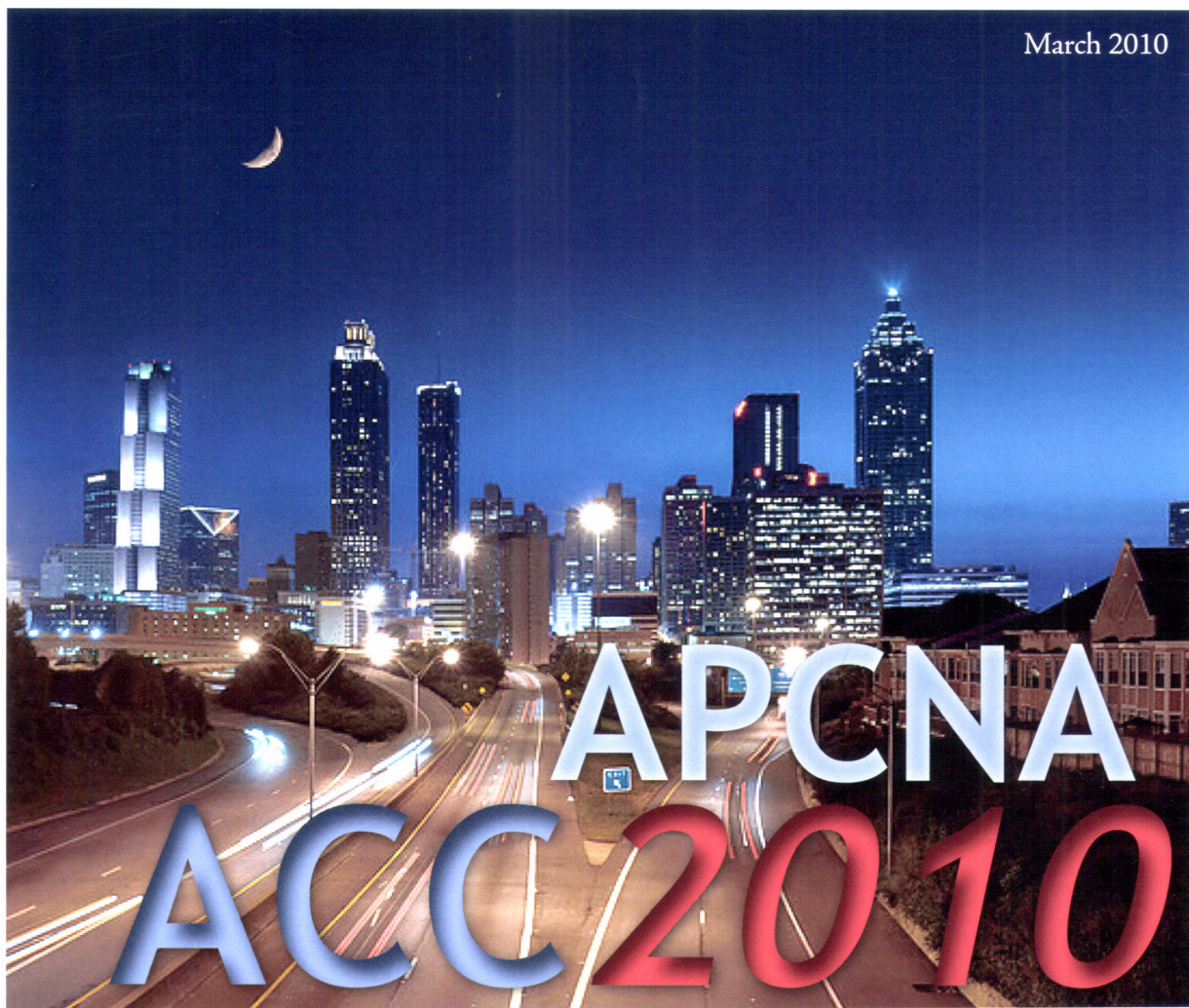




# APCNA

Newsletter; Volume 5, Number 1

Association of Pakistani-Descent Cardiologists of North America



March 2010

**7th APCNA Meeting at the ACC**

March 14, 2010

**Atlanta, GA**

[www.apcna.net](http://www.apcna.net)



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## We Think "We"

*The leaders who work most effectively, it seems to me, never say "I." And that's not because they have trained themselves not to say "I." They don't think "I." They think "we"; they think "team." They understand their job to be to make the team function. They accept responsibility and don't sidestep it, but "we" gets the credit. This is what creates trust, what enables you to get the task done.*

- Peter F. Drucker

Peter Drucker must have been thinking of APCNA when he penned these thoughts.

**C**ommon goals shared by dedicated people are essential ingredients for any organization. Mission becomes the driving force and people unite. When people unite, resources become available, talent, ideas, enthusiasm, dedication and hard work is shared and the organization becomes strong.

APCNA leadership has set down a strong foundation for our organization. The senior members are to be credited for having worked so hard in getting us started. It is time now for those who are watching from the sidelines to step forward and get involved. A dynamic organization needs new workers.

Let us take APCNA to the next level. There is much more to be done....we have just started!

As they say; there is no "I" in team.

- We the Editorial Team

March 2010

### Strong Foundation Through Teamwork



It has been my honor to serve as the 5th President of this great organization. Over the last five years, APCNA has been able to build a strong foundation through team work and dedication and lay the ground work for several years to come. I was fortunate to have a group of very dedicated and hard working members of the Executive Committee to assist me during this year. (The selfless work by active members is clearly a reflection of their dedication to APCNA). One of the main objectives of APCNA is platform to every Pakistani cardiologist who resides in North America and to get them involved in this Organization. The mission of APCNA is to support our colleagues in Cardiology in Pakistan in whatever fashion we can and to help the needy and deserving people of Pakistan.

I am happy to announce that we now have nearly 100 lifetime members and our membership is growing steadily. I would urge all the practicing Cardiologists to join us. Membership dues are exempt for cardiovascular fellows in clinical or research training programs. With the expertise of Dr. Rizwan Karatela, our Executive Director, we have revamped our entire website which is now state of the art. You can become a member, pay dues and review all past, present and future activities online.

We had a successful summer meeting in San Francisco attended by about 80-100 physicians. Dr. Zulfqar Ali was the local host who did a superb work in arranging a very successful meeting. This was our first meeting in the West Coast region and attracted many cardiologists. During this meeting we performed a study comparing cardiologists vs. non cardiologists according to their BMI by taking their weight; height and blood pressure to risk stratify them for future cardiovascular disease. To our surprise, cardiologists were at a higher risk for future cardiac disease due to their weight and more prone to have a cardiac event in the future. The unique service by APCNA was a very popular event of the meeting and attracted hundreds of visitors to APCNA booth.

APCNA is happy to collaborate with the Government of Pakistan to develop a preventive cardiology policy for the nation. The tireless efforts and dedicated work by Dr. Nadeem Afridi and Dr. Javed Suleman has resulted in the recognition of APCNA as one of the major organizations working on the preventive cardiology initiative and is part of the Non-Communicable Disease (NCD) project. We thank Dr. Nadeem Afridi who has traveled to Pakistan several times to represent APCNA at the NCD meetings. In addition, one of the major projects APCNA has embarked on, is the cardiovascular survey, the Korangi Heart Study to risk stratify cardiovascular disease in low income population in Pakistan. This study is one of its kind and promises to be pivotal in preventive cardiology and policy making in Pakistan. The Executive Committee approved a grant of \$10,000 which will fund the project and we thank all those who have generously supported this project. More on this project is outlined by Dr. Nadeem Afridi and Dr. Javed Suleman in this newsletter.

