



eNewsletter  
Volume 11 Number 1

# APCNA

Association of Pakistani-Descent Cardiologists of North America

April 2016

## eNewsletter

The Electronic Newsletter of APCNA



Read about APCNA Pacemaker Project and how you can help

### The Recipient of APCNA Pacemaker

This is one of the many patients who received a Pacemaker donated by APCNA. Patient's son Arshed says, "I am grateful that my mother is living today because of the pacemaker. I pray to God that you all are rewarded for helping the poor people like us and I pray for your continued success".

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# Editorial

## APCNA, it Could be Better.

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### Publication

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It is circulated by Email subscriptions and published on the APCNA website. If you do not get this by email please contact us to verify your email.

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### Contribute

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APCNA has a well-defined mission and it has resonated throughout the Pakistani physicians residing in the USA. APCNA also has the most dedicated team of workers to further its stated mission. This combination of well defined appealing mission and the dedicated workers has been the driving force behind the APCNA's success.

For any organization, the biggest challenge is its growth over time. The membership based organizations rely solely on their members. The members make up the support base and from the members come the core group of dedicated people who carry the torch forward. Along the way, the organization hopes, that people on the sidelines will join.

APCNA's membership has grown steadily since 2004. Currently we have about 770 potential Pakistani-Descent cardiologists in our database. About 295 (38%) of those so far have been members of APCNA at some point. Out of 295, there are 115 Lifetime members (37%), 110 Annual members (37%) and 70 Fellows in Training (23%). Over 60% of the potential Pakistani-descent cardiologists have not become members of APCNA because our message has not been effectively spread. Word of mouth has been effective in bringing many people into APCNA's fold. Now, APCNA needs an effective campaign where it's message is spread effectively into the community.

APCNA's has cemented it's collaborative work with ACC, Heartbeat International, University of Michigan and Medtronic here in USA and with the Tabbha Heart Institute, Rotary Club Pakistan, Lady Redding Hospital, Indus Hospital and many Medical Schools through out Pakistan. The fruit of this labour is in helping hundreds of deserving patients in Pakistan. We must take our message to a wider community and to the potential members. There is a potential for tremendous growth. We must tap into our resources. APCNA could do better.

**APCNA eNewsletter**

*An official electronic  
publication of APCNA*

# President's Message

## APCNA and its Continued Philanthropic Work



Atique Mirza, MD

**APCNA has established a great relationship with the ACC. We hope that APCNA annual meeting at the ACC scientific session to become an official part of the ACC meeting onward.**

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Rizwan A. Karatela, MD, FACC

Dear Friends, Colleagues and APCNA members;

It was my honor and a pleasure to serve as the President of APCNA this year. APCNA is an amazing organization doing some exceptional work with the help of an outstanding core leadership team. We had an exciting year, as our signature pacemaker program in Pakistan reached new heights with APCNA signing a memorandum of understanding with Medtronic. APCNA supported medical education programs for the growing and ever-changing challenges of medical practitioners, hospital personnel and hospital management in Pakistan. We continued our support for charity & philanthropic work to improve cardiovascular health in communities across the globe.

This year, APCNA has developed a close relationship with Medtronic. This collaboration with Medtronic will open many new avenues of cooperation and promote philanthropic work. APCNA along with its members is committed in providing new educational and training opportunities to young cardiologists of Pakistan in collaboration with the College of Physicians & Surgeons of Pakistan (CPSP), while utilizing Medtronic's international training infrastructure through CPSP video link conference network throughout Pakistan.

The APCNA Pacemaker project, in collaboration with Heartbeat International, Tabba Heart Institute, University of Michigan, Indus Hospital Karachi, Pakistan, and the Rotary Club of Pakistan, most likely, has become the largest Pacemaker project of the world for the indigent population. This year APCNA's signing a memorandum of understanding with Medtronic for purchasing devices and its collaboration in educational endeavors will make APCNA more stronger.

APCNA has established a great relationship with the ACC. We hope that APCNA annual meeting at the ACC scientific session to become an official part of the ACC meeting onward. APCNA started a long-term Fellow in Training Chair for the continuation of projects for young cardiologists in training who are the lifeline for our organization. Annual Fellows' scientific poster presentations & awards at the APCNA meeting at ACC has been established this year. We have started the Junior Pakistani Medical College Faculty Observership Program as well. The APCNA Chapters across the USA initiative will need your support. I will encourage those who are not yet members of APCNA, to join this organization and further our mission. We believe that empowering the next generation of new leaders is the key to the overall success of our organization.

I want to finish by saying that in the corporate world, leaders are characterized as either builders or sustainers. In the ever-changing world of medicine, there are only builders. I hope my year has been a stepping-stone for Dr. Mushabbar Syed, our next APCNA President and those who follow, to continue building the Association of Pakistani Descent Cardiologists of North America for empowering our generations to come.

**Atique Azam Mirza, MD, President APCNA**



# APCNA-Rotary-HBI Pacemaker Bank Project

## The Pacemaker Bank Achieved Many Milestones 2015



Wajid Baig, MD

*“Vision, leadership, commitment and the common goal led to collaboration with other organizations to help patients deserving of this life-saving therapy.”*

Dear APCNA members,

The Pacemaker Bank Project has achieved many milestones in 2015:

In Karachi we have now implanted over 200 devices. These include ICD's, Single and Dual Chamber Pacemakers. In addition to Tabba Heart Institute and the NICVD, Indus Hospital is now an implant site of Heartbeat International-Pakistan. The Pacemaker Bank in Lahore was inaugurated Last December. Dr. Amber Malik and her Colleagues have started to implant free pacemakers at Sheikh Zayed Hospital in Lahore. This could not have happened without the support of Our Rotary Colleagues in Karachi and Mr. Syed Shamsi, our Rotary colleague in Lahore. Immad Sadiq and Atique Mirza were instrumental in making this happen. We are actively working on adding Lady Reading Hospital in Peshawar as an implant site for our APCNA-Rotary-HBI Pacemaker Bank.

The APCNA-Rotary-Nawab Khan Pacemaker Bank in Peshawar has implanted over 22 devices so far at Lady Reading Hospital. This project is supported by donations from our members, their family and friends. We are thankful to Dr. Naeem Khan who has been a true leader in getting this off the ground. Prof. Hafizullah and Rotarian Prof. Zafar Iqbal have donated tremendous time and effort in making this project a success.

We are also working on the Zakat Donated pacemaker project to start implanting devices in different charity hospitals as well. As this gets underway, we will be reaching out to all our members to help support this effort with their donations.

The success of this program has been possible due to the commitment of the APCNA Executive Committee, Senior members, Tabba Family, Rotarians Ovais Kohari, Rotarian Abdul Wahab Lakhani and our implanting Cardiologists in Pakistan. Without all of them, we could not have achieved these milestones. Our Cardiology Colleagues in Pakistan are generous enough to donate their time and expertise so these patients can get these life saving devices at no cost to the patient. I offer my sincere gratitude to all of them.

With the support of our APCNA members, their family and friends, we hope to continue expanding our project to many other cities in Pakistan.

**M. Wajid Baig M.D., F.A.C.C.**

*Chair, Pacemaker Bank Project*



Implanted our second device at Indus Hospital Karachi in a 70 yr. old patient from Khairpur. The implant's at Sheikh Zayed Hospital, Lahore have also started. We now have implant centers at Tabba Heart Institute, NICVD and Indus Hospital in Karachi and Sheikh Zayed Hospital in Lahore.

