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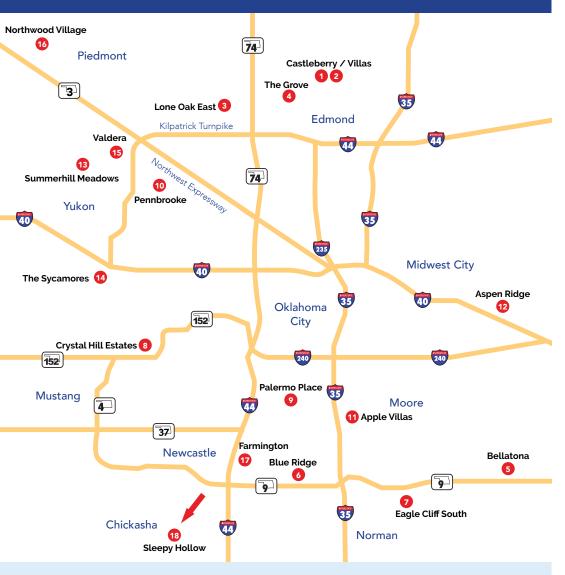












OUR COMMUNITIES

EDMOND

- 1. Castleberry from the \$300's
- 2. Castleberry Villas from the \$220's
- 3. Lone Oak East from the \$260's
- 4. The Grove from the \$280's

NORMAN

- 5. Bellatona from the \$240's
- 6. Blue Ridge from the \$340's
- 7. Eagle Cliff South from the \$240's

OKLAHOMA CITY

8. Crystal Hill Estates - from the \$210's9. Palermo Place - from the \$270's

10. Pennbrooke - from the \$250's

MOORE

11. Apple Valley Villas - from the \$210's

MIDWEST CITY

12. Aspen Ridge - from the \$240's

YUKON

- 13. Summerhill Meadows from the \$240's
- 14. The Sycamores from the \$210's
- 15. Valdera from the \$420's

PIEDMONT

16. Northwood Village - from the \$250's

NEWCASTLE

17. Farmington - from the \$240's

CHICKASHA

18. Sleepy Hollow - from the \$180's



President's Message



Dear APPNA family,

I am truly humbled by the tremendous positive feed back regarding APPNA's achievement in the first quarter of 2022.

Our host committee for the upcoming spring meeting in Oklahoma City, from March 24-27, 2022 has done a fabulous job.

It is unprecedented in the history of APPNA that the meeting tickets were sold out in the first week of registration. I am deeply grateful to the entire host committee of spring meeting, headed by Dr. Sanaullah as chair and Dr. Naem Tahirkheli as advisor for their dedicated work.

I also want to share that our international trips to Jerusalem and Jordan from March 3-13, and Iran trip (two groups) in early to mid October are completely sold out. The overwhelming support of our members to make these trips a success is truly appreciated.

The commitment and selfless work of our volunteers is a reflection of our membership dedication to APPNA.

It is heartening to see young physicians becoming involved in our organizational work and I feel honored by the trust they have shown in the leadership of APPNA.

I would also like to extend my special thanks to Dr. Tauqeer Ali, chair Journal Committee and his team for their hard work.

I would like to thank all of our sponsoring partners for their steadfast support and generosity that immensely helped in making this event a grand success.

On behalf of APPNA, I want extend my sincere gratitude to Governor Kevin Stitt and Mayor David Holt for honoring us with their presence during our Spring Meeting.

Long live APPNA!

Haroon Durrani, MD President APPNA 2022

APPNA of next generation; Integrating passion with vision





J. Kevin Stitt Office of the Governor State of Oklahoma

Dear Friends,

On behalf of the great state of Oklahoma, it is my distinct pleasure to welcome all participants.

It is an honor to speak at the annual Spring Meeting of the Association of Physicians of Pakistani Descent of North America, hosted for the first time here in Oklahoma City. I'm looking forward to sharing our Oklahoma values and discussing how Oklahoma is striving to become a Top 10 state with physicians from around the country.

I want to thank all the frontline physician and healthcare workers for their selfless service in a time of crisis. These past two years have been taxing on all of us and your efforts do not go unnoticed.

Thank you for choosing the great state of Oklahoma - let's make this the best APPNA Spring Meeting to date!



Sincerely,

J. Kevin Stitt Governor State of Oklahoma





OKLAHOMA CITY

Mayor David Holt

200 N Walker, 3rd Floor Oklahoma City, OK 73102

> ph 405/297-2424 mayor@okc.gov



🖸 @mayordavidholt

okc.gov/mayor

It is my pleasure to welcome the Association of Physicians of Pakistani Descent of North America (APPNA) to Oklahoma City! We are excited you are here!

I congratulate APPNA on your service and commitment to our communities. Especially through this pandemic, your compassion and dedication has meant so much. I am also grateful for your charitable, educational, research and scientific contributions.

If I were visiting a city and I had the chance to meet the Mayor, I imagine I'd ask, "Mayor, what are the things I just have to do in your city?" Well, in case we don't run into each other, here's the list:

The Oklahoma City National Memorial & Museum. This sacred place tells an important chapter in our city's history and our nation's history. If you only have time to do one thing, this is it.

Sports & Arts. Check out our OKC Thunder or Remington Park. (And come back when our Dodgers and Energy FC are playing.) For the arts, try Lyric Theatre, OKC Ballet, OKC Philharmonic, Canterbury Voices or Shakespeare in the Park. There are many more options as well; check out <u>alliedartsokc.com</u> to get a full list of our local arts agencies.

Museums. Our newly opened and state-of-the-art First Americans Museum, the National Cowboy & Western Heritage Museum, the Science Museum Oklahoma, the Oklahoma City Museum of Art, Oklahoma Contemporary, the Oklahoma History Center, and the 45th Infantry Division Museum are just some of the highlights for a city with more museum options than I could possibly list here.

Entertainment Districts. Bricktown is our region's premiere entertainment district. The Stockyards provides a unique western experience. The Adventure District has fun for all ages. Downtown contains a variety of districts to meet every need. For unique neighborhood districts beyond downtown, try Plaza, Uptown (along Route 66), Paseo, Western Avenue, Capitol Hill, Northeast 23rd, Britton, and the Asian District. All of these places also offer unique dining options.

Unique attractions. Scissortail Park, the Myriad Gardens, Riversport, our world-class Zoo, the Land Run monuments along our Bricktown Canal, the OKC Streetcar and the State Capitol all offer authentic and unique experiences found nowhere else.

Shopping. In addition to the entertainment districts listed above, Penn Square Mall, Quail Springs Mall, the I-240 corridor, OKC Outlets and boutique shopping centers like Classen Curve, 50 Penn Place and Chisholm Creek provide all the retail options you could desire.

I hope this helps! And if you want up-to-the-minute updates about what's happening in OKC right now, follow @visitokc or follow me @davidfholt on Twitter! Have fun exploring our unique and diverse city!

All my best, David Holt

David Ho Mayor



Chair Host Committee Message



Friends,

As the Chair of host committee for APPNA Spring meeting, I take great pleasure in welcoming all the delegates to our amazing City!