In 2009 we were planning our Annual winter meeting in Rawalpindi in collaboration with the Armed Forces Institute of Cardiology (AFIC) under the leadership of Major General Dr. Azhar Kayani. As we were preparing to leave for Pakistan, the trip was cancelled at the request of the local hosts due to political instability and safety

Continued on Page 7

# PRESIDENT 2010

SYED WAMIQUE YUSUF, MD, FACC



S. Wamique Yusuf,  
MD FACC

## APCNA President 2010 Message

Dear Friends and Colleagues:

It is with great pleasure that I welcome you to the Seventh Annual Spring meeting of APCNA in Atlanta. I have been given the honor to be the next president of this organization. It is indeed a huge challenge, but one that I hope to fulfill with your support and guidance.

We have just concluded another successful year with landmark achievements. I strongly feel that it is the unique teamwork that this association is bestowed with that we have been able to do so many things in such a short span of time. While our efforts have bore fruits in the form of successful projects such as; the APCNA-Rotary Club Pacemaker Bank in alliance with Heartbeat International, the BLS program with Pakistan Medical Association and the Initiative of Cardiovascular Prevention program for the indigent population of Pakistan, we must continue to strive for more new ideas and concentrated efforts to continue our work in future.

In the coming year, several major tasks lay ahead of us. It is clear that cardiovascular disease is fast becoming the dominant health care issue in the developing world and Pakistan is no exception. APCNA hopes to collaborate with health care institutions in Pakistan to increase cardiovascular health awareness, disease prevention and management. Another area we will be concentrating here in USA is to broaden our network of Pakistani Cardiologists in sharing information to enrich ourselves professionally while strengthening our bond of heritage. We will be creating the database of APCNA members who are actively involved in teaching and in leading positions in the fellowship programs. This will pave the way to introduce the regular contributions of their research work in APCNA's annual meetings.

I look forward to your help in implementing some of the ideas. Your active participation in APCNA activities is the key to our success. I look forward to working closely with all of you.

**S. Wamique Yusuf, MD FACC**

*President-Elect, 2010.*

# APCNA

## FINANCIAL REPORT 2009

*With Best Compliments*

From

## **Cedarbrook Cardiology**

**Younus A. Rakla, MD, FACC**  
**Joseph A. Catapano, MD, FACC**  
**Mahmood Alam, MD, FACC**

**908 - 756 - 1703**

902 Oak Tree Road, Suite 400  
South Plainfield, NJ 07080

*With Best Compliments*

From

*Dr. Zia Moiz Ahmad*  
*Dr. Younus Rakla*  
*Dr. Munir Shikari*  
*Dr. Syed Wamique Yusuf*  
*Dr. Immad Sadiq*  
*Dr. Asif Rehman*  
*Dr. Naeem Khan*  
*Dr. Nadeem Afridi*

The financial report reflects the major sources of income, namely, membership dues and sponsorship and educational grants. The main categories of expenses are summarized to reflect major expenses. The details of the reports are available to the membership on APCNA web site.

### **APCNA - January - December 2009**

Income	
Contributions Income	4,000.00
Grants/Sponsorships	16,000.00
Total Membership Dues	3,050.00
<b>Total Income</b>	<b>23,050.00</b>
Expense	
Bank Service Charges/Fee	698.91
Total Computer and Related	178.84
Contributions/Donations	13,069.48
Equipment Rental	417.96
Office Supplies	542.51
Office Work/Clerical help	936.33
APCNA Mouse Pad	518.88
Postage and Delivery	1,103.90
Total Printing and Reproduction	6,504.31
Total Professional Fees	786.38
Total Program Expense	4,469.72
Tax IRS	6,211.25
<b>Total Expense</b>	<b>35,438.47</b>
Net Income 2009	-12,388.47
Interest Income	86.56
<b>Total Income: 2009</b>	<b>-12,301.91</b>
Balance from 2008	<b>97,655.43</b>
<b>Current Balance as of Dec 2009</b>	<b>85,353.52</b>

# APCNA AT ACC 2010

Keynote Speaker - John Douglas, MD, FACC



Dr. John Douglas

## Annual APCNA Keynote Address by Dr. John Douglas

On behalf of APCNA we would like to sincerely thank Dr. John Douglas for being the Keynote Speaker at the Seventh Annual Spring Meeting of APCNA. Dr. Douglas' presence in the meeting is an honor for us.

### Education,

*Medical School; Washington University School of Medicine, St. Louis, MO 1967  
Internship; University of North Carolina at Chapel Hill, NC 1968,  
Residency; University of North Carolina at Chapel Hill, NC, 1969; Emory University, Atlanta, GA, 1971-1969;  
Fellowship; Emory University School of Medicine, Atlanta, GA 1974*

### Awards

*America's Top Doctors, 2001-2004, Atlanta's Top Doctors, 2001-2004  
The Best Doctors in America, 2001-2004.*

### Major or Recent Publications

*American Heart Association Late-Breaking Clinical Trials: Cilostazol For Restenosis Trial: A Randomized, Double-Blind Study Following Coronary Artery Stent Implantation .  
Circulation 2003,108:2723.  
Cardiac Catheterization, Cardiac Angiography and Coronary Blood Flow and Pressure Measurements: Hurst's The Heart, 2004,481-541.*



Dr. Khusro Niazi

## Welcome to APCNA at the ACC 2010

On behalf of APCNA, as Chair of the host committee I welcome all the APCNA members to Atlanta, I hope your stay at the meeting and Atlanta an enjoyable experience. I would personally like to thank Dr. John Douglas for taking time out from his busy schedule to be the Keynote Speaker at the Seventh Annual Spring Meeting of APCNA.

conditions within the country. Although it was heartbreaking not to be able to go, the decision was made unanimously by the Executive Committee. In spite of the situation, several of our colleagues did go to Pakistan on an individual basis and were able to take medical supplies and perform procedures and held teaching sessions in Karachi, Lahore and Bahawalpur. We thank Drs. Javed Suleman, Zia Moiz, Immad Sadiq, and Manzoor Tariq for representing APCNA this winter during their Pakistan trip.

The pacemaker project is under the leadership of Dr. Wajid Baig in collaboration with Heartbeat International and The Rotary Club in Pakistan. It is continuing with the assistance of Drs. Azam Shafqat, Bashir Hanif and Zahid Jamal in Pakistan. Due to increased demand, the supply of pacemakers and ICDs was significantly less compared to last year. We are hoping in the coming year, that this project which is the pride of APCNA, will continue and expand to other parts of the country including Lahore and Peshawar. We appreciate Dr. Mohammad Haseeb, Chair of the Advocacy Committee who has worked diligently to help on the advocacy front to help ACC in its various initiatives throughout the year. He was able to raise \$5000 towards ACC advocacy initiatives for health reform.

While APCNA's main focus is patients with cardiovascular related ailments, we were able to raise money for the internally displaced people (IDP) crisis engulfing Pakistan. For this, APCNA raised \$5000 and the funding was given to Khyber Medical College Alumni.

APCNA was able to start a BLS/ACLS project in Pakistan last year. During that course, several physicians trained to be instructors, now taking that training into the rural areas of Sindh to provide a basic life support course.

For our APCNA at the ACC 2010 in Atlanta we are grateful to Dr. Khusro Niazi for his untiring efforts to organize the meeting arranging for Dr. John Douglas to be the keynote speaker,

We would like to congratulate and extend my full support to the new executives, Dr. Syed Wamique Yusuf, Dr. Nadeem Afridi, Dr. Arshad Rehan and Dr. Salman Arian.