Our colleagues at Lady Reading Hospital in Peshawar have implanted 22 devices paid for by donations from our members and their families. Our hope is to add LRH as a HBI-Pakistan implant hospital very soon.

**Note:** Since this report, more updates and new developments on the APCNA Pacemaker project are noted in the other articles in this publication

# The APCNA Winter Meeting in Pakistan

## The Highlights of APCNA Winter Meeting 2015 in Lahore.



Atique Mirza, MD

**The 2015 Annual Winter Meeting was held December 21-22 at Allama Iqbal Medical College and Shaikh Zayed Hospital in Lahore.**

*A Report by Dr Wajid Baig & Dr. Atique Mirza*



Wajid Baig, MD



The APCNA Team, the local Faculty and the participants at the Winter Meeting, December 21, 2015, Lahore. 21. 12. 2015

APCNA conducted a one-day cardiology symposium during APPNA annual winter conference at Pearl Congenital Lahore for the local private, family & general practice physicians. Drs. Atique Mirza, Maria Viqar, Rizwan Khalid, Athar Ansari talked about cardiac risk stratification, hypertension, atrial fibrillation management and evaluation & treatment of peripheral vascular disease. Following the cardiology talks, topics of local interest, CME, practice of medicine in rural areas, research opportunities and opportunities available through College of Physicians and Surgeons of Pakistan for the general and family practice physicians were discussed by the Professors, and local leader for various institutions of Lahore, Mahmood Shaukat, Sardar Fakhar Imam & Masood Gondal. The President of Family Physicians, Dr. Tariq Aziz chaired the event and asked for future cooperation



and arranging video lectures for the general practice physicians who are working in rural areas and have no opportunity to attend these kind of conferences. Dr. Aziz also showed interest in future collaboration with APCNA in various endeavors of mutual interest for the benefit of indigent population who have no means to afford expensive treatment of cardiovascular diseases.



**The 2015 Annual Winter Meeting was held December 21-22 at Allama Iqbal Medical College and Shaikh Zayed Hospital in Lahore. This year our meeting was held in collaboration with Medtronic**

### Day 1:

The Scientific Sessions were held at Allama Iqbal Medical College. Prof. Mahmood Shaukat, Principal, Allama Iqbal Medical college, inaugurated the session and welcomed attendees at the meeting. APCNA Members, Drs. Rizwan Khalid (NY), Maria Viqar (TX), Athar Ansari (CA), Atique Mirza (CT) and Wajid Baig (RI) presented lectures. Prof. Nadeem Hayat Mallick (Punjab Institute of Cardiology), Prof. Zubair Akram (Chair. Dept. of Cardiology, Allama Iqbal Medical College) and Prof. Amber Malik (Chair. Dept. of Cardiology, SZH, Lahore) Presented the current guidelines in use in Pakistan and their local experience in management of patients with limited resources. There was an excellent exchange of ideas in the open sessions between the speakers and those in attendance. Prof. Bilal Zakariah, Prof. Shehryar Sheikh, Prof. Saulat Siddique, Prof. Masood Ahmed, Prof. Shahid Amin Khwaja and others made this a very informative session.

The morning sessions was followed by a Tour of JAIDE (Jinnah-Allama Iqbal Institute Of Diabetes & Endocrinology). This is a joint project of Allama Iqbal Medical College Alumni in the US and Jinnah Hospital. APCNA members were shown a facility where Diabetic patients are being cared for in a State of the Art environment. APCNA discussed with the management some ways we can work together on both Primary and Secondary management of Diabetic patients with cardiac Disease. Medtronic hosted a Dinner in the evening for the attendees at Pearl continental Hotel Lahore. It was well attended by Cardiologists from not only Lahore but all over Punjab. Guests included the Leadership from Faisalabad Institute of Cardiology, Multan Institute of Cardiology, Pakistan Institute of Interventional Cardiology, and Punjab Institute of Cardiology.

Mr. Zeeshan Tariq, VP Medtronic, Dania Couchair, Clinical Director Training for Middle East, Asia and Africa and Fadi Faour, Business Manager Medtronic Middle East North Africa, welcomed the guests and spoke at length about plans on working with APCNA to improve access for the Patients in Pakistan to the wide range of products offered by Medtronic. APCNA is working with Medtronic to organize CME certified Training Programs in Pakistan for Cardiologists. Our members will conduct these programs.

### Day 2:



Maria Viqar (TX) and Wajid Baig (RI) at Jinnah Hospital Coronary Care Unit conducted clinical Rounds. These were highly interactive and very well received by the postgraduate Cardiology Trainees. Several cases presented in small groups and gave the students a chance to spend several hours interacting with the faculty.



Drs. Rizwan Khalid (NY) and Shazad Tawwab (Punjab Institute of Cardiology) presented lectures on Advanced EKG interpretation and Indications for Device Therapy. This was followed by one of the most interactive and enjoyable sessions conducted by APCNA over the years.

Drs. Maria Viqar, Atique Mirza, Rizwan Khalid and Wajid Baig conducted a standing room only interactive EKG session with the Postgraduate trainees. There were faculty members from many different hospitals from all over Punjab present at this session. It was very well received.

We were all quite impressed by the depth of knowledge of many of these Postgraduate Trainees and Junior Faculty. The Medtronic delegation was present at this



**APCNA to improve access for the Patients in Pakistan to the wide range of products offered by Medtronic..**

workshop and was able to see first hand the enthusiasm of the trainees in this format. Dr. Viqar spent hours with the trainees and they truly appreciated her time and applauded her presentations.

Drs. Immad Sadiq (CT), Amber Malik (SZH) conducted a Coronary and Peripheral Intervention workshop at Shaikh Zayed Hospital. Multiple complicated cases were done during this workshop. Senior Interventional Cardiologist from Malaysia was also part of this program. Dr. Sadiq donated dozens of Cardiac Stents and other devices to Shaikh Zayed Hospital on behalf of APCNA

APCNA leadership also met with Prof. Zafar Ullah Chaudhry the President and Prof. Khalid Masood Gondal Senior Vice President of College of Physicians and Surgeons

of Pakistan. Dr. Atique Mirza has been discussing with them on how APCNA can help in cardiovascular postgraduate training in Pakistan. It was decided that CPSP would work with APCNA in developing an Electrophysiology Training program. The College will certify these training programs so that the attendees can obtain CME credits for their FCPS requirements.



**Drs. Immad Sadiq (CT) and Amber Malik (SZH) conducted a Coronary and Peripheral Intervention workshop at Shaikh Zayed Hospital in Lahore, Pakistan.**

22. 12. 2015



## APCNA Represented ACC at the Pakistan Cardiac Society Annual Meeting 2015

APCNA has been representing American College of Cardiology (ACC) at Pakistan Cardiac Society (PCS) meetings for past many years. In November 2015, APCNA President attended PCS meeting at Pearl Continental Hotel Lahore, Pakistan.

The meeting was arranged in collaboration with Punjab Institute of Cardiology (PIC) annual event PIC Heart Talk. President Dr. Kim Allan Williams, ACC President, addressed the audience in his recorded message. APCNA President Dr. Atique Mirza highlighted APCNA mission and achievements. He had multiple meetings with the local leaders in cardiovascular medicine and College of Physicians and Surgeon of Pakistan's President to discuss the opportunities for future collaboration and to build a stronger relationship.