Oklahoma city is beaming metropolis in the Midwest that offers everything to our guests from arts, entertainment, unique history, sports, shopping and museums without the hassles of a big city, with its slower pace and warm southern charm.

I want to take this moment to highlight the efforts and appreciate each member of the host committee and subcommittees, who have worked day and night to make this event outstanding. You will see how no detail was spared, to make it a memorable meeting in the history of APPNA.

My vision for the meeting has been "Inclusivity, Engagement and Empowerment". To make it a reality, I enlisted the help of our local community with special focus to engage and attract younger members towards APPNA and I am proud to say, that there will be large number of newer and younger members joining this meeting. This will bring new energy and momentum, that is much needed for the future of APPNA. We also worked with various Alumni Associations to host their retreats and reunions along with the spring meeting. This initiative lead to 7 Alumni get-togethers, which is a first for any spring meeting!

APPNA Spring meeting in Oklahoma will be record breaking in many ways! Starting with being sold out, two months before the event. With the highest number of attendees in any spring or fall meeting so far, highest funds generated in sponsorships, 8 hours of CME with international level Speakers, Colon Cancer walk with significant community and national level engagement bringing 13 promotional partners sponsoring the colon cancer walk. This meeting will be setting the bar high.

APPNA Oklahoma community has proved, that if we work together professionally' with mutual respect towards shared goals, involve our members, and empower them then nothing can stop APPNA to be one of the best organizations.

We are feeling proud to lay the foundations for APPNA of next generation.

Sincerely,

Muhammad Sanaullah, MD Chair, APPNA Spring Meeting 2022



APPNA Spring Meeting 2022 Committees

Host Committee

Muhammad Sanaullah, Chair Faisal Wasi , Co-Chair Asim Chauhan, Advisor Naeem Tahirkheli , Advisor Iftikhar Hussain, Advisor Sophia Janjua Muzaffar Saleemi Fuad Hussnay Nighat Mehdi Hassan Kaleem Salman Zubair Tauqeer Ali Wajeeha Razaq Sagib Sheikh

Food Committee

Saqib Sheikh, Chair Tayyaba Ali, Co-Chair Khairuddin Memon Munir Khan Nauman Ashraf

CME Committee

Fuad Hussnay, Chair Faisal Lateef, Co-Chair Fawad Chaudhry Wajeeha Razaq Muhammad Kamran

Publication Committee

Tauqeer Ali, Chair Sophia Janjua Adnan Altaf Omer Suhaib Bushra Siddique Saud Ahmed Tariq Khan Syed Rizvi

Bazaar Committee

Faisal Wasi, Chair Ayesha Chaudhry Wajeeha Razaq Irim Yasin Nazi Malik

Entertainment Committee

Muhammad Sanaullah, Chair Naeem Tahirkheli Asim Chauhan Yasmin Sarfraz Sumbal Nabi Salman Khalid Halima Suria Muzaffar Saleemi

Colon Cancer Walk Committee

Tauseef Ali, Chair Aasma Shaukat Fahad Khan Lubna Naeem Hassan Kaleem Pooja Singhal Sophia Janjua Robin Dove Margie K Mcguire

Social Forum Committee

Wajeeha Razaq, Chair Fazal Ali Mohammad A Razaq Irim Yasin Khurram Liaqat Syed Rizvi Sophia Janjua Bushra Siddique

Alumni Retreat Committee

Nighat Mehdi, Chair Sumbal Nabi Rizwan Aslam Fawad Chaudhry Halima Suria Fariha Afzal Munir Khan Salman Nusrat Sameera Vaseer Sagib Sheikh

Sponsorship Committee

Salman Zubair, Chair Naeem Tahirkheli Asim Chauhan Iftikhar Hussain Hassan Kaleem Fazal Akbar Ali Ahmad Ashfaq Aamir Mohammad Tauseef Ali Taugeer Ali



Editor's Message



Dear Fellow APPNA Members,

On behalf of the Publication Committee, I welcome you to the APPNA Spring Meeting!

First, let us appreciate ourselves for all the effort APPNA has put into ensuring a steady and continuous association. We can all agree that community service and the humanitarian work that APPNA has been carrying out in the society since its establishment in 1977 in both the United States and Pakistan has been its distinctive feature and emblem of devotion to the course. By participating in relief efforts during disasters, offering free clinics in partnership with community

stakeholders, supporting food pantries, building and upgrading medical facilities, and promoting excellence in research and education, APPNA qualifies to be identified as a powerful organization. However, as the adage goes, with great power comes great responsibility; for APPNA's societal and organizational obligations to be met, we must endeavor to elevate APPNA to the next level of grandeur.

Pakistan is facing unprecedented levels of food insecurity. Over the last few years, the people of Pakistan have suffered immensely due to inflationary pressures in food prices, with food inflation growing year by year. The disadvantaged, marginalized, and most vulnerable population in Pakistan cannot afford healthy, nutritious, and balanced meals, increasing the chances of malnutrition and starvation. The most vulnerable population in Pakistan is being pushed closer to the abyss of famine.

The current situation in Pakistan necessitates a nutritional emergency. According to recent statistics, 20 percent of the Pakistan population is malnourished, translating to over 45 million people in need of immediate assistance. With the COVID-19 pandemic impacting the entire world, food and other commodity prices have noticeably skyrocketed; however, this situation is causing tremendous effects in countries' economies with inadequate social welfare programs for the impuissant population like Pakistan. Therefore, without disregarding the Pakistan government's efforts of exploring and implementing long-term strategies and economy-wide market intervention, it is critical that we, the APPNA family, increase our efforts, widen our thinking, devise imaginative, adaptive, and immediate solutions and concentrate our efforts and resources into easing Pakistan's hunger and malnutrition issues.

I cannot end this editorial without recognizing and conveying my sincere and profound appreciation to all members of the Publication Committee team and giving them credit for their unprecedented dedication, unparalleled competence, and the sterling work they have put into ensuring success in the production of this journal. This committee would like to express its heartfelt and deepest gratitude to Mrs. Uzma Saleemi for designing and painting this journal's exquisite cover; we also applaud and acknowledge Mr. Laiq Siddiqui from the APPNA Office for being instrumental in organizing and arranging the materials and content for the final publication.

I wish you all have a great time in Oklahoma City and a very rewarding and memorable Spring Meeting.

Tauqeer Ali, MD, PhD Chair, Publication Committee APPNA Spring Meeting 2022



Host Committee Activities











Alumni Retreat Committee





President Elect's Message



Dear APPNA family,

Welcome to the 2022 Spring meeting in Oklahoma City. All indications are that it will be a very successful meeting. The host committee, most ably led by Chair Mohammad Sanaullah and co-chair Faisal Wasi, has put in a lot of hard work in preparing for the meeting. On behalf of the whole APPNA family, I extend my most sincere thanks to the host committee for its wonderful work.

This meeting would be another opportunity to meet with old friends and make new friendships. It will also give us an opportunity to sit together and strategize about the future of our organization.