Finally, we would like to thank all the members of the Executive Council and Board of Trustees for their support and guidance throughout the year. I am looking forward to working with the future leadership in APCNA in any capacity I can. I strongly believe that good days are ahead of us and APCNA will continue to grow because of all the hard working and dedicated people. I believe it will be one of the crown jewels for physicians of Pakistani Descent.

**Asif M. Rehman, M.D., F.A.C.C., F.S.C.A.I.**  
*President APCNA*

## Consultative Meeting for NCD Project - May 2009

**Consultative Meeting**  
**National Commission for Non-Communicable Diseases**  
**1<sup>st</sup> & 2<sup>nd</sup> May, 2009**  
**Federal Ministry of Health, Islamabad**



# APCNA JOURNEY THROUGH TIME

THE TEAMWORK AND THE RESULTS

2004 TO 2010

Keynote Speakers at  
APCNA Meetings

## APCNA's Teamwork and the Results

Summary of Work

2005



Dr. King at APCNA

### Background:

APCNA was established in 2003. From a very small and humble beginning, the membership has steadily grown and from handful of members now we have close to 100 lifetime members. With active participation of many of our members we have been able to accomplish significantly. Here we will highlight a few of the major projects and activities through the years.

### Cardiology Lectures:

More than 200 didactic lectures at Pakistan's institutions.

Since 2004, APCNA had been committed to arrange annual winter meetings in various medical colleges of Pakistan on a rotation basis. Such meetings have been a great source of interest to the local faculty, and the housestaff. Many lectures have been delivered by APCNA members in the meetings.

### Interventional Cardiology Workshops:

More than 50 workshops, > 200 PTCA cases with local faculty.

In addition to the lectures, hands-on workshops, specially in interventional cardiology, have been very useful in transfer of technology and expertise which has been one of APCNA mission. This exercise is clearly mutually beneficial to both the APCNA members and the local faculty.

2006



Dr. Rahimtoola at APCNA

### Echo and TEE workshops:

Annual workshops > 100 cases and lectures.

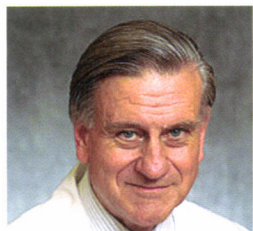
Non Invasive cardiology workshop are also as important and received by the local faculty and the housestaff enthusiastically. Here interesting cases are discussed and hands-on approach in Echo and TEE have been extremely useful.

### Cardiology Supplies:

More than 3 million dollars worth of donations for patients.

The cardiac supplies collected and brought by APCNA members are certainly greatly appreciated by the local faculty who diligently care for these patients with meager means. These supplies over the years have helped many deserving and non-affording patients.

2007



Dr. Fuster at APCNA

### First Pacemaker Bank in Pakistan:

Hundreds of Pacemaker for the deserving non-affording patients in Pakistan.

It took a lot of effort on the Part of Dr. Wajid Baig to work in collaboration with Heartbeat International, Tampa, FL. To set up the First Pacemaker Bank in Karachi. It is functioning well and they have implanted over 75 devices so far in the deserving

2008



Dr. Bonow at APCNA



# THE WORK WILL CONTINUE

# APCNA

patients who could not afford them

**First Peripheral Vascular Disease Workshop:**  
**First hands on workshop in PVOD in NWFP:**

Dr. Arshad Rehan conducted the First Peripheral Vascular Disease workshop at his alma mater at Khyber Medical College in Peshawar. He was able to present the latest developments in this field and his presentations were much appreciated.

**Collaboration with Societies:**

**Five annual winter cardiology conferences academic hospitals across Pakistan.**

APCNA has established a good working relationship with the leadership of Pakistan Cardiac Society. A delegation of APCNA and PCS had an extensive meeting at Regency Plaza Hotel in Karachi in December 2008. It was decided to work on joint projects in promoting cardiac care. It was also discussed the possibility of holding joint conferences in Pakistan.

**Interventions for the Deserving Patients**

**More than 300 cases performed for poor patients by the visiting APCNA members in Pakistan.**

APCNA members have been providing their services several times a year over the last 5-6 years in different hospitals in Pakistan. Interventional Cardiologists from APCNA have performed hundreds of difficult PCIs in various institutions in Pakistan. They have participated in training post graduate Cardiology Fellows in performing high risk cases.

**APCNA in AHA Heart Walk**

**Participation of youth in AHA Heart Walk 2007, raised \$1000 for AHA by APCNA youth.**

APCNA members and their families have been actively participating in the AHA Heart Walk program in Florida. Dr. Karatela and his Children are at the forefront of this fund raising event. APCNA Members pledged money to the participants of walk.

**First IVUS use in NWFP:**

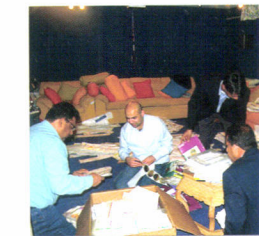
**Transfer of expertise, first IVUS use at the Lady Reading Hospital, Peshawar.**

APCNA members were the first to perform procedures with an IVUS at Khyber Medical College/Lady Reading Hospital in Peshawar in winter 2008. This is a state of the art piece of equipment which is now used regularly as our Colleagues in Peshawar feel comfortable utilizing this technology after working with APCNA members.

**Nuclear Cardiology Workshop:**

**Transfer of expertise, Nuclear cardiology workshop Lady Reading Hospital, Peshawar**

Nuclear cardiology workshops are very much liked by the local faculty and the housestaff. Here interesting cases are discussed and many imaging examples reviewed by the APCNA for the housestaff.



>> Continued on Page 19

# APCNA MEMBERS IN PAKISTAN

## CARDIOLOGY INTERVENTIONAL WORKSHOPS



**Immad Sadiq, MD, FACC**  
*Lifetime Member APCNA*

### APCNA members in Pakistan December 2009

Although this year the winter meeting of APCNA was not held in Pakistan due to security concerns, several of our members continued their individual as well as collective efforts there. In December, Shaikh Zayed Postgraduate Medical Institute (SZPGMI) in Lahore hosted the 19th Biennial International Cardiology Conference under the auspices of Pakistan Cardiac Society. Host faculty was led by Prof. Saulat Siddique.



**Naeem Taherkheli,  
MD, FACC**  
*Lifetime Member APCNA*

This meeting took place between the dates of 11th and 13th of December. Several sessions were held focusing on pediatric cardiology, echocardiography, ECG and interventional cardiology. In addition to the didactic sessions multiple live cases were transmitted from Shaikh Zayed Postgraduate Medical Institute to PC Lahore where the meeting sessions were being held. Another important highlight was the live transmission of high-risk PCI cases from NYU Medical Center to the meeting auditorium.

Participating APCNA members included Drs. Mobeen Sheikh, Naeem Taherkheli and myself. Several talks were given by these members on topics including Renovascular disease, Ostial and Bifurcation Lesion Coronary Intervention & Aortic Interventions. Also, several coronary and peripheral vascular cases were performed at Shaikh Zayed Postgraduate Medical Institute cathlab. IVUS, FFR, coronary interventions, renovascular interventions, aorto-iliac cases and limb salvage interventions were performed.



**Mobeen Sheikh,  
MD, FACC**

Also, cardiovascular supplies were donated on behalf of APCNA (about 3 suitcases of supplies) to SZPGMI. The supplies were handed over to Dr. Amber Malik, the lead interventional cardiologist and Fellowship Director at SZH. There were 200 coronary balloons, 50 carotid stents, 55 covered stents, 40 vascular stents, 50 coronary wires, several diagnostic and interventional catheters, sheaths and wires. Also, another suitcase of supplies was donated to Tabbah Heart Institute and was handed over to Dr. Bashir Hanif.