President of APCNA promised full cooperation to Pakistan Cardiac Society and offered to collaborate to bring the community awareness for masses and also to work together to utilize the benefits of APCNA collaboration with industry and ACC regarding improving the training opportunities for junior faculty in Pakistan

## APCNA Nuclear Cardiology Workshop at Dow University of Health Sciences (DUHS)

Wajid Baig (RI) presented a full day of didactic and practical lectures and presentations at Civil Hospital Karachi. The day started with a Cardiology Grand Round Presentation.

This was followed by bedside rounds and then lecture on Radiation safety, indications for Nuclear Stress Testing and case studies. This was the first time that a dedicated session was organized for Nuclear cardiology by visiting faculty.

For those who could not join us this year, we look forward to your participation all through 2016 and our next winter meeting in Pakistan. Please go to our Facebook page to view the pictures of the meeting.





## Pakistan Heart Association Cardiology CME Lecture Series

A two-day Cardiology CME Lecture series on December 23-24 at Regent Plaza Hotel, Karachi, Pakistan, Drs. Zahid Jamal and Wamique Yusuf (TX) were Co-Directors of this program. This was the first time a session was organized based on the format of a Board Review Course as conducted by the ACC in the US. Dr. Yusuf has been organizing these courses for the ACC over the last several years.

Over 75 postgraduate Cardiology trainees and many junior faculty attended this excellent 2 day meeting. In addition to the speakers from Pakistan, Drs. Aitisham Shakoor (AZ), Wajid Baig (RI) and Wamique Yusuf (TX) were the APCNA members who presented lectures.

APCNA leadership also had meetings with Rotarians Ovais Kohari (Karachi) and Saeed Shamsi (Lahore) to work out the final details of the APCNA-Rotary Pacemaker Bank in Pakistan. We are almost done with our agreement with Medtronic which will allow us to start this program very soon.

We also met with Dr. Bari Khan, Director Indus Hospital, Karachi. The Research institute at Indus Hospital is ready to start the Pacemaker project in collaboration with Dr. Thomas Crawford at the University of Michigan. FDA has given final approval for the program.

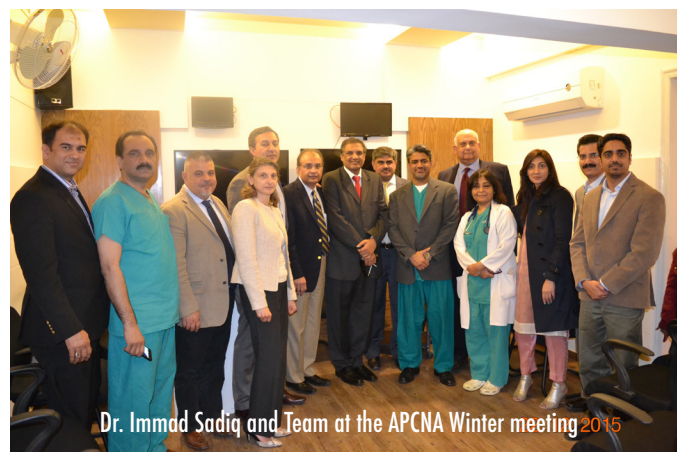
This December the Pakistan visit was extremely productive. A lot of hard work went into making this short visit productive. Atique Mirza, President APCNA spent innumerable hours in organizing this program and deserve all the credit for the success of this program. Our developing partnership with Medtronic will lead to even greater success in the future.

We are delighted to see our younger members stepping forward and enthusiastically taking on more responsibility for the APCNA activities. Dr. Maria Viqar is a great addition to our membership and we look forward to her continued participation and leadership in the future.

For those who could not join us this year, we look forward to your participation all through 2016 and our next winter meeting in Pakistan. Please go to our Facebook page to view the pictures of the meeting.



Dr. Wajid Baig at the APCNA Winter meeting



Dr. Imdad Sadiq and Team at the APCNA Winter meeting 2015



APCNA Team and Local Faculty at APCNA Winter meeting

21.12.2015



Dr. Atique Mirza at the APCNA Winter meeting

21.12.2015

# APCNA-Rotary-HBI Pacemaker Bank Project



Wajid Baig, MD

**APCNA's Pacemaker Project has been the corner stone of its philanthropic work in Pakistan. With many years of hard work and collaboration, it has achieved a phenomenal success and hundreds of families have been helped.**

The Pacemaker Bank project continues to grow despite some setbacks. After implanting about 275 devices, we had to reevaluate our options. The issue has been the difficulty getting devices to Pakistan through the customs. The customs authorities in Pakistan are following some rules promulgated almost at the time of partition. Whether we agree or not, that is the reality.

A very large shipment of 46 Boston Scientific ICD's has just been sent to Karachi. We hope it will be cleared soon. This is the largest shipment ever of devices that has been sent. We are grateful to Heartbeat International and Boston Scientific for providing these life saving devices. We thank Mr. Michael Maniscalco, COO Heartbeat International, who has been very supportive of the Pacemaker Bank in Pakistan

The availability of these ICD's in Pakistan will go a long way in helping the deserving patients in Pakistan. Once cleared these devices will be available for implant in Karachi, Lahore and Peshawar.

I am indebted to our Rotary Colleagues, our implanting physicians, implanting hospitals and the Tabba family in donating their time and resources in helping make this project a success.

**M. Wajid Baig M.D., F.A.C.C.**  
*Chair, APCNA Pacemaker Bank Project*

**A very large shipment of 46 Boston Scientific ICD's has just been sent to Karachi. This is the largest shipment ever of devices that has been sent.**



## The Recipient of APCNA Pacemaker

This is one of the many patients who received a Pacemaker donated by APCNA. Patient's son Arshed says, "I am grateful that my mother is living today because of the pacemaker. I pray to God that you all are rewarded for helping the poor people like us and I pray for your continued success".

## M. Wajid Baig M.D., F.A.C.C.

*Dr. Baig is a founding member and past president of APCNA. He is currently a member of Board of Trustees of APCNA. He has been Chairman of APCNA Pacemaker Bank Project. He is a non-invasive cardiologist in Rhode Island. He has delivered many lectures and hands-on workshops for APCNA in several APCNA winter meetings in Pakistan.*



# APCNA's Life-Saving Cardiac Supplies for the Needy Patients across the Pakistan.

“Give your hands to serve and your hearts to love” – Mother Teresa



Javed Suleman, MD

**APCNA's Life-Saving Cardiac Supplies Project another of its philanthropic work in Pakistan. Dedicated members arrange cardiac supplies from USA donated to the hospitals across the Pakistan for the needy patients..**

APCNA has provided a dependable and more streamlined platform for the donations of much needed cardiac supplies for the needy patients in Pakistan. The individual act of providing cardiac supplies to needy hospitals in Pakistan has been going on for years. These individuals are still the backbone of this important work where millions of dollars worth of life saving cardiac supplies including coronary stents, catheters, balloons, guide wires and catheters are made available for the patients in Pakistan. APCNA is working to provide better streamlined process for these compassionate individuals. APCNA now has a central location in US where APCNA keeps a log of all such supplies and keeps track of them until they are used in needy patients in Pakistan.

We hope to get more organized for this project, along the same lines as our Pacemaker project, so that we can serve the needs of poor patients better. The ongoing improvement and collaboration of the Pacemaker project's progress is very promising and you will read more on that in the other articles in this newsletter.

When the founders of APCNA were sowing its seed they pledged that their common enemy was the “disease” itself and that they will unite and use all available resources to fight the diseases in the best ways they can. They will never get their eyes blinded by any divisions, be it ethnic origin, linguistic basis or provincialism.