One of our urgent priorities is increasing the membership base and drawing in younger physicians of Pakistani origin. It is a fact that our membership is aging; only about 10-15% of the active membership having graduated from medical schools in the year 2000 or after.

On an average, about two hundred and fifty graduates of Pakistani medical colleges take up residency training positions in the United States every year. That means that APPNA has been able to bring in only about ten percent of the new graduates within its folds. This must change if APPNA is to continue as a vibrant, healthy organization.

APPNA has been doing some wonderful work on behalf of the new physicians. From guiding them through preparation for the licensing examinations and residency interviews to advocacy on their part for ensuring that they get visas on time, APPNA is providing invaluable support. We must highlight APPNA's achievements and contributions through regular bulletins and newsletters. The newer physicians must be continually engaged with APPNA.

Joseph Emanuel, our treasurer for the year 2022 is very passionate about increasing the membership base. He has been working on a few suggestions that include lowering lifetime membership dues in order to encourage more people to become lifetime members. There are also suggestions for auto-renewal of membership through annual credit card deductions or even small monthly deductions. All these suggestions must be looked at positively.

We must update our membership data. Importantly, the contact information must be updated, and members' given renewed choices of no calls or text messages. We must ensure complete privacy and confidentiality of membership data.

APPNA will continue to push for playing its role in shaping health policy in Pakistan. It is encouraging that it has been offered a seat at the Prime Minister's Health Task Force. We will continue to engage with the government in Pakistan with the only purpose of making an impact towards improving the healthcare system for the masses.

We must continue to explore the possibility of a state-of-the-art APPNA Hospital and Medical School in Pakistan. If these come to fruition, these will not only be the role model for the rest of such facilities in Pakistan but also a significant source of revenue for the organization for its expenses and activities.

Enjoy the Spring Mela.

Sincerely, Arshad Rehan President Elect 2022



Secretary's Message



Dear APPNA Family

As secretary of APPNA and member of Board Of Director(BOD), I welcome you to APPNA Spring meeting 2022 in Oklahoma City.

Dr. Sanaullah and the host committee have put together an amazing program for you and your family to enjoy. Record number of APPNA members and their families are attending this event. It promises to be a star-studded event with outstanding performances, delicious food and shopping options. APPNA offers a platform for you to connect with your friends from different

Alumnis. We honor your membership in APPNA and as BOD we strive to create value for it. I encourage you to help us by motivating your friends to join APPNA membership.

APPNA has come a long way as an organization under the leadership of Drs. Rizwan Khalid and Haroon Durrani. However, we have much more to achieve. We can do that by binding together under APPNA banner and aim higher.

Hope you and your family have a wonderful time in Oklahoma City.

Asif Mohiuddin Secretary APPNA 2022.

SAVE THE DATES APPNA EVENTS 2022



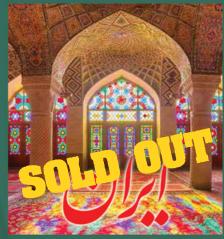
APPNA Strategic Meeting Bahamas Cruise February 3-7, 2022



APPNA Spring Meeting Oklahoma, OK March 24-27, 2022



APPNA Convention 2022 Atlantic City, NJ July 13-17, 2022



APPNA International Meeting Iran October 6-16, 2022



APPNA Fall Meeting New York, NY October 27-30, 2022



APPNA Winter Meeting Pakistan December 21-25, 2022

FOR DETAILS PLEASE VISIT: www.appna.org



Treasurer's Message



Dear APPNA Family: Greetings:

It has been a pleasure to serve you as APPNA treasurer and member of Board of Directors for 2022. APPNA finances have been affected badly because of COVID19 pandemic. APPNA has around \$300,000.00 yearly for operational cost including staff salaries and other essential expenses.

During 2020 APPNA has to take PPE loan and loan from interest from returns of Endowment funds. With grace of God APPNA have around Four Million dollars invested as LTM endowment funds. Generating 8-12% average annual

return over the life of the portfolio, which are restricted funds.

APPNA needs strong participation from membership by renewing annual membership every year or getting life membership. Unfortunately, APPNA membership has been stagnant around 2,400 members during last few years. Membership dropped to 2,400 from 3,000 voting members in 2016; we need to increase membership.

My suggestion to Board of Directors and executive council is to approve an incentive like giving discount in lifetime membership to attract 2,000 annual members who were members of APPNA and have not renewed their membership. Many of annual members have asked me to decrease life time membership dues so they can be life time members of APPNA. Imagine if APPNA has 4,500 or 5,000 voting members than how many donors, investors, businesses, wanders will be interested to donate money, invest money and will participate in APPNA meetings. APPNA can generate hundreds of thousands even millions of dollars from meetings and APPNA can use money for its philanthropic projects like provision of fresh water projects in Pakistan, COVID-19 clinics in USA and Pakistan, Mobile health clinics, Cornea Transplant projects, APPNA merits programs, Young Physicians programs, JI visa assistant program, APPNA Houses, APPNA loan programs, APPNA scholarship program and many more.

In end I am very humble and grateful to APPNA membership for across the board support for me and electing me as APPNA 2022 Treasurer.

Sincerely, Joseph Emmanuel, MD APPNA Treasurer 2022 Member, Board of Directors



Immediate Past President's Message



Dear APPNA members,

It is indeed an honor and privilege to serve as our association's President Elect 2020, President 2021, Immediate Past President/Board of Director (BOD) member 2022. In the fall of 2019, when I was elected as President Elect, our organization was going through a very difficult phase and faced a lot of challenges. In the Executive Committee (EC), we worked very hard to facilitate and resolve all issues. Indeed, with support of my colleagues in the EC, we were able to carve a path forward and the most pressing issues were amicably resolved. We were able to settle all lawsuits. I strongly believe that there is no issue that cannot be solved; we need the solemn desire to solve it and to keep APPNA's interest first and foremost.

In the first quarter of 2020, we faced the COVID-19 pandemic. We appointed an ad hoc committee and it was given the herculean task of leading APPNA's response. With the generous help of our membership, we were able to give a befitting response to the pandemic. This effort continues to this day.

In 2021, we had an aggressive agenda and I was very fortunate that I could rely on an amazing Executive Committee composed of Drs. Haroon Durrani (President Elect), Arshad Rehan (Secretary), Humeraa Qamar (Treasurer) and Naheed Usmani (Immediate Past President). SOPs were put in place to empower each EC member. The council was empowered and was involved in all major decisions of the association. In addition to the usual three council meetings required in our by-laws, at least half a dozen virtual council meetings were held. This is unprecedented in our history.

We played our part in making APPNA truly a professional organization. With improved policies and procedures for the Executive Committee, the Council and other Committees. The aim of our policies was to improve efficiency and reduce redundancies. In the spring of 2021, APPNA adopted comprehensive electoral reforms. As a professional organization, it was an embarrassment to have such a lengthy, divisive and arduous process of electing our officers. These electoral reforms and henceforth the elections that were held, were well received by the general membership. The process needs to be further improved based on the lessons learned.

