

* Mehta, Usha MD  
13810 Spring Street #405. . . . . . . . . . . . Office: 440-834-4455  
Burton, OH 44021  
Internal Medicine  

* Mendpara, Suresh MD  
970 E. Washington St. Ste 4D. . . . . . . . . . . . Office: 330-722-5422  
Medina, OH 44256  
Hematology/Oncology  

* Meyyazhagan, Swarnalatha MD  
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Cleveland, OH 44120  
Geriatrics  

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Strongsville, OH 44136  
Internal Medicine  

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Elyria, OH 44035  
Internal Medicine  

* Mistry, Vijay MD  
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Mayfield Hts, OH 44124  
Cardiology  

* Mitra, Kunal MD  
750 E. Washington #A2. . . . . . . . . . . Office: 330-725-7100  
Medina, OH 44256  
Cardiology  

* Mude, Jagdish L. MD  
1799 Kendal Dr. . . . . . . . . . . . . Office: 440-740-1430  
Broadview Hts, OH 44147  
Psychiatry  

* Mukunda, Beejadi N. MD  
6559 A Wilson Mills Rd #106. . . . . . . Office: 440-449-1540  
Mayfield Village, OH 44143  
Internal Medicine  

* Mulgaokar, Girish MD  
11100 Euclid Ave. . . . . . . . . . . . Office: 440-205-4505  
Cleveland, OH 44106  
Anesthesia  

* Murthy, Prabha MD  
Pathology - Retired  

* Murthy, P.S.S. MD  
400 Austin Avenue NW. . . . . . . . . . . . Office: 330-837-9299  
Massillon, OH 44646  
Forensic Pathology  

Muthusamy, Preetha, MD  
2420 Lake Ave. . . . . . . . . . . . . Office: 440-994-7544  
Ashwabula, OH 44004  
Neurology  

* † Nair, Daksha MD  

*Nair, Ravi, MD  
Cleveland, OH 44195  
Cardiovascular Med./Intervention  

* Nair, Siva S. MD  
Gastroenterology - Retired  

* Nanavati, Shailesh MD  
Pediatrics - Retired  

*Narichania, Dilip MD  
7225 Old Oak Blvd. A-311. . . . . . . . . . . . Office: 440-816-5483  
Middleburg Hts, OH 44130  
Surgery, General  

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5109 Broadway #405. . . . . . . . . . . . Office: 216-251-1070  
Cleveland, OH 44127  
Gastroenterology  

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464 Richmond Rd. . . . . . . . . . . . Office: 216-486-3233  
Richmond Hts. Medical Center, 44143  
Internal Medicine  

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12301 Snow Road. . . . . . . . . . . . Office: 216-362-2421  
Parma, OH 44130  
Internal Medicine  

* Nayak, Siva MD  
29099 Health Campus Dr #390. . . . . . . Office: 440-250-0325  
Westlake, OH 44145  
Neurology  

* Osman, Mohammed Najeeb MD  
11000 Euclid Ave. . . . . . . . . . . . Office: 440-993-1144  
Cleveland, OH 44106  
Cardiology  

* Oza, Sudhir MD  
16111 Lorain Rd. . . . . . . . . . . . Office: 216-252-8444  
Cleveland, OH 44111  
Internal Medicine  

* Padiyar, Aparna MD  
11100 Euclid Ave. . . . . . . . . . . . Office: 216-844-4598  
Cleveland, OH 44106  
Nephrology
* Pagedar, Saroj MD
  Pediatrics - Retired

* Palekar, Sanjay MD
  Surgery, Orthopedic - Retired

* Pallaki, Muralidhar MD
  10701 East Blvd ............ Office: 216-791-3800 x5260
  Cleveland, OH 44106
  Geriatrics

* Panchagnula, Sastry MD
  Pulmonary Medicine - Retired

* Pandit, Mukul MD
  14208 Kinsman Road ............ Office: 216-295-9802
  Cleveland, OH 44120
  Internal Medicine

* Pandit, Vidya MD
  32730 Walker Rd Bldg H ........ Office: 440-930-4959
  Avon Lake, OH 44012
  Internal Medicine