Since day one, APCNA is keeping its pledge, and every year over a million dollars worth of cardiac supplies

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**Since day one, APCNA has kept its pledge, and every year over a million dollars worth of cardiac supplies are donated to different hospitals in Pakistan for the needy patients.**

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are donated to different hospitals in Pakistan who use them free of cost in needy patients. For many patient without the donation of these supplies there was no hope of survival.

APCNA's efforts have made the difference between life and death in many lives over the years. The patients benefiting from this are scattered all over Pakistan; from the seashores of Karachi, to the mountains of Khyber and everywhere in between.

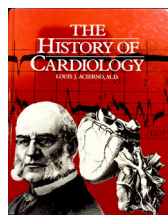
This mission of collecting cardiac supplies is an ongoing project and depends on the constant supplies of these life-saving items. This is only possible when more colleagues like you join the program and become a part of APCNA. Please read more about this in this newsletter or go to APCNA website and get involved!

## Javed Suleman, M.D., F.A.C.C.

*Dr. Suleman is a founding member and past president of APCNA. He is currently a member of Board of Trustees of APCNA. He has been Chairman APCNA Projects. He is an interventional cardiologist in New York City. He has delivered many lectures and hands-on workshops for APCNA in several APCNA winter meetings in Pakistan.*

# The Pages from the History of Cardiology

By Rizwan A. Karatela, MD



**For over 1000 years, it was believed that the blood flowed from the right ventricle to the left ventricle through small holes in the interventricular septum. There was no concept of pulmonary circulation.**

Many years ago when I got matched for the Cardiology Fellowship program I received a book as a gift, *The History of Cardiology* by Louis J. Acierno, MD. My fellowship started and I got busy. I thought, some day I will read this book. Years went by and I never read the book. After years of practice you enter a reflective phase; you speak with experience and clinical acumen. Case after case you develop a mental database; you gain some ability to put things into perspective. While you can never become master in your field, but you can develop a sense of belonging and expertise in your field.

Advances in the field of cardiology that we have seen in the past few decades are mind boggling. Going through historical articles in NEJM's archives from few decades ago, one reads about the diagnosis of acute MI being; leukocytosis and ECG and the treatment being; complete bed-rest for 6 weeks. Now you see a 52 year old man having an acute STEMI at 1 am gets proximal LAD stented and at 8 am he is sitting in bed eating breakfast and asking when can he go home?

Recently, I picked up this book and was fascinated by the accounts in the history of cardiology. Here is one excerpt from that book I find interesting to share here:

## ***Excerpt from The History of Cardiology***

... The existence of the lesser or pulmonary circulation was also recognized during this era. Ibn-an-Nafis disputed Avicenna's teachings and advanced in their stead the belief that the pulmonary artery was the conduit for transporting the blood into the pores

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**The authority of Galen was so formidable that for more than a millennium the dictum was: If there proved to be no holes in the septum, it clearly followed that nature must have undergone changes since Galen.**

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of the lungs where it became purified with air (oxygen) and then was transported to the left ventricle via the pulmonary veins. This account of pulmonary circulation was not to be recognized in Europe for at least another three hundred years.

The description of the pulmonary circulation as well as a discussion of the general physiologic principles of respiration are all to be found in Ibn an-Nafis' *Commentary on the anatomy in the Canon of Ibn Sn (Shash Tashrih al-Qanunli-bn Sn)*. He restated that the heart had two ventricles instead of the three that Avicenna claimed. Moreover, he also recorded the existence of the coronary circulation stating that the heart was nourished by its vessels. The existence of Galen's interventricular pores was also refuted by him (stating in his commentary that the interventricular septum was a solid structure with no evidence of passage between the two ventricles).

## **The History of Cardiology**

*The History of Cardiology* by Louis J. Acierno, M.D., F.A.C.C., F.A.C.P. Professor of Cardiopulmonary Science, University of Central Florida. Copyright 1994, Published by The Parthenon Publishing Group, London and New York.

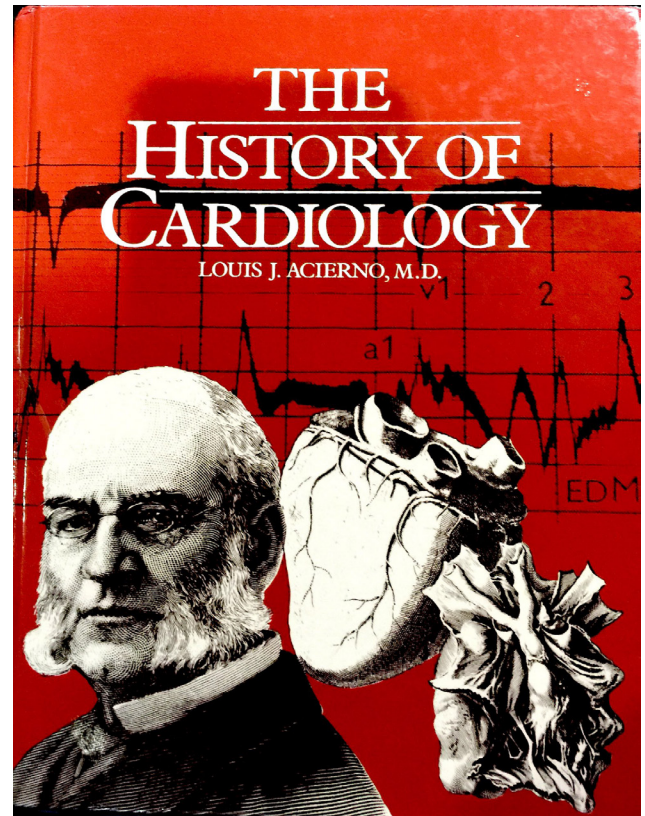


Ghalioungui's comments on Ibn-an-Nafis are worthy of repetition. I quote,

... The riddle of Ibn-an-Nafis is whether he performed dissections. Otherwise, in spite of his denials, how could he assert that the blood runs from the right ventricle to the left ventricle through the lungs and not through the septal pores that Galen imagined. How could he deny the existence of three ventricles asserted by Aristotle and Avicenna? How could he oppose the view that the heart is nourished by a sediment left by the blood in the right ventricle, and declare that the heart obtains its nourishment from the blood that runs in its substance"

Human dissection did not reappear until the latter part of the middle ages when it became an important teaching tool at the University of Bologna sometime in the early 13th century. The initial impetus was given by Taddeo Alderotti (Thaddeus of Florence. 1223-1303) but it did not become firmly entrenched as an integral part of the curriculum until the tenure of Mondino de Luzzi. Mondinus was a student of Alderotti and received his doctorate from the university of Bologna. He lived between 1270 and 1326, spending all of his professional life at the University of Bologna where he occupied the chair of anatomy. Mondinus would lecture while dissecting the cadaver in front of his students or demonstrate anatomical specimens prepared for him by two prospectors of exceptional skill, one of whom was a woman, Alessandra Gilliani. His book was the first original text on the practical anatomy in the Middle Ages. It was in reality a dissecting manual of human anatomy discarding completely the ape or pig. The book survived Mondinus for at least two centuries.

Although his anatomical description of the heart was quite accurate, especially the details regarding the valves, his correlation of the structure with function was not, he being still unable to completely remove the shackles of Galenism. Despite this, the earliest European rumblings against Galen's anatomical description of the heart attributed to Mondino de Luzzi. His questioning of pores in the interventricular septum as postulated by Galen was a remarkable piece of effrontery for the times. The authority of Galen was so formidable that for more than a millennium the dictum was: If there proved to be no holes in the septum, it clearly followed



**Henri de Mondeville (1260-1320), too, was skeptical of Galen's infallibility, declaring that God did not exhaust all his creative power in making Galen.**

that nature must have undergone changes since Galen. The irrevocable authoritarian stamp of this statement becomes more fully appreciated when one realizes that it was made many years before Darwin advanced his theory of evolution.