**The work done by many of our  
interventional cardiologist  
is indeed an example of true  
dedication to further the  
mission of APCNA**

## My Visit to Indus Hospital

My visit to Indus Hospital – Javed Suleman

The Indus Hospital is a state of the art tertiary care center accessible to the public free of charge. A team of local and expatriate professionals provide specialized medical care with an emphasis on innovation and research. The tertiary care facilities at the Hospital are complemented by community outreach programs focused on prevention and early detection of disease, encouraging community involvement and ownership.

Since 2000, the first year as Attending Cardiologist, I had been spending most of my vacation time visiting Pakistan, performing procedures on non-affording patients and participating in teaching and learning activities in different academic institutions. For the first few years it was in personal capacity and then since 2004 under the banner of APCNA. I had visited almost every major government owned and public/private cardiac centers but Indus Hospital is one of those centers which impressed me the most, though it is a tertiary general hospital and not a pure cardiac hospital, but is unique in so many ways. Beside being a state of the art hospital the most impressive factor is that it is “totally free of charge” for all patients, regardless. No money exchange hands here, there is not even a token registration fee for patients. Thus, Indus Hospital in a lighted candle in the prevailing darkness which has overcome the society, and I pray that for it to be the guiding light for others.

The hospital started working since 2007 and their cardiac catheterization and interventional lab started functioning in 2009. I had a chance to work twice in their lab, first in October for a week when I performed 31 PCIs and then again in December when I did 27 interventions. The staff is highly talented and well trained. Dr. Sajid Dhakkam of Aga Khan Hospital volunteers his time here directing the Interventional Lab. I get a special sense of satisfaction in everything I do at Indus Hospital. Whether I am donating cardiac supplies on behalf of APCNA or performing free interventional procedures, I am confident that all my efforts are really helping the most needy and poor patients with no element of favoritism or any negativity etc.

Indus Hospital is indeed flying high, but we should not forget that one person who is the wind beneath its wings and that person is Dr. Bari. It is his charismatic personality which attracts many local and US based clinicians and surgeons to volunteer their time. When I am working in Indus Hospital I feel that I am in some holy place closer to our Creator and where my soul is being cleansed, and I plan to volunteer my time to Indus Hospital again and again .....

March 3, 2010



**Javed Suleman, MD,**  
*FACC, Past President  
APCNA*

**Dr. Abdul Bari Khan the  
person behind the institution  
at the Indus Hospital**



# APCNA *Lifetime Members*

On behalf of APCNA we would like thank our Lifetime Members for their support and commitment. It is your unqualified support that makes APCNA a very unique organization. Our work will continue and we will embark on many new projects in future:

Nadeem A. Afridi, M.B.B.S.  
Ezad N. Ahmad, MD, FACC  
Zia Moiz Ahmad, MD, FACC  
Masud Ahmad, M.D., F.A.C.C  
Sujood Ahmed, M.D., f.a.c.c.  
Mahmood Alam, MD, FACC  
Zulfiqar Ali, M.D., f.a.c.c.  
Arshad Ali, M.B.B.S., F.A.C.C.  
Athar M. Ansari, M.B.B.S., F.A.C.C.  
Muhammad Anwar, MD  
Salman A. Arain, M.D.  
Raashid Ashraf, M.B.B.S., F.A.C.C.  
Mirza M. Ashraf, M.D., F.A.C.C.  
Azhar Aslam, MD  
Haris Athar, MD  
M. Wajid Baig, M.B.B.S., F.A.C.C.  
Mirza B. Baig, M.B.B.S., F.A.C.C.  
Riaz Baqir, M.B.B.S., F.A.C.C.  
Robert Bonow, MD, FACC  
Waqar A. Cheema, MD, FACC  
Mubashar A. Choudry, M.D., F.A.C.C.  
Abdul L. Chughtai, M.B.B.S., F.A.C.C.  
Nadeem Ashfaq, MD  
Syed M. Fazal-Ur-Rehman, M.B.B.S..  
Salman Ghiasuddin, MD  
Sherali H. Gowani, MD  
Agha W Haider, M.D., Ph.D.  
Syed Ejazul Haq, M.B.B.S., F.A.C.C.  
S. Zubair Haq, Sr., M.D., F.A.C.C.  
Mohammed Haseeb, MD, FACC  
Arjumand F. Hashmi, M.B.B.S., F.A.C.C.

Arshad Jahangir, MD, FACC  
Mujeeb A. Jan, M.D.  
Mohammad A. Jan, M.D., F.A.C.C.  
Mian A. Jan, M.B.B.S., F.A.C.C.  
Ghazala Bashir Javed, M.B.B.S.  
Mansha Kabloon, MD  
Rizwan A. Karatela, M.B.B.S., F.A.C.C.  
M. Asad Karim, M.B.B.S., F.A.C.C.  
Amin H. Karim, M.D., F.A.C.C.  
Hasanali Kassamali, MD, FACC  
Naseeruddin Khan, MD.  
Wali U. Khan, M.B.B.S., F.A.C.C.  
Danyal Khan, MD  
Tauseef Khan, MD  
Naeem A. Khan, M.B.B.S., F.A.C.C.  
Mukhtar A. Khan, M.D., F.A.C.C.  
Ali Nawaz Khan, M.D.  
Farrukh Khan, MD  
Zia U. Kidwai, M.B.B.S., F.A.C.C.  
Mazhar Majid, M.B.B.S., F.A.C.C.  
Arshad P. Malik, M.B.B.S., F.A.C.C.  
Mumtaz Alam Memon, M.B.B.S., F.A.C.C.  
Atique A. Mirza, MD  
Humayun Mirza, MD  
Nausbad Mohyidin, M.B.B.S., F.A.C.C.  
Khurran Moin, MD  
Marriyam Moten, MD  
Shahid I. Mufti, MD  
Tasneem Z. Naqvi, MD, FACC  
Amanullah K. Pathan, M.B.B.S., F.A.C.C.  
Abdul R. Piracha, M.D., F.A.C.C.

Asad Qamar, M.D.  
Ebtasham Qureshi, M.D.  
Mohammad I. Qureshi, M.D.  
Syed Tanveer Rab, M.B.B.S., F.A.C.C.  
Shahbudin H. Rahimtoola, M.D., M.A.C.C.  
Younus A. Rakla, M.D., F.A.C.C.  
Arshad Rehan, M.D.  
Najeeb Rehman, M.D.  
Asif Rehman, M.B.B.S., F.A.C.C.  
Muhammad K. Riaz, M.B.B.S., F.A.C.C.  
Mohammad A.D. Rizvi, M.B.B.S., F.A.C.C.  
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Syed Wamique Yusuf, M.B.B.S..  
Saima Zafar, MD

The FACC designation is based on the ACC updates. Please email us for your current information

# APCNA BLS PROGRAM AT PAKISTAN MEDICAL ASSOCIATION

# APCNA

One of the core mission of APCNA had been to establish Basic Life Support (BLS) training Centers in Pakistan. On December 18, 2008, APCNA conducted a full day course on BLS for health care providers at the Pakistan Medical Association (PMA) House in Karachi. Total of 45 participants successfully completed the course and were given certificate of completion. These participants then were recognized by the Palm Beach County AHA training center and received AHA BLS cards.