APPNA's previous Constitution and By-laws (CABL) had outlived its utility and were certainly not in tune with current realities. Comprehensive constitutional amendments were diligently worked on by the CABL committee and after over eighteen months, with numerous sessions with the general membership and council members, a consensus document was presented to the Council which was accepted with historic 53-0 vote with over 30 component societies co-sponsoring the legislation. The document was approved by the general membership with 1,404 votes in favor which accounted for over 90% of the votes cast. I congratulate the general membership, council, CABL committee and EC/BOD for this historic achievement.

One of the key components of our charter was to enhance the scope and quality of our educational activities. Another first in APPNA's history, Medicine board review was organized for one day in the summer meeting and attendees could claim MOC points in addition to CME hours. Extensive deliberations to develop a pathway through which all educational endeavors of APPNA were to come under one umbrella with financial autonomy as "American College of Medicine". In my opinion, this will greatly amplify the work being done by the MERIT, RESA and Host CME committees. APPNA MERIT committee completed Family medicine diploma for family practitioners in Pakistan. It also spearheaded a brand new program to promote research, innovation and healthcare entrepreneurship in Pakistan. Virtual conferences were held all year, with a grand conference held in Rawalpindi during our winter national symposium. The work will continue this year as well.

I have always been passionate about mentoring our medical students and recent graduates. There was a renewed enthusiasm in this regard with extensive work done by the committee for young physicians. Hopefully, we can create mentorship and guidance for dental students as well as creating programs that may interest



early career attendings. Hopefully, all of these ventures will add value to being an APPNA member and improve our membership. I want to congratulate the Advocacy committee for their assistance in helping our incoming residents and fellows. I thank all our committees for their volunteer work for the association including but not limited to the Social Welfare and Disaster Relief committee/COVID-19 taskforce, Scholarship committee, Nomination and Election Committee, CABL, lifetime endowment fund committee, Communication committee and others.

We focused on grassroot networking in APPNA by encouraging certification of more regional and alumni societies in addition to numerous specialty organizations with MOU with APPNA. APPKI, Maryland, Saskatchewan chapters were approved by the Council. Association of Pakistan Gastroenterologists were granted affiliation with APPNA. One proud moment for all of us was the formation of an alumni association of Bolan Medical College, Quetta and became a full member of APPNA council. I believe that APPNA is now complete with representation of all four provinces of Pakistan.

A brief about our finances. Due to multiple reasons, APPNA did very poorly from the financial aspect in 2019 and 2020. Therefore, it was one of our priorities to significantly improve the financial health of the association by all means, including significant austerity measures. We were able to adopt a revised financial policy which was approved by the Council. I am happy to report that we ended the year with a budget surplus of around \$200,000. A significant portion was used to pay back monies taken from the lifetime endowment fund (with approval of the council and based on our financial policy). An amount of \$25,000 was set aside for APPNA 's contingency fund. We also set aside enough money to fund the first three months of the operations budget for 2022. This is in stark contrast from previous years, when the APPNA President would spend the entire profits of the year before the end of term. This is one of many policies adopted by keeping APPNA first.

One of my campaign promises was to have more women physicians in various committee leadership positions. We certainly strived to achieve that goal with appointing over 35 women leaders as chair, co-chairs or advisors of our committees. Women leaders chaired our Strategic retreat in Chicago (Dr. Samina Hijab), Fall meeting in Dallas (Dr. Saima Zafar), Winter meetings in Quetta (Dr. Rina Awan) and Lahore (Dr. Fizza Rafiq). I hope that they will continue to contribute in leadership positions in our association.

We strived to organize in-person meetings in 2021 while following all state, county and CDC guidelines. Despite all challenges and restrictions, we were able organize all our meetings in person and every single meeting was profitable. Summer Saturday night banquet was attended by around 1,700 members/families with live address by His Excellency the Prime Minister of Pakistan, Mr. Imran Khan. The winter national symposium was a grand affair, as for the first time in our history the symposium was hosted in six institutions in four cities over eight days. I am very proud of our first ever meeting in Balochistan which was very successfully hosted by Bolan Medical College and BMC alumni association in Quetta. The President of Pakistan, His Excellency Dr. Arif Alvi graced our symposium in Rawalpindi Medical University as our Chief guest. I thank all the Chairs and their committees for their hard work and contributions.

On the sidelines of the winter meeting in Rawalpindi, I led an APPNA delegation to meet with the Prime Minister of Pakistan, His Excellency Mr. Imran Khan. We emphasized that APPNA's expertise should be utilized in health care policy as well. I am happy to report that APPNA was invited to become part of the Prime Minister's National Healthcare Taskforce and Dr. Shahid Rafiq has been appointed as member. Further discussions happened on protecting physician investments especially via the Board of Investments and with the CDA for deliberating on a future APPNA institution in Islamabad. Deliberations are ongoing.

I will conclude by thanking my family, 2021 EC, BOT, Council, Committees, General membership for their support. I like to wish the 2022 BOD, Council and Committees the best. Inshallah, the best days of APPNA are ahead of us.

Long Live APPNA! Pakistan Paindabad!

Rizwan Khalid, MD Immediate Past President



APPNA Strategy Meeting 2022 - A Success Story



APPNA Strategy Cruise Meeting 2022 was first meeting of the year, filled with learning and fun. It helped set the direction for APPNA 2022 with enthusiastic participation of 120 attendees. There were 8 focus groups moderated by Drs. Lubna Naeem, Jamil Mohsin, Aisf Mohiuddin, Muhammad Sanaullah, Nauman Ashraf, Sadiq Naveed, Humera Qamar and Haroon Duarrani. All of the moderators engaged participants, including past APPNA presidents Mubashar Rana, Sajid Chaudhary, Riaz Chaudhary, Arif Muslim and many others. Final discussion session was led by current APPNA leadership/BOD including Drs. Haroon Durrani, Asif Mohiuddin and Joseph Emmanuel. It highlighted the strengths and weaknesses of APPNA, concluding the meeting

with a promising and upbeat outlook for APPNA in 2022 and beyond.

Mr. Tahir Javed, a phenomenal Pakistani American entrepreneur, provided a non-physician perspective of our organization. He discussed business aspects of APPNA emphasizing tremendous potential for APPNA's growth in future.

The cruise was preceded by a high-quality CME session at Shingle Creek Hotel. CME Speakers Drs. Nauman Ashraf, Lubna Naeem, Abdul Ghani and Arif Muslim delivered insightful lectures on their respective topics.

APPNA Talent Night Show on last night of the cruise was outstanding where multiple talents of APPNA family were on full display. The Talent night was lit up by superb poetry rendition by Javaid Akbar, Atif Qureshi, Shahid Rafiq, Shahid Ahsan; mesmerizing dance performances by Sarfaraz Ahmed, Raffat Ahmed, Ehtsham Haq & many others; melodious singing by Madiha Syed, Umair & Shazia Anwar, Khaula Akbar, Abdul Ghani, Sajid Mahmood, Masud Hashmi; and a special keyboard performance by Nauman Ashraf.