Further advances in the study of cardiac anatomy were made at about the same time by Henri de Mondeville ( c. 1260-1320). Also a radical with an independent bent of mind, he held three chairs at Montpellier (anatomy, surgery and medicine). He, too, was skeptical of Galen's infallibility, declaring that God did not exhaust all his creative power in making Galen.

# Be Smart in Smart-Device Age

## Spend more time with patients and less in EHR



Rizwan A. Karatela, MD

**The Smart Device are here to make us work smarter, not to out smart us. Strategies and best practices to use EHR (Electronic Health Records) to your advantage and spend more time with the patients.**

Recently, I saw my 94 year-old patient. I have known him for over 14 years. He is still active for his age. He has hypertension and diastolic dysfunction. Last year, he had hip fracture after a mechanical fall and he recovered completely. In the past two years, he had CHF decompensation once and only required out patient management. Recently, he had some DOE, mild leg edema and rales. Knowing him well for several years, I decided to treat him with out patient diuretics and a closer followup. In my absence, few days later my partner confirmed that he was doing better. More than 4 weeks out he returned for a follow up. He reported that ankle edema was gone and he felt back to his baseline. On exam, his lungs were clear and there was no leg edema. I expressed my satisfaction on his recovery and he was happy about it. Then he stated that his PCP ordered a CXR that he is going to go tomorrow. I asked him if his PCP saw or heard anything in his lungs or he had any fever cough. My patient said, “no fever and no cough and my PCP did not even examine me or listened to my chest, I did tell him that I had shortness of breath 3-4 weeks ago and I saw my cardiologist and he treated me and now I am fine”. On this, my patient said that his PCP told him that “Your cardiologist is just the consultant, I am your PCP and you need a CXR”. Not surprisingly my patient was puzzled and asked me if he really needed a CXR.

This is not an unusual scenario, all of us are seeing it quite often. This is not a commentary or criticism of

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**“Medicine,” Wachter explains, “is at once an enormous business and an exquisitely human endeavor; it requires the ruthless efficiency of the modern manufacturing plant and the gentle hand-holding of the parish priest; . . . it is eminently quantifiable and yet stubbornly not.” - Wachter R <sup>1</sup>.**

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any one PCP, this is, unfortunately a reality of modern day practice of medicine. As compared to 25 years ago, now when I come to any floor and walk towards the nursing station, all I see are the computers lined up and people from one corner to the other just typing away. From the RNs, to CNA, to nursing supervisors to doctors, people are just typing away, churning up novels after novels.

I usually type my cardiology notes in EHR with problem list formatted as numbered and bullets list; this has been my habit since the days of hand written notes. Now, I often see my notes appearing in the PCP notes who had consulted me. Sometimes, verbatim without any changes. It is sometimes hilarious to see PCP’s note containing the details of cath reports, Echo findings I had put in my assessment. They do add, DVT prophylaxis and GERD prophylaxis!.

The Joint Commission and other regulatory agencies

**Rizwan A. Karatela, M.D., F.A.C.C.**

*Dr. Karatela is the Executive Director of APCNA. He has been a founding member and past president of APCNA. He practices non-invasive cardiology in Palm Beach County, Florida.*



are looking at the EHR and the Cut-and-Paste Function (CPF) seriously. They point out in their publication<sup>2</sup> the following potential risks to the integrity of the medical record:

- Copying and pasting inaccurate or outdated information
- Redundant information in the EHR, which makes it difficult to identify the current information
- Inability to identify the author or intent of the documentation
- Inability to identify when the documentation was first created
- Propagation of false information
- Internally inconsistent progress notes
- Unnecessarily lengthy progress notes.

There is no turning back to hand written notes. EHR is here to stay; even the most strongest opponents are adopting it or retiring instead. Most of us have used and seen all possible EHR; hospital or practice based. In addition to EHR, we have smart devices, universal fast Internet access. These devices are making our lives easier and giving us simple tools to improve our knowledge and ability to help our patients. I am biased, and in favor of EHR probably because I was involved in database programming and created the first EHR for the cardiology fellows in 1996 at the University of Rochester. It was simple and PC based. With limited networking in those days and problems in printing and formatting, no one bothered to learn it at that time. Only I ended up using it.

**Hi Doc, Our next version of EMR is so advanced and intuitive that you can complete the chart in no time and in the latest version you don't have to even see the patient with our all new non-touch technology. - A potential future ad.**

It is true, using EHR in your practice will add about two hours a day more to your work initially. Then, depending on the varying degree of the functionality, the process is streamlined and less time-consuming and eventually time-saving. The ultimate goal of EHR is to spend less time in EHR and more time with the patients.

With the right combination of useful features such as;

## EHR Tips and Five Don'ts

1. Do not cut and paste other people notes, not worth it.
2. Do not write Today, Tomorrow, instead write dates in your notes.
3. Do not sign without previewing the note again.
4. Do not copy and paste all the possible labs from the computer.
5. Do not ask your MAs to enter notes for you. Its Illegal.

## EHR Tips and Five Do's

1. Do check the name and MR number before entering the note.
2. Do write "late entry" if you are entering the note late after seeing pt.
3. Do enter addendums, corrections, and updates as needed.
4. Do examine the patient before entering the notes.
5. Do use auto-correct, spell check and template whenever possible.

ease of input by dictation or preformatted phrases, well designed and highly thoughtful customized templates, a good IT support for remote access and smart-device integration, and the knowledgeable medical staff, your life can be much easier.

A recent article/perspective in NEJM is worth reading for the details of the ongoing debate on the use of EHR. I am quoting from that;

"... the rest of us need are patient records that communicate meaning and foster understanding of the particular patient in question. The blanks on our screens can be filled with words, but the process of understanding cannot be auto-populated. Perhaps life without the EHR will soon be unimaginable. But the technology will support and improve medical care only if it evolves in ways that help, rather than hinder, us in synthesizing, analyzing, thinking critically, and telling the stories of our patients"<sup>3</sup>

### Reference:

1. Wachter R. Hope, hype, and harm at the dawn of medicine's computer age. New York: McGraw-Hill, 2015.
2. Preventing copy-and-paste errors in EHRs, The Joint Commission, Division of Health Care Improvement, Quick Safety, Issue 10, February 2015.
3. Transitional Chaos or Enduring Harm? The EHR and the Disruption of Medicine, by Lisa Rosenbaum, M.D. N Engl J Med 2015; 373:1585-1588 October 22, 2015

### Payers Slowly Taking Note of Cloning:

CMS Medicare contractor, wrote about its prohibitions on cloning information in a 2006 Medicare Part B newsletter to Connecticut and Florida Medicare Part B providers. "Documentation is considered cloned when each entry in the medical record for a beneficiary is worded exactly like or similar to the previous entries," the newsletter states. "Cloning also occurs when medical documentation is exactly the same from beneficiary to beneficiary. It would not be expected that every patient had the exact same problem, symptoms, and required the exact same treatment."

# The Global Village

Internet has changed the world for ever.