## In 2008

APCNA conducted full-day BLS training session at the PMA house Karachi for the health care providers. APCNA working with PMA over the past few months arranged the required equipment and teaching material to conduct the BLS course at PMA house. Set of 10 Adults, baby and infant mannequins, Ambu bags trainer AED, reading and test material were provided by APCNA. PMA organized the registration of health care providers to take the course.

The morning session consisted of “Train the Trainer” session where six physicians were identified by PMA to receive the training to be the trainer for the subsequent BLS courses at PMA house. Dr. Jamil Akhar was identified as the lead trainer. Other physicians who were trained as trainer included, Dr. Ghulam Nabi & Dr. Saleh Memon from Nawabshah, Dr. Chughtai, Dr. Afsheen Zaidi and Dr. Sultana Zafar. In the morning session these trainers were given the in-depth training to be able to become trainers. AHA guidelines of BLS training was strictly followed and on successful completion of the course these individuals were given the certificate of completion of the course. Total of 36 individuals registered for the course. Dr. Wajid Baig conducted the course with demonstration of the recommended AHA BLS training video with instruction key points APCNA BLS Training at PMA House explanation in between. This was followed by hands-on session to provide the skills training in BLS. Dr. Wajid Baig, Dr. Immad Sadiq and Dr. Rizwan Karatela supervised the course for the health care providers and also evaluated the new trainer in their skills as the trainer of the course. *More on this on the website >>*

## In 2009

Soon after the first main session at the PMA house in December 2008, the trainers at the PMA house were busy in holding sessions for BLS training on a regular basis and conducted several sessions through out the year training over 400 people.

**APCNA has send second batch of BLS training material, supplies to PMA worth about \$4000 in 2009 for continued support of this invaluable program**

## BLS Sessions in Remote Location

It was gratifying to note that two of the initial trainers at our initial session at the PMA house went on and held many sessions in Nawabshah and have trained hundreds in their institutions.



# APCNA PACEMAKER BANK IN PAKISTAN

## PACEMAKERS AS PEACEMAKERS

WAJID BAIG, MD, FACC



**WAJID BAIG, MD, FACC,**  
IMMEDIATE PAST PRESIDENT,  
APCNA &  
PROJECT CHAIRMAN,  
APCNA PACEMAKER PROJECT.

### Background:

Healthcare for many people in Pakistan is quite limited. There are never enough resources available for the multitudes who may need care. Government intuitions are stretched to the limits. Many Charitable Hospitals and Clinics are doing a remarkable job trying to meet the shortfall. It is a credit to the physicians and healthcare workers in Pakistan who are able to provide care for these millions of patients with the limited resources available. The care for cardiac patients is even more difficult and most often not affordable for the poor. There are hundreds of patients who need permanent pacemakers and defibrillators but cannot afford them. In 2005, Dr. Suleman and I visited a major Cardiac Center in Pakistan where they had 10 temporary pacemakers, all were in use. They often wait weeks for a permanent pacemaker to become available. It is commendable that there are many cardiologists who are trying to provide free services and obtain pacemakers from various philanthropic sources. There was a dire need to provide these patients professional and financial assistance to make pacemakers available for them.

### The 2010 Update

The APCNA-Rotary Club Pacemaker Bank in Karachi (Heartbeat International-Pakistan) continues to work hard in providing lifesaving devices to the deserving patients. To date the Pacemaker Bank has implanted 78 devices. These include Single Chamber, Dual Chamber and ICDs.

The demand for these devices is enormous and the number of those available is limited. The downturn in the economy has affected the supply. Heartbeat International has been working very hard with the manufactures to increase the number of devices they are able to donate.

Our plan is to expand this project to other parts of Pakistan. There are teams in Peshawar/Rawalpindi and Lahore who ready to take on this task. At this time due to the decreased supply of devices, this expansion is on hold. We are hopeful that this will change in the near future.

We would like to thank all those who volunteer their valuable time and services in making this project possible. The Social Workers who screen these patients; the Management of Tabba Heart Institute; the Rotarians; the management and staff of NICVD and the Physicians who implant these devices do so with no charge to the patients.

I would like to especially thank Ms. Marriyam Tabba for her continued support of the program, which is based at Tabba Heart Institute in Karachi. It is the hard work of Mr. A. Lakhani, Ovais Kohari and their associate's, which makes it all possible.

There are not enough words to thank our implant physicians in Pakistan. These physicians donate their exper-

# PACEMAKER FOR PATIENTS WHO CANNOT AFFORD

# APCNA



“This is only a very small attempt to help these patients. It will take many more such projects to make a significant difference. We are proud that APCNA is making a start”

First Recipient of the Pacemaker through APCNA pacemaker project with Dr. Bashir Hanif

tise and time in saving the lives of these deserving patients. Dr. Zahid Jamal, (NICVD) Dr. Bashir Hanif (THI) and especially Dr. Azam Shafqat (NICVD) are to be commended for their work.

This project is one of our flagship projects in Pakistan. If you come across any of the people mentioned above; please thank them for what they are doing. With continued support to APCNA members we hope to expand this project even more.

## The Special Note of Thanks:

On behalf of APCNA and its members, we are extremely grateful to Mr. Wil Mick and Dr. Meniscalco from Heartbeat International who have guided us all through this process. We now have the help of Mr. Ashraf Hasnain, International Director of Heartbeat International. He has had several meetings with the organizers in Karachi and continues to help us. None of this could have happened without the hard work and dedication of Rotarian Ovais Kohari and his team. We are not naïve enough to think that this one project will change everything for the patients in Pakistan. This is only a very small attempt to help these patients. It will take many more such projects to make a significant difference.

### *Project Chairman:*

Wajid Baig MD FACC

### *Members:* APCNA-Rotary Pacemaker Bank Project

Javed Suleman, MD, FACC, Immad Sadiq, MD, FACC, Asif Rehman, MD, FACC, and Wamique Yusuf, MD, FACC

APCNA's initiative to approach Heartbeat International for establishing the pacemaker bank in Pakistan for the deserving patients.

# APCNA ADVOCACY



**Muhammad Haseeb,**  
**MD, FACC, Chairman,**  
*Advocacy Committee,*  
*APCNA.*

## ADVOCACY... **Does it work??**

At the moment Cardiology Community is in Dilemma. Not knowing whether or not the proposed drastic cuts can be aborted is adding a lot of stress to Private Practices facing up to a 30% or more cuts in reimbursements by Medicare.

**Important EMAILS coming... Do NOT Delete.** Over the next several weeks, many of us will be receiving email requests to participate in surveys as part of the Relative Value Scale Update Committee (RUC) process. The RUC -- which is a joint effort of the American Medical Association and medical specialty societies like your ACC -- makes recommendations on revising and updating the resource-based relative value scale used by Medicare and many private payers. These surveys ask physicians to evaluate the work of services performed by cardiologists. Information, such as the time it takes a cardiologist to perform certain services for patients, is critical to ensure appropriate valuation. These surveys are sent on a routine basis but a large number of cardiology services are being reviewed as part of this process at this time. The ACC has strongly recommended the members who receive these surveys to take the time to complete them.

**Referral policy delayed again!** The Centers for Medicare and Medicaid Services (CMS) has delayed yet again, a policy of non-payment for services ordered or referred by physicians not enrolled in the Medicare program. The new implementation date for this policy is Jan. 3, 2011. ACC has opposed the changes to the ordering/referring policy and sent a joint letter to CMS citing the numerous problems in the implementation of the policy, both legal and practical. CMS has created a file listing all of the practitioners eligible to order and/or refer for Medicare services. This list can also be used by practices receiving orders and/or referrals to determine if services furnished by their referral sources will be paid. Cardiovascular practices whose main referral sources are not listed in this file, should remind them to update their enrollment information with Medicare. ACC has prepared a sample letter for contacting those referral sources.