I am thankful to Drs. Jamil Mohsin and Sadiq Naveed for their outstanding support as my Co-Chairs. I want to offer special thanks to Tipu, Laiq and Nic for their diligent administrative help.

President Dr. Haroon Durrani deserves my sincere gratitude for his trust and confidence in me to organize and lead with full autonomy for this first APPNA meeting in 2022. This is first ever APPNA Strategy Meeting on a cruise in APPNA history of 45 years. The tremendous success of the meeting speaks volumes for Dr. Durrani's vision and untiring work by the organizing committee.

Focus group leaders and moderators will finalize their recommendations in coming weeks and present to the President & BOD for their review and implementation.

It was great honor for me to serve and volunteer for APPNA for a better and brighter future. I'll always remain available whenever needed by APPNA.

Regards

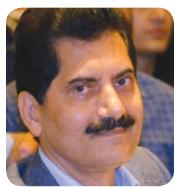
Ehtsham Haq, MD Chair, APPNA Strategy Meeting 2022







APPNA Social Welfare & Disaster Releif



Dear APPNA Family and friends,

APPNA SWDRC is continuing following ongoing projects:

The APPNA cornea project is a flagship project of APPNA. It was started in 2017 by Dr Fawad Zafar and KE class 1985, to date over 4,500 corneas have been sent and transplanted to deserving patients at over 40 centers in various cities across Pakistan. Since start of COVID-19 pandemic in early 2020, sending corneas was a challenge but towards

later part of 2021, corneas are again now being sent to Pakistan. The cost of each cornea is 250 dollars and many patients have benefited from this.

APPNA Thar water project started in 2015, is being led by Dr Abdul Majeed. We are collaborating with Akhuwat Pakistan, and solar energy is being utilized to build water wells and pumps. Dr Majeed has annually raised 70-80,000 dollars to fund this project.

APPNA/ICNA mobile clinics project was started in 2017, 4 mobile clinic units, one each in New York, Illinois, Texas and Florida providing healthcare services to our communities as well being used during disasters in different areas across USA. APPNA/ICNA mobile clinics have been used for health fairs, COVID/Flu vaccinations, screening of diabetes and hypertension and many other conditions. Cities like Dallas, New York City, Chicago, Orlando and DMV area have held many successful health fairs.

Food Distribution to COIVD-19 pandemic affected communities in USA and Pakistan will be continued as previous years. In order to encourage our chapters, alumni and membership, APPNA SWDRC will match 50 cents to a dollar up to \$2,500 for distribution in areas specified by the donors. APPNA



has also worked with ICNA Relief through its various chapters and members for not only distribution of food, but also other supplies to refugee communities in USA. Ramadan food



packages and hot meal distribution will also be arranged as per donor requests.

Children shoe project, During the clothes distribution, it was seen that there is a huge need to provide shoes to children and many had never had a pair of shoes. Donors supported this and funds were matched, kids were provided shoes in many major cities as well as small towns in Pakistan. The pictures were extremely moving, and many people took part in this project, last year \$20,000 was raised for this project.

Kachra Kundi school scholarship project was started last in Karachi Pakistan. Dr. Shahid Yousuf is leading this project. There are many schools run by an NGO in various poor neighborhoods of Karachi. Many brilliant students from these schools are going for higher studies but need financial support. This project is started with \$15k from an anonymous APPNA donor. This year 50 students will be getting scholarship but potentially can be increased depending upon the interest of our donors.

You can contribute online to support various APPNA SWDRC projects, which are close to your heart.

We thank our generous donors for their ongoing support.

Submitted by

Sajid Chaudhary, MD Chair APPNA SWDRC





APPNA MERIT



APPNA MERIT (Medical Education, Research and Information and Technology Transfer) Committee has grown to a 75+ member committee with 15 specific sub-committees running individual projects, introducing modern methods of blended and online learning using Learning Management System, educating over 7,000 Pakistani physicians in collaboration with 30+ institutions and various local societies. We have offered 200+ CME hours of education in 2021. This year, our focus has been Healthcare Innovation and Technology in Pakistan including Physician Entrepreneurship.

With our focus on Healthcare Technology and Innovation in Pakistan in 2021, we started a Series of webinars to explore the landscape and successfully completed 34 online sessions followed by a 2-day live conference at Rawalpindi Medical University during APPNA Winter Meetings 2021 on Biomedical Devices and Entrepreneurship in Healthcare in Pakistan and Artificial

Intelligence in Healthcare. We intend to continue this year with webinar series starting March 2022.

In our efforts for sustainable education through development of Enduring Material and short courses, we have launched MERIT Academy (meritacademy.us) on our online LMS system. We currently have 16 courses launched online in Cardiology, Neurology, Pediatrics, Emergency Medicine, Psychiatry, Nursing and Education. For enhancing the primary care and helping bridge the knowledge and skills gap in practicing General Practitioners in Pakistan, a one-year long course called APPNA MERIT Family Practice Specialty Rotations has been implemented in collaboration with multiple partners.

Similarly, we are running multiple other specialty topics webinar series. We completed a 50-webinar series on COVID-19 last year and are currently running webinars in Nephrology, Emergency Medicine, HIV and Critical Care Nursing. Many of these webinars recordings are on our YouTube channel that currently has 177 published videos; so far with a total of 29,000+ views and 1,148 subscribers.

I am very thankful to our 400+ faculty of speakers and panelists from various sub-specialties that has helped us develop and present these programs. We invite you to join our efforts and collaborate with us and check us out on appnamerit.com and reach out to us on appnamerit@gmail.com.

Danish Bhatti, MD, FAAN Chair APPNA MERIT 2021-2 Treasurer, KEMCAANA 2022





Reasearch, Education & Scientific Affaris Committee



Research, Education and Scientific Affairs Committee oversees all major research, educational and scientific affairs of the organization. We had a successful 2021 and provided valuable CME lectures covering topics from all specialties and some special topics from public health, dental medicine, ethics, addiction, child abuse, medical tourism, medical malpractice, organ donation and career counseling.

Our focus this year will be to work collaboratively with MERIT, YPC and Medical students' subcommittee to organize educational and research activities in the US as well as in Pakistan. RESA committee has finished its annual needs assessment survey for 2022 and as per survey results, we have developed

following goals for the year 2022:

a) Continue to provide state of the art CME lectures: We had a successful Strategy meeting in early February and had CME talks from four different disciplines. We have finalized our Spring Meeting CME lectures that will include topics from Neurology, Cardiology, Gastroenterology, Psychiatry and Oncology and will bring well-known national speakers to the Spring Meeting in Oklahoma City.

b) Make CME talks available online with MOC Credits: This year we are hoping to record all our CME lectures and make them available online along with MOC credits for members to claim for a small fee. c) Develop research mentorship program for residents and early career physicians.

d) Arrange Research methodology seminars.

e) Organize research symposium and abstract poster competition during summer meeting in collaboration with YPC and medical students' subcommittee.

f) Work on the draft for Exam Prep Crash Courses that will be offered during future summer meetings. g) Establish a Research Portal on APPNA website to showcase

prominent research of APPNA members.