* Pandrangi, Vasu MD
  7225 Old Oak Blvd. #C212 ........ Office: 440-816-2725
  Middleburg Hts, OH 44130
  Surgery, Plastic

* Pania, Vimla D. MD
  Internal Medicine - Retired

* Pannu, Kulbir S. MD
  8523 Ridge Road ................ Office: 440-237-7112
  N. Royalton, OH 44133
  Nephrology

* Parikh, Kamal MD
  OB/GYN

* Parikh, Keyur MD
  8877 Mentor Ave ................. Office: 440-205-1225
  Mentor, OH 44060
  Gastroenterology

* Parikh, Sanjay MD
  673 East River Street ............ Office: 440-323-6422
  Elyria, OH 44035
  Neurology, Pediatric

* Parikh, Vibha MD
  OB/GYN - Retired

* Parmar, Harbhajan MD
  6559 Wilson Mills Rd #106 ........ Office: 440-449-1540
  Mayfield, OH 44143
  Internal Medicine

* Patel, Amit, MD
  436 East River Street ............ Office: 440-323-8515
  Elyria, OH 44035
  Anesthesia

* Patel, Ashwin MD
  Radiation Oncology - Retired

* Patel, Bhupendra MD
  2420 Lake Avenue ................. Office: 440-997-6691
  Ashtabula, OH 44004
  Radiology

* Patel, Chandrakant MD
  10701 East Blvd ............ Office: 330-543-8048
  Akron, OH 44308
  Pediatric Cardiology

* Patel, Chandrakehna MD
  205 West 20th Street ............ Office: 440-233-1044
  Lorain, Ohio 44052
  Radiation Oncology

* Patel, Chetan MD
  7879 Auburn Rd. Suite 1A
  Concord, OH 44077
  Cardiology/Internal Medicine

* Patel, Deodutt MD
  Radiology

* Patel, Dhruv MD
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  Concord, OH 44077
  Cardiology/Internal Medicine

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  Elyria, OH 44035
  Anesthesia

* Patel, Dinubhai MD
  Gastroenterology

* Patel, Kirit MD
  Radiology

* Patel, Mahendra MD
  Surgery, Orthopedic - Retired

* Patel, Maheshkumar MD
  Occupational Medicine

* Patel, Minal MD
  EMH, 630 E. River St ............ Office: 440-329-7620
  Elyria, OH 44035
  Pathology

* Patel, Mohan MD
  Internal Medicine - Retired

* Patel, Narendra MD
  Anesthesia

* Patel, Tarulata MD
  1419 W. 9th St. 1st Floor ........ Office: 216-685-1653
  Cleveland, OH 44113
  Occupational Medicine

* Patel, Urbilila MD
  OB/GYN

* Patel, Vasant
  Surgery, General

* Patel, Vijaykant MD
  Emergency Medicine - Retired

* Patel, Randhir MD
  ................ Office: 440-960-3050
  Emergency Medicine

* Patel, Vasant
  Surgery, General

* Patel, Vijaykant MD
  Emergency Medicine - Retired

* Patel, Ashok MD
  Occupational Medicine

* Patel, Bobby MD
  3985 Warrensville Center Rd ........ Office: 216-283-4494
  Cleveland, OH 44122
  Internal Medicine

* Patel, Randhir MD
  ................ Office: 440-960-3050
  Emergency Medicine

* Patel, Prasad MD
  Anesthesia

* Pillai, Latha MD
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  Bedford, OH 44146
  Internal Medicine

* Pola, Laxshimaiya MD
  Gastroenterology - Retired

* Patel, Minal MD
  OB/GYN

* Patel, Vasant
  Surgery, General

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  Emergency Medicine

* Patel, Prasad MD
  Anesthesia
* Prithviraj, Panju MD
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Hematology/Oncology

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Internal Medicine

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Orthopedic

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Anesthesiology

Raina, Rupesh, MD
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Nephrology

* Raj, Chandra MD
Anesthesia

* Raj, Prasanta Kumar MD
Surgery, General - Retired

* Rajan, Semur MD
Cardiology - Retired

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10701 East Blvd
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Pathology