Amin H. Karim, MD

**Netscape gave way to AOL, then Yahoo and “earth shattering” invention of Google search engine. The world of information would never be the same again.**



There is no question that Internet has changed the world forever. What is most fortunate is that many in our generation (40-50 year-olds in the early nineties) were mature, able and ready to embrace the new technology and made most out of it on it. I remember I started using the emails very early and even bought a domain name and made a rudimentary (in today's standards) website for my practice with a program called ICSpider. Netscape was the only game in town as browser. More than 80% of the computers were using Netscape. But one could see the enormous potential that lay ahead, as Microsoft came in late but with its powerful market share and close to 90% of the worlds computers

**APCNA email forum was started shortly after the organization was founded. It has become an important means of disseminating information about the activities of the Association to it's members and non-members.**

running windows operating system, it's web browser, the Internet Explorer soon became the universal browser. Netscape gave way to AOL, then Yahoo and “earth shattering” invention of Google search engine.

**Amin H. Karim M.D., F.A.C.C., F.R.C.P. (Edin.)** *The author can be reached at [globelinker@gmail.com](mailto:globelinker@gmail.com).*

Dr. Amin Haji Karim is a practicing invasive cardiologist in Houston, TX. Graduated from Dow Medical College, Karachi, Pakistan in 1977 with seven gold medal awards. He completed his cardiology fellowship from Baylor College of Medicine, Houston in 1987. He is a Clinical Associates Professor Baylor College of Medicine & Clinical Assistant Professor, Weill Medical College of Cornell University. He is a founding member and the first Treasurer of APCNA. He has maintained the APCNA list serve since it's inception. He is truly a “Globelinker”, maintains other groups like GlobeMedic, the Dowlist and Dow History Website.



The world of information would never be the same again. Who would have imagined that Wikipedia would one day annihilate Encyclopedia Britannica!

In our own little world of Pakistani diaspora physicians, the need to reach out to the yester years and to our colleagues all across the planet was enticing. Soon after Yahoo started the Yahoo-groups, our colleague, Dr. Munir Abdullah Shikari, a cardiologist in New York, started our class forum that eventually connected most of our classmates from Dow Medical College, class of 1977. To be able to connect to many friends at the same time and to catch up with lost friends instantaneously was the experience people will never forget.

Soon after that I started a website **dow77.com** on netfirms. The material was obtained from old copies of Dow magazines and souvenirs from which photos were scanned and uploaded. One colleague confided that seeing photos of classmates after 15 years, he sat gazing at the computer screen for hours. He felt that he was transported back in time and was in such a state of mind that he lost track of time till his wife came and dragged him to his bed! This networking tool became so powerful that within a few years there was a very special bond developed within our class. Our class got together for the our Silver Jubilee graduation celebrations in Karachi in 2002. This resulted in a collection of the donation which was ultimately used to establish Labor Emergency Room for Civil Hospital, Karachi, a gift from the class of 1977.

One of the most easiest and powerful aspect of Internet use is the ability to organize list serves at many levels. People with common interests and goal form the groups and they do wonders. Realizing this potential and my keen interest in communication with people, I formed a group, called *GlobeMedic*. Its connects members of the Association of Pakistan-Descent Physicians of North America (APPNA) across the globe. It was formed when APPNA decided in 2004 to close down its elist. Shortly thereafter I also felt the need to create; *DowList*, *HoustonDocs* and many other community related groups in 2004 and are still going strong and playing a role in reaching out to alumni far and wide. APCNA email forum was started shortly after the

organization was founded in 2004. It has become an important means of disseminating information to it's members and non-members about the activities of the association. On the APCNA email forum, difficult cases being managed by members are presented as

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**GlobeMedic connects members of the Association of Pakistan-Descent Physicians of North America (APPNA) across the globe. It was formed when APPNA decided in 2004 to close down its elist.**

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clinical challenges and participants weigh in with their opinions and suggestions. All others get to learn about the variety of useful opinions on the cases. This, in itself, makes the time spent on these fora worthwhile. Among other things, a member on his way to Pakistan may announce that he could carry some donated catheters for the less-privileged hospitals there. This is also the least costly way to raise funds for worthy causes.

Over the years, and beyond the simple list serves, the explosion of social media and its tools has made the communications, , interactive and more engaging. One has to only look at the widespread use of Facebook, Snapchat and WhatsApp. The latter has proved to be a real boon and embraced by many in lieu of emails because it is mobile phone based and makes it convenient to catch up as one waits for the elevator in the hospital or waiting for one's turn for the cath lab table!. WhatsApp allows short chats to be carried out globally and it faster than any other form of text messaging. Phone calls can be made no matter where the member may be traveling in the world. In India I saw medical residents use it for transferring patient lists to the on-coming team and for communicating with their attending staff.

One wonders what's next?

### The Global Village

*Global village* is a term closely associated with Canadian-born Marshall McLuhan, popularized in his books *The Gutenberg Galaxy: The Making of Typographic Man* (1962) and *Understanding Media* (1964). McLuhan described how the globe has been contracted into a village by electric technology and the instantaneous movement of information from every quarter to every point at the same time.

# Fellows-In-Training: APCNA's FITbit

## What can APCNA do for FITs?



Salman Arain, MD

**For those members who are contemplating taking on a more active role in APCNA, I encourage you to give it a go. APCNA may just be the right fit for you.**



Dr. Eugene Braunwald was the Keynote Speaker at the APCNA annual Meeting at the ACC 2014 in Washington DC. He was given a traditional Pakistani Robe to honor him at the meeting.

I was an interventional cardiology fellow at the Ochsner Clinic in 2008 when I joined APCNA at the behest of Immad Sadiq. To tell you the truth, I went to my first APCNA meeting with plans to catch up with a good friend (whom I hadn't seen since medical school) rather than to make a lifetime commitment to an organization about which I knew very little. Six years later I completed my term as President of this 'little known' organization - an experience that continues to be one of the highlights of my professional career. My journey from the back of the hall to the podium helped me define my role both as an academic and as a clinician. It

**The relationship between APCNA and FITs is a symbiotic one. Many of APCNA's core members are either on faculty at a medical center or are closely affiliated with a center of excellence in the US or Pakistan.**

also brought me closer to friends new and old, and it allowed me to re-connect with the medical community in Pakistan as well as strengthening my relationships in the US.

### Salman Arain, M.D., F.A.C.C.

*Dr. Arain is an interventional cardiologist. He graduated from Allama Iqbal Medical College, Lahore, Pakistan in 1996. He completed his training in General and Interventional Cardiology at the Ochsner Clinic in New Orleans, LA. Prior to that he completed a research fellowship in Echocardiography at University of California - San Francisco. He was on faculty at Tulane University, New Orleans, LA, between 2007 and 2013, where he served as the Associate Program Director of the General and Interventional Cardiology fellowship programs. He also served as the Director of Endovascular Interventions at Tulane Hospital between 2010 and 2013. He is a lifetime member of APCNA..*



If you have heard me speak on behalf of APCNA, or if you have read any of my posts online, you know that education and training are near and dear to my heart. I am fortunate to deal with Fellows-In-Training (FITs) daily in my role as the associate program director of the general and interventional cardiology training programs at the University of Texas in Houston (UTHealth). The first few days of the new academic year are always filled with excitement for both faculty and FITs as the thrill of meeting new trainees and mentors makes the fear of the unknown seem trivial. There is the promise of new relationships and new opportunities. This is the same feeling that many of my colleagues and I get when we visit the annual APCNA meeting at ACC every year. We look forward to meeting the next generation of cardiologists of Pakistani origin and we hope the feeling is mutual.