I am indebted to our devoted speakers and all members of the RESA committee for their contributions in making these programs successful. RESA committee would like to invite you to join us and collaborate with us. You can reach out to me directly at ashraf.nauman@gmail.com or through central APPNA.

Respectfully Submitted,

Nauman Ashraf, MD FAPA

Chair APPNA RESA Committee 2022

Chair Psychiatry and Addiction MERIT subcommittee 2022 Program Director Psychiatry Residency Program, KCU-GME Consortium/Ozark Center

Adjunct Associate Clinical Professor of Psychiatry, KCUMB Medical Director Addiction Services, Ozark Center







Young Physicians Committee (YPC)



APPNA Young Physicians Committee (YPC) is a pivotal committee that has significant contributions in carrying the mission of APPNA. As a Chair of APPNA YPC 2022, I really appreciate Dr. Namirah Jamshed and team YPC 2021 for an excellent job last year and providing a solid foundation for this year.

FB page:

 We created FB group posting policies, to bring focus to education, networking and resources for our graduates, residents and fellows.
 One thousand members with ambiguous names or lack of activity were removed.

3. Postings and memberships required approval, and non-relevant posts were not allowed, including promotion of personal websites, YouTube pages, etc.

4. FB page became the main site for advertising webinars, reaching out to the graduates, and doing "well checks".

We have added 4,000 members to the FB page this year, to include medical students and IMGs.

Website:

1. A new, learner-based web-page was created embedded within the APPNA website.

2. All webinars and resources were posted on the web page first and then link shared on the FB page,

- to increase website activity.
- 3. Resources were made learner based.

4. A YouTube page was created that has all the webinars posted and again links posted on website and FB page.

5. Advocacy policies and PMDC information was also posted on the webpage.

Webinars:

1. Webinars were presented during this time.

We then shifted our focus on workshops for residency application preps, which were very successful and well received and preferred to webinars.

The highlight of the year was the development of two programs:

1. Observership program, based on the AMA guidelines with guidance for both preceptor and learners, and evaluation forms; about 15 were successfully scheduled. We had a limited number of preceptors.

2. Mock interviews were set up for 300+ residency applicants.

3. Mentor-Mentee program: starting this month, to match primarily medical students to mentors to prepare them better and narrow the gap between IMGs and American graduates.

Sadiq Naveed, MD, MPH, DFAACAP Chair APPNA YPC 2022

Namirah Jamshed, MD Chair APPNA YPC 2021, Advisor YPC 2022



APPNA Advocacy



Soon after 9/11 terrorist attack in NY city, young physicians from Pakistan were getting late to join the jobs in USA. APPNA quickly formed a task force to address the issue in hopes of alleviating the disturbing trend. APPNA Advocacy Committee met with the officials of embassy, the State Department and Department of Homeland Security. We send the list of impending visa cases to the Director who will then expedite the cases. The contacts established in 2004-2005 have continued up till now with every newly appointed Director.

In 2003, 154 Pakistani physicians were sponsored by ECFMG on J1 visa. Only

26% applicants reached on time to join their residency programs. To make our congressional leaders aware of the dire situation, our first Day on Hill was organized on September 24, 2003. Dr. Waheed Akbar was the team leader that day.

In 2014, APPNA with the help of congresswoman from N.Y. Grace Meng and Congressman Tom Emmer sponsored a bill HR 1920-1921 called a GRAD ACT whereby State Department and Embassy in Islamabad would approve a special process from April to June to expedite the visa applicants of Pakistani physicians. APPNA efforts were also directed to the US embassy in Islamabad.

In December 2004, we met Ryan C Crocker Ambassador of US in Pakistan. Late Dr. Rubina Inayat and Dr. Adeel Butt were also present in that meeting.

The second component was the time it took to get security advisory opinion [administrative process] from Washington D.C agencies. To minimize the time, these cases were "flagged" to receive the most expeditious process possible. These changes implemented in 2005 have facilitated the arrival of our J1 visa applicants on time.

In initial years, APPNA noticed that the number of Pakistani physicians being accepted in residencies spots have decreased. We attributed this to delays in arrival time of our applicants, so Program Directors were reluctant to accept our residents. The Ambassador gave us a letter to be circulated to program Directors that there were no discrimination and racial profiling of Pakistani residents to delay their security clearance.

Advocacy works continues!

Regards, Abdul Rashid Piracha, MD, FACC





APPNA Scholarship Committee 2022



APPNA Alumni Scholarship Project was started in 2013.

The mission is to provide scholarships to medical students who do not have the means to continue their education through highly efficient and costeffective mechanism and to enrich the lives of the donors.

The vision is to promote excellence in medical field by ensuring that no one is left out of opportunity to serve just because he/she does not have the means.

To create a sense of generosity and desire to give in everyone.

The Scholarship Program is intended to help deserving students enrolled at respective medical colleges in Pakistan to defray some of their educational expenses (college, hostel fees & books etc.)

The Scholarship Committee Members in 2013 in collaboration with the respective Alumni, have worked very hard to raise funds for this noble cause and have been able to raise 1.1 million dollars.

A generous donor from Nishtar Alumni of North America provided the matching funds to the Alumni for the scholarship program.

Now the scholarship funds have grown more than \$3 million in the last nine years.

The money is distributed from the appreciation and income of invested funds. Each Alumni selects the students of their Alumni based on the financial health of the family, the students must maintain the passing grades and show willingness to help others after the graduation.

There are eight medical college participating in this program and KEMCAANA just recently joined the scholarship program also.

Each Alumni have given hundreds of scholarships to their respective Alumni students that have changed the lives of many families.

APPNA scholarship committee requests all the Alumni members to donate generously to their Alumni scholarship funds so this mission continues forever.

Thanks

Muhammad Sanaullah, MD Chair APPNA Scholarship Committee 2022



Natonal Health Care Day Committee



APPNA National Health Care Day 2022

• Saturday, October 1, 2022 or any other date chosen by chapters/alumni and members.

• Ensure all chapters arrange a National Health Care Day 2022 providing free health services to their local communities.

• Consider participating, arranging and supporting National COVID-19 vaccination efforts.

• Raise local funds for any activity including APPNA National Health Care Day 2022.

APPNA National Healthcare Day 2022 Committee Members Recommendations for NHCD

- 1. NHCD 2022, is scheduled for Saturday, October 1, 2022 but each Chapter may choose different dates. It is recommended to support ongoing COVID-19 vaccination and flu shots during fall this year.
- 2. Chapters should raise funds locally to sponsor their NCHD 2022 event and not depend on Central APPNA funding.
- 3. Chapters can consider flu vaccinations at their NHCD events along with some basic health screenings and support COVID-19 vaccination including but not limited to mental health education as well.
- 4. Consider full health fair activity this fall just like it has been arranged before COVID-19 pandemic, with appropriate health safety measures. Let's move to normalcy for NHCD 2022 services.
- 5. Add blood drive in collaboration with Red Cross or other organizations in your local areas.
- 6. COVID-19 vaccination activities are well planned by many including Dr. Yousaf Shaikh (blood drive as well), Dr. Samina Hijab, Dr. Ehtisham Ul Haq, Dr. Nasar Qureshi, Dr. Farhan Zaidi, Dr Kamran Khan and many others .
- 7. Media coverage, not only locally but nationally as well, is an essential component of NHCD 2022. Arrange medial coverage of NHCD activities to raise awareness about APPNA contribution to local communities.
- 8. Consult county, state and local pharmacies and health departments, who can be partner in both flu shots and COVID-19 vaccination.
- You are welcome to partner with other local organization, but preferably arrange NHCD 2022 under the umbrella of APPNA.
- 10. In Canada, where healthcare is broadly covered and accessible, the focus has been mainly on health education and awareness. This year, health care professionals may also offer some basic screening for the attendees.