**Recent newspaper articles, blog posts** and TV broadcasts in San Antonio, South Bend, Kansas City and New York have focused on the 2010 Medicare cuts and what they mean for local practice viability and patient access to care. It seems like we are going through the pain without a good chance to avert the cuts. However, the reality is it will not be over until we decide to accept the fate and do nothing. Please pick up the phone, call your Senator / Congressman today. ACC can also help schedule congressional meetings and work with you on op-ed and other media outreach as appropriate. Simply email [advocate@acc.org](mailto:advocate@acc.org). Complete media coverage, as well as easy access to your members of Congress, is available on the Campaign for Patient Access Web site of ACC Advocacy. When talking to your members of Congress, be sure to:

Emphasize the increased costs of shifting services from an office-based to hospital-based settings. Detail how your practice serves "X number" of patients and employs "X number" of people in the member's district/state. Arm yourself with the ACC's practice expense calculator and provide hard numbers about the impacts of the cuts on your practice viability. (The calculator and other tools are available on the Campaign for Patient Access site under "Practice Tools.") We need to stay active, as Advocacy has worked on most occasions in the past.





Syed Mushabbar,  
MD, FACC

## APCNA members Presenting at ACC 2010

I believe many APCNA members are actively presenting at different national/international meetings and publishing but don't always inform everyone about their activities. It may be a good idea to have a forum for these type of announcements, e.g. a monthly announcement from the executive director on various academic or professional activities of APCNA members. It would be great to know what everyone is doing and their interests etc. In this issue we are commencing the section where we will highlight the APCNA members who are presenting their work in various meeting through the year. Here is partial list of presenters at the ACC 2010 in Atlanta.

### Syed Mushabbar, MD:

University of Kentucky, Associate Professor of Medicine & Radiology

Director of Cardiovascular Imaging; KEMC -1987, masyed1@yahoo.com

1. Co-Chair: Oral Contributions: Cardiovascular magnetic resonance in acute coronary syndrome, Mon Mar 15 - 324 A, CTW Bldg.
2. Panelist - Lunch with the Experts: Interesting cases by multimodality imaging, Sun March 14 - Lexington, KY 40536
3. Speaker - ACC Symposium: Cardiac Magnetic Resonance Imaging in Heart Failure. Mon Mar 15

### Rahimtoola Shahabuddin, MD

University of Southern California; George C. Griffith Distinguished Professor; Dow 1954

LAC + USC Medical Center

Lunch with the Experts: Low Gradient Aortic Stenosis. Tue Mar 16

### Tajik Jamil, MD

Mayo Clinic Scottsdale, AZ; Professor of Medicine & Pediatrics KEMC, Division of Cardiology 3A jtajik@mayo.edu

1. Poster Discussant: Clinical Parameters in Diagnosing & Treating Valvular Disease - The New Frontier. Sun Mar 14
2. Speaker - ACC Spotlight: Cardiovascular Conference Focus on the Middle East. Sat Mar 13
3. Co-Chair - ACC Symposium: Prosthesis Choice in the Patient Less Than Sixty Years. Tue Mar 16
4. Poster Contribution: Advances in Imaging & Myocardial Function. Tue Mar 16
5. Poster Contribution: Comorbidities and Cardiomyopathies. Mon Mar 15
6. Poster Contribution: Cardiomyopathies - Basic & Clinical. Mon Mar 15

### Naqvi Tasneem, MD

University of Southern California; Professor of Medicine, Director of Echocardiography, Dow 1984 tasneem.naqvi@cshs.org

Poster Contribution: CRT Optimization & Outcomes. Sun Mar 14

### Moten Marriyam, MD

Memphis VA Medical Center, Associate Professor of Medicine, Director, Non-invasive Cardiology, Dow 1980; marriyammoten@

msn.com. Case Presenter - Meet the Experts: Severe Tricuspid Regurgitation. Mon Mar 15; Memphis, TN 38104

### Jahangir Arshad, MD

Mayo Clinic Scottsdale, AZ, Professor of Medicine, Dow 1986; jahangir.arshad@mayo.edu Poster Contribution: General

Echocardiography: Atrial Function Assessment. Tue Mar 16

Continued on Page 19

# APCNA AND NCD PROJECT



Javed Suleman,  
MD, FACC, *Past*  
*President, APCNA.*

## National Commission for Non-communicable Disease (NCD) prevention:

Cardiovascular Diseases (CVD) have become a matter of great significance, both for the developing and the developed countries. Multiple data from WHO and from Pakistan itself indicates that CVD has become the number one killer disease in Pakistan. CVD not only translate into direct health care but they also reduce economic productivity by removing people from the active workforce.

In United States and other developed countries, the positive effects of action against CVD are obvious where government agencies, medical leadership, and civic organizations have increased public awareness about the major CVD risk factors. Campaigns focused on prevention of CVD by addressing the modifiable CVD risk factors especially diet, smoking, exercise, high cholesterol, HTN and hyperlipidemia have combined to have a major effect on CVD, reducing its mortality overall, and pushing it back from middle age to old age as a cause of death.

CVD is the principal cause of morbidity and mortality all over the world. It currently contributes 30.9% of global mortality and 10.3% of the global burden of disease. There are over 200 million people worldwide with known history of coronary heart disease, stroke and other occlusive vascular diseases, and diabetes. Heart disease and stroke kill nearly 17 million people worldwide each year, compared to a death rate from HIV/AIDS of 3 million. Eighty percent of CVD deaths occur in low and middle-income countries. In developing countries, CVD represents three quarters of the mortality from non-communicable diseases, and already accounts for 10% of the developing world's burden of disability.

Pakistan is facing the challenge of an emerging epidemic of CVD. As the manifestation of the disease occurs with CV events, this crisis hits not only individuals and their families, although this is clearly intensely important, but the economies of nations, as skilled workers die or become disabled in the prime of life, women are widowed and older people require expensive medical interventions and social support for disability related to CVD. Thus CVD not only has strong medical but strong economic impact too. It has the potential of bringing down the whole nation's economy.

We at APCNA feels the same, what probably the pioneers of the Framingham Heart Study felt when they initiated their study four decades ago. In December 2008, we had a meeting with the Federal Health officials in Islamabad, which was presided by the President of Pakistan. After listening to above arguments, Mr. President agreed to our request of formation of "[National Commission for prevention of Cardiovascular Diseases](#)", in which

APCNA will have a strong professional and advisory role. We suggested that there should be a comprehensive, structured, CVD risks education and identification program which shall be delivered through 150+ district hospitals of all four provinces. In this regard, since December 2008 we had several meetings with the DG Health, Dr. Rashid Jooma, who is the appointed key person for this project by the Government of Pakistan. On his suggestion, after going back and forth with the federal law department and to broaden the support locally and internationally, the proposed commission has been expanded to "National Commission for non-communicable disease prevention". APCNA leadership is passionate about this project and will continuously press for it until the vision changes into reality and one day we could also say that we have empowered and curtailed CVD in Pakistan too, like other industrialized nations.

Continued from page 9 - APCNA Journey Through Time / Details at >> [www.apcna.net](http://www.apcna.net)

CCU teaching rounds.

Annual sessions at various medical colleges in Pakistan

In 2004, APCNA members collaborated with the local faculty and established sessions of case presentation and patients round in CCU. The response has been very positive as the presentation of cases by the CCU housestaff has been superb and many cases discusses.