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Cardiology

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Radiology

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Anesthesiology

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Anesthesiology

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Radiology

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Psychiatry

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Anesthesiology

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Psychiatry

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Pulmonary Medicine

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Endocrinology, Diabetes

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Pediatrics

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Pediatrics

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Neurologist

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Elyria, OH 44035
Anesthesia

* Reddy, Madhu MD
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Cleveland, OH 44105
Internal Medicine

* Reddy, S. Sethu MD
Internal Medicine

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Elyria, OH 44035
Psychiatry

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Pediatric/ICU

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Elyria, OH 44035
Internal Medicine

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Warrensville Hts, OH 44122
Nephrology

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Solon, OH 44139
Internal Medicine - Hospitalist

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Internal Medicine - Hospitalist

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Neurosurgery

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Cleveland, OH 44109
Nephrology

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

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Cleveland, OH 44104 
Cardiology

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Neurology, Neurology, Movement Disorders

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ENT

* Shah, Arunika N. MD 
Physical Medicine/Rehabilitation

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Anesthesia

* Shah, Jaya MD 
Pediatrics - Retired

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Physical Medicine & Rehabilitation

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Anesthesia

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Pediatrics

* Shah, Surekha 
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Cleveland, OH 44109 
Physical Therapy

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Emergency Medicine

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Neurology, Neurology, Movement Disorders

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Radiation Oncology

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Internal Medicine

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Cardiology

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Infectious Disease

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OB/GYN

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Internal Medicine

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Anesthesia

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Cleveland, OH 44109 
Anesthesiology

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Ophthalmology

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Cleveland, OH 44195 
Ophthalmology

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Elyria, OH 44035 
Internal Medicine

* Singh, Kuldeep MD 
Emergency Medicine - Retired

* Sitabkhan, Rayeka MD 
Pediatrics - Retired

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Willoughby Hills, OH 44094 
Pediatric Neurology

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Cleveland, OH 44106 
Anesthesia

* Sogal, Ramesh MD 
Pain Management

*Somasundaram, Mey, MD 
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Independence, OH 44139 
Internal Medicine

*Srehta, Michael, RPh, MS. CDE 
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Director of Pharmacy/ Certified Diabetes Educator

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Neurology

†Sundaresh, H.P. MD 
Pediatrics

* Sundaresh, Shailaja MD 
OB/GYN - Retired

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Nephrology
* Suri, Anu, MD  
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Avon, OH 44011  
* Pulmonology and Critical Care Medicine

* Swamy, Kumar MD  
Allergy - Retired

* Swarup, Namita MD  
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Cleveland, OH 44109  
Pediatrics

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Parma, OH 44129  
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  
Cleveland, OH 44109  
Pediatric Psychiatry

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

* Turakhia, Ashwin MD  
Parma, OH 44130  
Internal Medicine

* Udayashankar, S.Y. MD  
Anesthesia - Retired

* Ujla, Dilip MD  
Family Practice

* Ujla, Rekha  
Cleveland, OH 44103  
Nurse Practitioner

* Ummapathy, 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

* Varma, Kalpana MD  
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Garfield Heights, OH 44125  
Anesthesia

* † Varyani, Nand MD  
Anesthesia

* Varyani, Sandhia MD  
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Beachwood, OH 44122  
OB/GYN

* † Vasavada, Prasan MD  
Internal Medicine

* Vasavada, Sandip MD  
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Cleveland, OH 44195  
Urology

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

* Venna, Prabha 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 44906  
Family Medicine

* 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  
25601 Euclid Ave . Office: 216-261-6263  
Bedford, OH 44146  
OB/GYN

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

* Denotes Life Member  
† Deceased
LISTING OF PHYSICIANS BY SPECIALTY

Allergy
Diur, Mohan MD
Swamy, Kumar MD

Anesthesia
Adur, Anjali MD
Bhavikar, Sanjay MD
Deogankar, Anup MD
Ebrahim, Zey MD
Gupta, Prashant C. MD
Jagta, Anil MD
Jha, Varsha MD
Joshi, Vinod MD
Kalhan, Sanchit MD
Kapadia, Jay MD
Maheshwari, Kamal MD
Manan, Smita MD
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