Samina Hijab, MD Chair NHCD Committee 2022





Qatra Fund Report



Qatra qatra darya ban jaata hai Drops accumulate to form a river Empowering APPNA together One drop at a time

Committee chair: Dr. Mahjabeen Islam

Committee members: Dr. Irfan Aslam, Dr. Haroon Durrani, Dr. Joseph Emmanuel, Dr. Hibba Haider, Dr. Rashid Hanif, Dr. Rizwan Khalid, Dr. Munaza Khan, Dr. Mubasher Rana, Dr. Muhammad Zeeshan

Mechanism

The Qatra Fund is a very simple yet powerful way to financially empower APPNA. If each member donated \$10 to \$100 per month, we could accumulate \$300,000 to \$3 million each year! The power is in the accumulation of a small individual amount of very easily donated money on a monthly basis.

This accumulation would allow APPNA to become a financial powerhouse, gain immense social and financial clout and become an entity that matters in the United States.

The aim of the Qatra Fund is to ensure that APPNA is not threatened with financial stringency and for us to be able to project APPNA's humanitarian and medical mission. Currently we are in the accumulative phase. After accumulation of a significant amount, 70% of the Qatra Fund will be invested and 30% donated to APPNA projects.

Future projects of the Qatra Fund:

- Provision of potable water in Pakistan
- Education of girls in Pakistan
- Creating abused women's shelters in the US and Pakistan
- Contributing to APPNA's medical missions

A seamless process has been created for donation to the Qatra Fund on the APPNA website. Please log onto appna.org/qatra on your computer and enter any donation amount that you are comfortable with, ensuring that you make it a recurring donation. We are on the threshold of creating dramatic change in APPNA. And we know you want to be a part of it!

Respectfully submitted,

Mahjabeen Islam MD, FAAFP, FASAM Chair APPNA Qatra Fund Committee





APPNA Minnesota Chapter



Year 2021 was still hard year because of ongoing COVID-19 and as a result suffering in the communities all around the world.

As the President of Minnesota Chapter and also being member of APPNA Social Welfare and Disaster Relief (SWDR) and COVID Task Force committees, my main goal was to continue to help communities here in USA and Pakistan, in assisting and reducing the suffering of people affected by COVID-19 illnesses, as well as economic effects on the poor communities. We raised funds for 21 ICU beds, donated by Minnesota Association of Pakistani Descent Physicians (MAPP) Chapter members as well as our generous

Minnesota community members. These beds were distributed in 3 different charitable hospitals including JDC Foundation of Pakistan welfare, Civil hospital Karachi, and Memon hospital Karachi.

We also arranged "free shoes" delivery to poor children in 3 different cities of Pakistan including Karachi, Lahore and Tando Muhammad khan Sindh under "SWDR/MAPP shoe project" with the support of HDF, CDR.

Minnesota chapter also donated oxygen tanks under "SWDR/MAPP" oxygen tank project via Alkhidmat to the needy people.

We distributed funds under food pantry project and delivered food to many needy people in Minnesota community through our "mosque food shelf" in two different cities of Minnesota .

We look forward to a better 2022 and plan to continue to work towards our vision and mission of supporting less fortunate.

Bushra Dar, MD President MAPP (Minnesota Chapter)



APPNA South Central Texas Chapter



APPNA's South Central Texas chapter hosted a blood drive for the community welfare kick-off. APPNA physicians and their families donated blood in large numbers. The City of San Antonio Mayor Ron Nirenberg attended the event and expressed his gratitude to the Pakistani physicians for their service to the local community.

Shazli Malik, MD President of APPNA South Central Texas Chapter





APPNA Oklahoma Chapter



Here in Oklahoma, we take pride in our well-knit community that comes together to celebrate our heritage and culture of giving and contributing to society. Our local chapter established in 2016, stands at a current membership of 103, of which 81 are lifetime members. Despite the pandemic in last few years, the chapter has remained vibrant and active. Over the years, we had several fund-raising drives. 2021 was no different! • We partnered with Central APPNA to raise fund for disaster relief from a winter storm and donated \$3,050 to Mercy food Pantry and \$8,375 to Oklahoma Regional Food Bank.

• In the month of Ramadan, Tulsa community generously donated \$4,000 to Islamic society of Tulsa Food Pantry

• Both Tulsa and Oklahoma community has been actively engaged with Afghan refugees resettlement. One of such contributions was made via Mercy Food pantry for a generous amount of \$6,000.

• Tulsa Health Fair and OKC COVID vaccination drive was held in November. Tulsa community not only generated \$2,400 to support this activity but also volunteered in large numbers. Several of new Afghan neighbors were amongst the many patients they saw that day.

When the cloud of COVID-19 cleared we got together safely in outdoor settings to enjoy each other's comradery.

• In August, celebrated an evening of culture and poetry. OKC held its first Bazm-e-Adab.

• The first Golf Tournament was held in Tulsa. From Tee-time to a lavish dinner, the day was made to be memorable.

• Another fall highlight was a family picnic arranged at a local farm. Pumpkins, hayrides and laughter of kids made the day a roaring success.

• In October, Dr. Haroon Durrani visited Oklahoma City in preparation for the upcoming Spring 2022 APPNA meeting in Oklahoma City.

We are honored and excited to showcase our Chapter in the upcoming spring meeting! Thankful to the membership that has made this year and all the years before so successful.

Faisal Wasi, MD President APPNA Oklahoma Chapter



Allama Iqbal Medical College Alumni Association of North America

AIMCAANA CELEBRATING 2021

95 New Members

150k AIMC Scholarship Program

CME Lectures online & residency coaching seminars

650 Families of AIMC employees given 4 weeks Grocery

Reading Room in Girls Hostel # 4

Reading Room in Hostel # 3

Bronchoscope to ICU Jinnah Hospital

Trinocular Microscope with Camera to Anatomy department

Residency Loan to 3 deserving students

AIMCAANA component society PAIWS officially registered nonprofit in Pakistan



It has been my distinct honor and privilege to serve AIMCAANA as a President. I am thankful to my Executive Committee for their hard work and dedication and all Iqbalians who supported us in these projects.

Ghulam Abbas, MD President 2021

www.aimcaana.org

Fatima Jinnah Medical College Alumni Association of North America



Fundraisers:

1- Three schools supported in remote areas of Pakistan to educate out of school children in collaboration with TAKMIL Foundation.