BLS training for healthcare workers.

Support of BLS training in Pakistan under APCNA members.

After the Pilot Study by Dr. Nadeem Afridi in Abbottabad, the experience was duplicated in Karachi. One of the core mission of APCNA had been to establish Basic Life Support (BLS) training Centers in Pakistan. On December 18, 2008, APCNA conducted a full day course on BLS for health care providers at the Pakistan Medical Association (PMA) House in Karachi. Total of 45 participants completed the course and were given certificate of completion.

Continued from page 17 - APCNA Members Presenting at ACC 2010 / Details at >> [www.apcna.net](http://www.apcna.net)

**Raza Muhammad, MD**

Drexel University College of Medicine; Fellow Interventional Cardiology; [mraza@drexelmed.edu](mailto:mraza@drexelmed.edu); Case Presenter - i2 Meet the Experts: Endovascular Case Reviews

**Syed Imran, MD**

Mayo Clinic Mankato, MN, Assistant Professor Cardiovascular Imaging, Aga Khan  
Panelist - Meet the Experts: Imaging in Cardiomyopathies. Mon Mar 15

**Nasir Khurram, MD**

Beth Israel Deaconess Medical Center, Boston, Resident; Radiology; AIMC 2000; [knasir@bidmc.harvard.edu](mailto:knasir@bidmc.harvard.edu).

1. Speaker - ACC Spotlight: Integrated Imaging Spotlight: Advances in Cardiac Imaging Technology. Sun Mar 14
2. Poster Contribution: CT Coronary Calcium & Noncoronary CT Applications. Sun Mar 14
3. Poster Contribution: Arterial Wall Characteristics -- Pathophysiology - Clinical. Sun Mar 14
4. Poster Contribution: CT Coronary Angiography and Post Resource Utilization. Sun Mar 14

**Shahab S. Tariq, MD**

Private Practice, Inova Fairfax Hospital, VA, Interventional Cardiologist, Dow 1984, [tshahab@hotmail.com](mailto:tshahab@hotmail.com)

Poster Presenter - CRT 2010: SoS with Drug Eluting Stent Or Brachytherapy For Bypass Graft In-stent Restenosis?

## The APCNA Nomination & Election Committee

February 10, 2010

It is with great pleasure that the Nomination and Elections Committee (NEC) would like to inform you that there is a Consensus for the Elections for Officers of APCNA 2010-2011. The NEC congratulates these members and looks forward to their active involvement in developing the organization as well as mentoring others in gaining leadership experience. With this, the Nomination & Election process is completed. These officers shall be installed at the Annual Meeting in Atlanta on Sunday March 14th, 2010.

### The Final Slate is as Follows:

President Elect: Nadeem Afridi (MA);

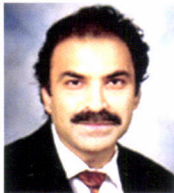
Secretary : Arshad Rehan (OH);

Treasurer: Salman Arain (LA)

### APCNA Nomination & Election Committee:

Prof. Sultan Ahmed, Naeem Khan MD, Wajid Baig MD

## APCNA Office Bearers 2010



### President 2010

Syed Wamique Yusuf, MD, FACC

University of Texas MD Anderson Cancer Center , Houston, TX



### President - Elect

Nadeem Afridi, MD, FACC

Massachusetts General Hospital, Boston, MA



### General Secretary

Arshad Rehan, MD, FACC

Fairfield Health Professionals, Lancaster, OH



### Treasurer

Salman Arian, MD, FACC

Tulane University School of Medicine, New Orleans, LA

# APCNA SUMMER MEETING 2009

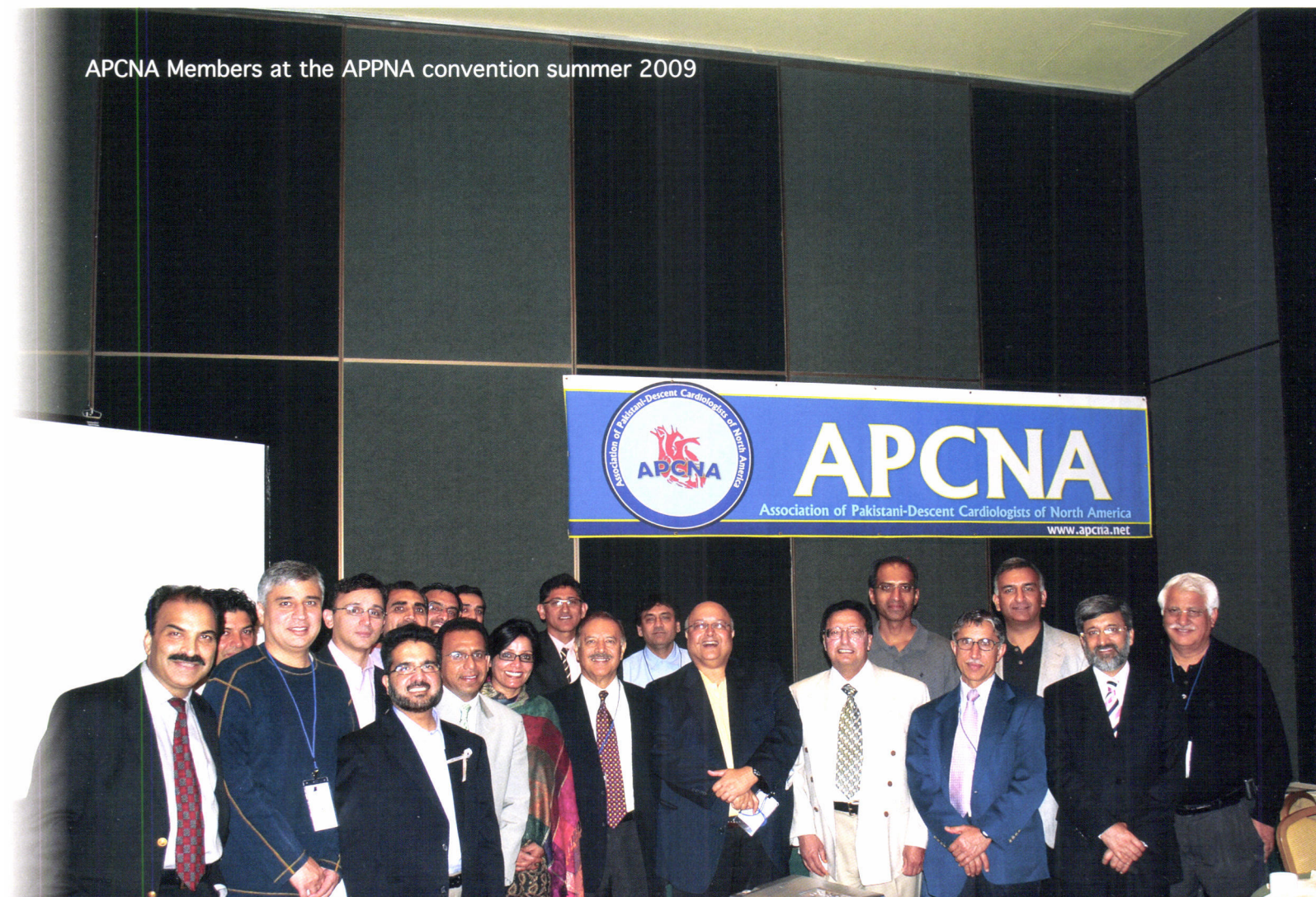
## Dr. Jamil Tajik at the APCNA meeting

The APCNA Annual Summer meeting at the APPNA Convention in San Francisco was a great success. World Renowned Professor in Cardiology Dr. Jamil Tajik was a keynote speaker at the meeting. It was indeed an honor to meet Dr. Tajik in person. APCNA members were delighted to have Dr. Tajik and enjoyed discussions with him.