The relationship between APCNA and FITs is a symbiotic one. Many of APCNA's core members are either on faculty at a medical center or are closely affiliated with a center of excellence in the US or Pakistan. Even those in private practice have done their part for medical education and training. This is not an accident by any means - the dissemination of knowledge is one of APCNA's founding principles. Which makes FITs APCNA's most valuable asset and a major focus of new initiatives. This is not always readily apparent to new members (and some old ones) and now is a good time to discuss this.

What can APCNA do for FITs? Many of APCNA's initiatives are directed directly or indirectly towards FITs. An obvious reason is that as the organization grows and newer projects take off, it needs people with ideas and enthusiasm to help these succeed. However, it is equally true that APCNA is striving to become a self-sufficient entity that can evolve with the times and can play an important role in the professional lives of its members. As noted previously, APCNA has strong ties with academia and its members are spread across the US. This gives FITs an opportunity to interact with and benefit from the experience of APCNA members at every level of their career be it seeking a mentorship for research, interview for sub-specialty jobs, recommendations and guidance during job searches,

or point-of-care answers to clinical questions and dilemmas. There is the potential for more nuanced interactions and many FITs are encouraged to suggest ideas and projects that can help them in other career endeavors. FITs also have the opportunity to participate in APCNA's winter meeting in Pakistan as faculty members. The possibilities are many, if not endless.

What FITs do for APCNA? FITs are the future of APCNA and form an integral part of its operations. The growth of the organization (and to some degree its survival) depends on the rate at which new members are made. FITs bring new ideas and energy with them - they are encouraged to get involved and to make the organization their own. All members are also welcome to join any of the projects underway and take on leadership roles (of which there are many). APCNA welcomes feedback and suggestions from current (and recent) FITs so that it can best serve them as they make the transition from trainee to practitioner.

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**What FITs do for APCNA? FITs are the future of APCNA and form an integral part of its operations. The growth of the organization (and to some degree its survival) depends on the rate at which new members are made.**

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I would like to conclude by thanking all current and former FITs for their many contributions to the success of APCNA. As a former FIT, I would also like to recognize the role that APCNA has played in my professional growth. For those members who are contemplating taking on a more active role, I encourage you to give it a go. APCNA may just be the right fit for you.

# APCNA-Pakistan Pacemaker Bank: APCNA-Medtronic Alliance. A Major Step Forward.



Wajid Baig, MD

**The Executive Committee of APCNA after reviewing all options has decided to sign a MOU with Medtronic to purchase Single and Dual Chamber Pacemakers in Pakistan.**



APCNA Pacemaker established in 2008. The first patient who received the free pacemaker.

**T**he difficulty of getting devices through Pakistan Customs was affecting our ability to sustain the project in Pakistan. This will now allow us to continue supporting our premier project in Pakistan.

I would like to thank our President Atique Mirza who has worked very hard to develop this partnership with Medtronic. Mr. Zeeshan Tariq is Vice President IT: Global IT Leader for CVG Division, Strategy, BD, R&D, Innovation, Connected Care & Advance Analytics; he has been extremely helpful in this matter. Ms. Dania Couchair, Clinical Director Training for Middle East, Asia and Africa and Mr. Fadi Faour, Business

**The difficulty of getting devices through Pakistan Customs was affecting our ability to sustain the project in Pakistan. This will now allow us to continue supporting our premier project in Pakistan.**

Manager Medtronic Middle East North Africa, Shahid Manzoor Country Manager, Medtronic Pakistan have all been involved in making this partnership a reality.

## **M. Wajid Baig M.D., F.A.C.C.**

*Dr. Baig is a founding member and past president of APCNA. He is currently a member of Board of Trustees of APCNA. He has been Chairman of APCNA Pacemaker Bank Project. He is a non-invasive cardiologist in Rhode Island. He has delivered many lectures and hands-on workshops for APCNA in several APCNA winter meetings in Pakistan.*



The plan is for APCNA to purchase Medtronic Pacemakers at a special discounted rate in Pakistan. These new devices will then be available at Lady Reading Hospital, Peshawar; Sheikh Zayed Hospital, Lahore; Tabbat Heart Institute, National Institute of Cardiovascular Diseases (NICVD) and Indus Hospital in Karachi. Our hope is, inshallah, each Implant site will have 5 devices available for use at anytime and the stock replenished as needed directly by Medtronic Pakistan.

Once the lawyers have signed off on the documents, the delivery of devices will start. APCNA being a 501(C) 3 organization must ensure that transfer of charitable funds to Pakistan is done according to the relevant IRS rules.

Last year we raised over \$75,000 dollars at fund-raisers in Orlando, New York and Washington DC. The generosity of our members, their families and friends is truly commendable. I personally would like to thank those of you who facilitated these fund raisers in your cities.

This project will only succeed with your help.

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**Last year we raised over \$75,000 dollars at fund-raisers in Orlando, New York and Washington DC. The generosity of our members, their families and friends is truly commendable.**

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We urge all members to donate generously to this worthwhile project. Your Tax-deductible donation of \$1000 will go towards saving the life of a deserving patient in Pakistan.

**It is often one family member who supports multiple dependents in each family. The impact of your donation cannot be measured in dollars.**

## The APCNA Pacemaker Banks Beneficiaries



### The Recipient of APCNA Pacemaker

This is one of the patient who received a Pacemaker donated by APCNA. Patient's on receiving the pacemaker this is what she says, "I had a dual chamber pacemaker implanted and I made no payment. The entire cost was covered. Now, I am doing very well".



### The Father of the Recipient of APCNA Pacemaker

"When the doctors told me that my daughter needed a pacemaker and they told me how much it would cost. I could not afford this. I am very thankful to the Pacemaker Bank. It is because of them my daughter got a new life and now has a chance of living a normal life".

# APCNA-University of Michigan-Indus Hospital Pacemaker Project. Useful Collaborative Effort



S. Wamique Yusuf, MD

**APCNA and Indus Hospital have joined the University of Michigan in their research project “My Heart Your Heart”.**

*Report by Dr. Syed Wamique Yusuf and Dr. Wajid Baig*



In December 2011, Dr. Thomas Crawford visited Pakistan for 2 days just to meet and tour the local site, Indus Hospital in Karachi, Pakistan. After going through tremendous regulatory process both by FDA and Pakistan Government, the project now its final stages. L-R; Dr. Thomas Crawford, Dr. Wamique Yusuf and Dr. Javed Suleman.

After a long delay due to FDA approvals, the project should start soon. Dr. Bari Khan at Indus Hospital has appointed Dr. Sajid Dhakam to coordinate this project as per the IRB regulations from University of Michigan and Indus Hospital Research Center (IHRC). Dr Sajid Dhakam MD FACC FASCI is currently serving as the director for Cardiac Services at The Indus Hospital and has worked as the Head of Cardiology at The Aga Khan University for six years.

APCNA Past President, Wamique Yusuf MD, Houston, TX, initiated this project with Dr. Kim

**APCNA Past President, Syed Wamique Yusuf MD, Houston, TX, initiated this project with Dr. Kim Eagle who is the co-founder of Project My Heart Your Heart.**

Eagle who is the co-founder of Project My Heart Your Heart. He is the Albion Walter Hewlett Professor of Internal Medicine and Director of the Cardiovascular Center at the University of Michigan Health System.