During this meeting we performed a study comparing cardiologists vs. non cardiologists according to their BMI by taking their weight, height and blood pressure to risk stratify them for future cardiovascular disease. To our surprise, cardiologists were at a higher risk for future cardiac disease due to their weight and more prone to have a cardiac event in the future. The unique service by APCNA was a very popular event of the meeting and attracted hundreds of visitors to APCNA booth.



APCNA Members at the APPNA convention summer 2009



# APCNA AND NCD PROJECT



Nadeem Afridi,  
MD, FACC

## The Korangi Heart Study

Feb. 15, 2010 has been a major landmark in the short history of APCNA. After several years of going in and out of Pakistan, APCNA members realized that the cost of cardiovascular diseases is far more than what most Pakistani's could afford. Another piece of evidence came from World Health Organization's work that cardiovascular disease had become a major killer in the developing world, exceeding communicable diseases and especially affected low to middle income groups.

Based on these two observations, APCNA in conjunction with the government of Pakistan and World Health Organization, embarked on an ambitious program to study a large sample from a population of 3.5 million people out of Korangi, Landhi and Bin Qasim towns. This particular population was chosen, because it represented all ethnicities of Pakistan, it comprised of low to middle income groups and represented a population of recent and earlier migrant from rural areas.

The rationale of studying 4,000 households (15,000 individuals between age 15 and 65) in a pilot study is to determine the feasibility, scope and cost of an expanded cohort. This would allow APCNA to conduct longitudinal studies on this population. The results would then be shared for policy making and intervention models for the rest of the country.

What makes this study unique is to study behaviors that lead to risk factors for cardiovascular disease and assess burden of diseases such as tobacco use, diabetes, hypertension that lead to cardiovascular diseases. Behaviors such as eating habits, types of cooking oil, use of process foods, exercise habits and tobacco use will be carefully analyzed. Rates of adult and childhood obesity, genetic predisposition, and all vitals signs will be collected

Much of the data is being generated using STEP survey model outlined by WHO. In addition, WHO is also monitoring the study methodologies, data collection and data analysis to keep the study quality at a level acceptable throughout the world. It is worth mentioning that this study is being conducted through the research arm of Indus Hospital. Indus Hospital Research Center has mapped much of the population in this area, and has been using high technology including handheld devices, satellite technologies, global positioning systems and radio frequency identifiers to collect such data.

The story to be told is how the funding of this study was obtained. APCNA approached its membership and set up a goal of 20,000 dollars. The response from the members has been very positive because all realized that

Pakistan did need to address this newer and far more expensive epidemic than infectious diseases in a country like ours.

The other unique feature of the Korangi Heart Study is its emphasis on health seeking behaviors, access to health care, mismatch between cost of diseases and patients ability to afford care, equity and equality of care for women, cause of death using verbal autopsies, information on understanding of disease process and use of technologies to educate population about self help and prevention.

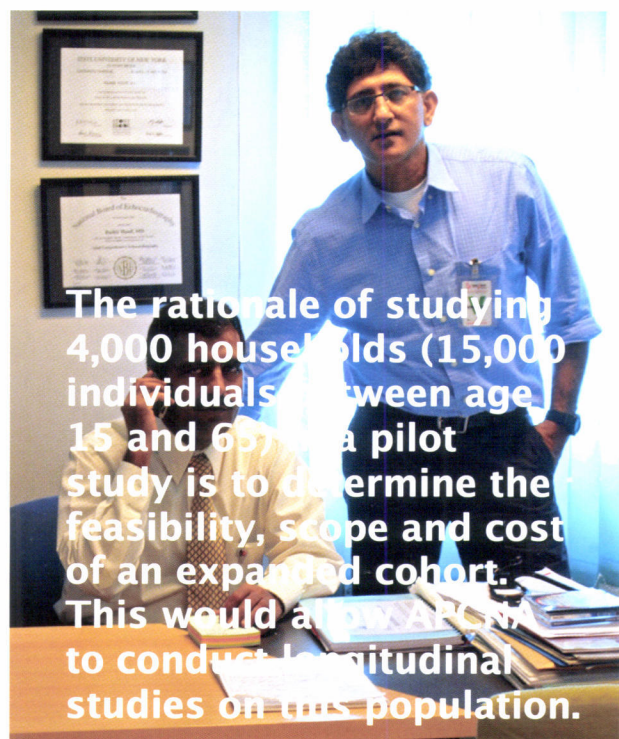
APCNA did realize from the beginning of this project that once the data is generated, several categories of individuals would be identified. The low risk group would require models of education so that disease is prevented. Moderate risk groups would require models of primary prevention and some of life style related risk modification models. The high risk groups who have developed risk factors and are not being treated or who have manifested cardiovascular diseases would not only require to be treatment with expensive medications, tests and procedures but also life style modification. To be cost effective, models of intervention for all these groups have to be developed over time. We are confident that the data from the pilot study will to lead to funding and grants from several local and international groups.

APCNA goals are to lead the country in understanding the disease process, and come up with models of intervention that would apply to the rest of the country. In this regard APCNA with WHO and government of Pakistan and several other stake holders is writing Pakistan first policy paper on Non Communicable diseases and has successfully established a commission for prevention, health promotion and control of Non Communicable diseases. This commission put together through APCNA leadership in 2009.

## The Korangi Heart Study

We are grateful to all our generous donors for their invaluable support for this project:

Dr. Sultan Ahmed  
Dr. Naeem A. Khan  
Dr. Arshad Rehan  
Dr. Asif Rehman  
Dr. Salman Arian  
Dr. Danyal Khan  
Dr. Wajid Baig  
Dr. Nassar U Khan  
Dr. Immad Sadiq  
Dr. Syed Hussain  
Dr. Saqib Mansoor  
Dr. Ghulam M. Surti  
Dr. Salman Malik



# 7 years

## Cardiology Lectures:

More than 300 didactic lectures at Pakistan's institutions.

## Interventional Cardiology:

More than 100 workshops, > 300 PTCA cases with local faculty.

## Echo and TEE workshops:

Annual workshops > 150 cases and lectures.

## Cardiology Supplies:

More than 3 million dollars worth of donations for patients.

## First Pacemaker Bank in Pakistan:

Hundreds of Pacemaker for the deserving non-affording patients in Pakistan.

## First Peripheral Vascular Disease Workshop:

First hands on workshop in PVOD in NWFP.

## Collaboration with Societies:

Five annual winter cardiology conferences academic hospitals across Pakistan.

## Interventions for the Deserving Patients

More than 400 cases performed for poor patients by the visiting APCNA members in Pakistan.

## First APCNA Heart Study

Korangi Heart Study - a Cardiovascular survey one of its kind in Pakistan.

## First IVUS use in NWFP:

Transfer of expertise, first IVUS use at the Lady Reading Hospital, Peshawar.

## Nuclear Cardiology Workshop:

Transfer of expertise, Nuclear cardiology workshop Lady Reading Hospital, Peshawar

## CCU teaching rounds.

Annual sessions at various medical colleges in Pakistan

## BLS training for healthcare workers.

More than 500 personnel trained in BLS at Pakistan Medical Association

**\$3 million**  
Worth donation of  
cardiology supplies for  
deserving patients

for details visit [www.apcna.net](http://www.apcna.net)



# APCNA

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