## **Syed Wamique Yusuf, M.D., F.A.C.C.**

*Dr. Yusuf is an Associate Professor of Medicine at the University of Texas MD Anderson Cancer center. He graduated from Dow Medical College, Karachi and completed his cardiology fellowship from University of Texas N Houston. He is involved in the teaching and training of cardiology fellows and is the co-chair of annual ACC cardiology board review. He is one of the founding members of APCNA and a lifetime member.*



Dr. Thomas C. Crawford is the principal investigator of My Heart Your Heart. He is an Assistant Professor of Medicine at the University of Michigan. He has traveled to Karachi, visited Indus Hospital, implanted devices at their Cath. Lab. He is also the Medical Director of Heartbeat International, Tampa FL.

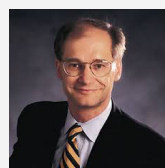
The project as described on the University of Michigan website is as follows:

There is a great disparity between the high and low-income countries in terms of pacemaker and defibrillator availability. Each year 1-2 million individuals worldwide die due to a lack of access to pacemakers and defibrillators. Meanwhile, almost 90% of individuals with pacemakers would donate their device to others in need if given the chance. The University of Michigan Cardiovascular Center has been conducting a series of research projects aiming to establish pacemaker and defibrillator reuse as feasible, safe, and ethical means of delivering this life saving therapy to patients with no resources. Throughout this process we have been engaged with the US Food and Drug Administration (FDA) in order to obtain approval and begin a clinical trial.

We must never forget that at the foundation of each technological breakthrough is the need to improve humanity in all aspects of our society. Undoubtedly, pacemaker reuse can safely and effectively transform a currently wasted resource into an opportunity for a new life for many citizens in our world!

Pakistan is one of several countries, which is participating in this project. At ACC, Chicago, Dr. Crawford and Dr. Dhakam are scheduled to meet and finalize the logistics of this project.

The success of this project will be measured and depend on many different levels; the continued collaboration of involved institutions, the steadfast commitment of the implanting cardiologists, the transparency, the streamlining of the logistics and finally the measure of how well the deserving patients are served in the community.

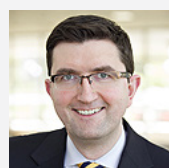


Dr. Kim Eagle is the Albion Walter Hewlett Professor of Internal Medicine, Professor of Health Management and Policy at the University of Michigan School of Public Health, and Director of the Frankel Cardiovascular Center at the University of Michigan Health System. A graduate of Bozeman Senior High School (Bozeman, MT) he then attended Oregon State University, graduating in 1976 followed by Tufts University Medical School, graduating in 1979. He completed a residency and chief residency in Internal Medicine at Yale-New Haven Hospital from 1979 to 1983 followed by research and clinical fellowships in cardiology and health services research at Harvard Medical School and The Massachusetts General Hospital (MGH) from 1983 through 1986. From 1986 to 1994, Dr. Eagle served MGH where he was promoted to Associate Director of Clinical Cardiology and Associate Professor of Medicine at Harvard before moving to the University of Michigan.

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**Each year 1-2 million individuals worldwide die due to a lack of access to pacemakers and defibrillators. Meanwhile, almost 90% of individuals with pacemakers would donate their device to others in need if given the chance.**

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Dr. Thomas C. Crawford is the principal investigator of My Heart Your Heart. He is an Assistant Professor of Medicine at the University of Michigan. He obtained his medical degree from the University of Tennessee Health Science Center College of Medicine in 2000. He completed his Residency from Duke University Medical Center, Department of Internal Medicine, Durham, NC, in 2003. He went on to complete his Fellowship in Cardiovascular Disease at the Barnes-Jewish Hospital in 2005 and then he completed additional fellowship in Cardiac Electrophysiology at University of Michigan Health System in 2007. He traveled to Karachi, Pakistan in 2011 and visited Indus Hospital. He implanted devices at their Cath. Laboratory as part of site evaluation for the study. He is also the Medical Director of Heartbeat International, Tampa FL.

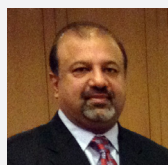
# APCNA's Election and Nomination Committee 2016-2017 Report

## The New Cabinet Announced



### APCNA New Cabinet 2016-2017 took office at the APCNA annual meeting at the ACC 2016, Chicago, IL

The Nominations and Election Committee (NEC) would like to inform the membership that the following members have been elected as office bearers of the Association for Year 2016-2017. The committee has confirmed with these candidates their willingness to serve in the positions described below. The new cabinet was introduced and took office at the Annual Meeting of the Association on April 2<sup>nd</sup>, 2016, in Chicago, IL.



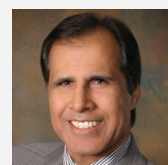
#### Dr. Mushabbar Syed, President APCNA 2016-2017

Dr. Mushabbar Syed is the Rolf & Merian Gunnar Professor of Medicine – Cardiology and Director of Cardiovascular Imaging at Stritch School of Medicine, Loyola University MC in Maywood, IL. He graduated from King Edward Medical College in 1987. He completed his cardiovascular medicine fellowship at Henry Ford Hospital, Detroit, MI and cardiovascular imaging fellowship at the NIH, Bethesda, MD. He serves on editorial boards of several cardiology journals and edited a textbook titled Magnetic Resonance Imaging of Congenital Heart Disease.



#### Dr. Atique Mirza, Immediate Past President APCNA 2016-2017

Dr. Atique A. Mirza is a Consultant Cardiologist at St. Francis Hospital Medical Center in Hartford, CT. He is an Assistant Clinical Professor at University of Connecticut School of Medicine. He completed his cardiovascular medicine fellowships at Brigham & Women Hospital, Harvard Medical School and University of Connecticut. He is a Board Member of the US PAK Foundation. He is the founding president of the Allama Iqbal Medical College Alumni Association of North America and the founding President of the Connecticut Chapter of the APPNA.



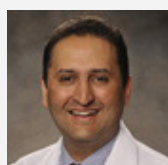
#### Dr. Amin H. Karim, President-Elect APCNA 2016-2017

Dr. Amin Haji Karim is a practicing invasive cardiologist in Houston, TX. Graduated from Dow Medical College, Karachi, Pakistan in 1977 with seven gold medal awards. He completed his cardiology fellowship from Baylor College of Medicine, Houston in 1987. He is a Clinical Associates Professor Baylor College of Medicine & Clinical Assistant Professor, Weill Medical College of Cornell University. He is a founding member and the first Treasurer of APCNA. He has maintained the APCNA list serve since its inception. He is truly a "GlobeLinker", maintains other groups like GlobeMedic, the Dowlist and Dow History Website. He is member of BOT of the APPNA South Texas Chapter.



#### Dr. Nadeem Ashfaq Faruqi, Secretary, APCNA 2016-2017

Dr. Nadeem Ashfaq Faruqi graduated from Sind Medical College in 1989, He completed his residencies in Transitional year, Internal medicine and General cardiology fellowship from Michigan State University. He completed his Interventional cardiology fellowship at the University of South Florida. He was also an NIH Trainee and Fellow at Mayo clinic for two years. Currently he is practicing in greater Richmond area in Virginia.



#### Dr. Saquib Samee, Treasurer, APCNA 2016-2017

Dr. Saquib Samee is an Interventional Cardiologist serving the Southern Virginia area. He is Board Certified in Internal Medicine and Cardiology. Dr. Samee joined Mayo Clinic, in Rochester, MN as a recipient of the prestigious NIH Grant Fellowship in Cardiovascular Diseases. Dr. Samee went on to complete a Clinical Cardiology fellowship from the University of Connecticut Health Center and Interventional Cardiology from Hartford Hospital in Hartford, Connecticut. He has also completed specialized training in Peripheral Vascular Interventions from Brown University in Rhode Island.