2- ICU in SGRH, \$40,000 sent to FJMU in April 2021.3- \$40,000 raised for new under construction Nephrology unit at SGRH.

4- \$5,000 sent to AFJOG.

5- \$10,000 to FJMU for student scholarships.

6- \$7,500 in collaboration with SWDRC, for Eid gifts to Rohingya Refugees in Bangladesh.

7- New initiative: post graduate scholarship, \$5,000 for our FJMU graduates, to apply for USA or Canada residency.

EDUCATIONAL ACTIVITIES:

1- FJMCAANA opened a health YouTube channel in collaboration with FJMU in Pakistan. This is a Free Online Medical Camp. Weekly online sessions held from January to July 2021 on different topics to provide health education/ awareness to general public in Pakistan.

2- We actively participated with APPNA MERIT Educational events in Pakistan. We participated as panelists in weekly Family Medicine teaching sessions on every Saturday with APPNA MERIT.

3- Monthly webinars with TAKMIL schools, giving health talks to children in remote areas of Pakistan.

4- Our new initiative: FJMU students and graduates will be provided career counselling sessions online to provide a platform and connect with Alumni in North America.

5- FJMCAANA YouTube channel for educational purpose.

APPNA WINTER SCIENTIFIC SESSION at FJMU

FJMU hosted FJMCAANA APPNA winter meeting at FJMU in December 2021. This was a huge success, very well attended by our Alumni from USA and Canada, faculty of FJMU, students, residents and APPNA members. These sessions were attended by President Dr. Rizwan Khalid and President elect Dr. Haroon Durrani.

Various workshops were conducted by our alumni from North America. Informative talks on various topics, very successful and well attended career counselling session with 200 attendees.

Special thanks to Vice Chancellor Professor Dr. Aamer Zaman Khan and all EC members for their constant support. I pray to Allah (SWT) to keep us strong and together to do more for our Alma mater, APPNA and humanity.

Fizza Rafiq, MD President FJMCAANA 2021-2022



King Edward Medical College Alumni Association of North America



KEMCAANA, SWDRC raised more than \$15,000 during Ramadan for food packages in Pakistan. From these funds \$12,000 were donated to APPNA to help distribute food packages to people of Pakistan in remote areas during Ramadan.

KEMCANNA continued to support our ongoing projects at KEMU which includes computer lab, Anatomy Learning Center, Wifi for College Campus and Hostels and Scholarships for undergraduate and post graduate students. Our Scholarships Committees has raised substantial amount of funds so far this year and hopefully they will raise even more in future.

Every year KEMCAANA awards 199 undergraduate "thanks scholarships" to medical students of KEMU from funds raised by Dr. Bashir Chaudhary and his Class.

KEMCAANA also gives another undergraduate scholarship to KEMU students to cover their tuition fee and hostel expenses. In 2021, KEMCAANA awarded \$100,000.00 from "KEMCANNA scholarship" endowment fund.

KEMCAANA awarded 33 post graduate scholarships/loans each of \$5,000.00 to graduates of KEMU who are planning to do residency in USA to cover part of the cost of USMLE steps, NRMP match and travel expenses.

KEMCAANA is supporting projects at Mayo Hospital Lahore. So far, we have donated a ventilator, 2 CPAP machine, 3 infusion pumps to pediatric ICU and two EKG machines for general surgery wards at Mayo hospital Lahore.

KEMCAANA has also signed a memorandum of understanding (MOU) with an organization called Friends of Mayo Hospital (FMH) based in Lahore, Pakistan to build a new state of the art pediatric burn unit. This is going to be a very first unit in Punjab, Pakistan. Work has already started on this project.

KEMCAANA has sent \$120,000.00 and plan to raise total \$300,000.00 for pediatric burn unit with medical ward, ICU and operation theatre at mayo hospital next to pediatric emergency room.

KEMCAANA raised \$19,000.00 on Facebook for indigent patients' medication funds. These funds are used to provide necessary medications to indigent patients in Pakistan.

Mohammad F. Shahzad, MD President KEMCAANA





Nishtar Alumni of North America



Welcome to the APPNA spring meeting in Oklahoma. We hope you all have a memorable time with your family and friends. I want to utilize this opportunity to share the philanthropic, educational, and scholarly endeavors of Nishtar Alumni of North America (NANA) in 2021. The climax for NANA was its recognition as the best APPNA Component Society for 2021. This recognition resulted from the consistency, relentless passion, and hard work of the NANA leadership, members, volunteers, and donors. Dr. Ahmad Saeed Khan, an APPNA lifetime member, received Lifetime Achievement Award for his philanthropy and was elected as APPNA Board of Trustees. We also want to recognize Dr. Asif Rehman who retired as BOT member.

The following are some of the achievements of NANA in 2021.

• In 2021, the Constitution and Bylaws were revised and adapted. These amendments will undoubtedly improve the processes of the organization.

• We have established a Half Million Dollars Endowment Fund. This fund has raised \$450,000 and has pledges for another \$50,000. This endowment fund will ensure the organization's financial safety and help expand our philanthropic portfolio.

• Under APPNA Scholarship, we have raised the number of medical student scholarships from 10 to 15 for each class/year and provided additional support for books. With each passing year, we are streamlining this process to ensure transparency.

• NANA Loan Program is fully active and has provided loans to several residency applicants. Many of them are already in residency and have started to return those loans. It will ensure the self-sustainability of this project.

• GI project at Nishtar Hospital is a flagship project. This year, we have added three more scopes to the endoscopy suite.

• Renovation and expansion of operating room are under full swing and will be completed in 2022.

• Young physicians' Committee contributed to residency applicants' growth through webinars, mentorship, and resume reviews.

• Nishtar Research Council arranged several webinars in 2021 and is currently establishing a mentorship program.

We also wish a great success to our two Nishtarians, Dr. Haroon Durrani - President APPNA and Dr. Muhammad Sanaullah - Chair Summer Host Committee.

Regards,

Ghulam Mujtaba, MD President NANA 2022







North American Medical Alumni



The North American Medical Alumni (NAMA) of the Association of Physicians of Pakistani Descent of North America (APPNA) is a not-for-profit, nonpolitical, educational, humanitarian, and charitable organization. We bring into one compact organization the eligible graduates of Pakistani descent of medical schools in the United States and Canada.

NAMA has made significant strides in 2021 and 2022. NAMA is now an independent non-profit corporation in the state of Missouri. In 2021, we launched the NAMA website https://www.appnanama.org/ to better connect with potential members.

We are especially proud of Dr. Tayyib Rana (West Virginia University School of Medicine), who campaigned for APPNA Treasurer in 2021.

NAMA members continue to serve on APPNA committees, volunteer in APPNA service programs, go on mission trips, provide continuing education, and participate in APPNA meetings.

NAMA and the Caribbean Alumni co-hosted a Symposium at the 2021 Fall Meeting in Dallas, where we focused on professional development:

Public Service through APPNA during the COVID-19 Pandemic Tayyib Rana, MD, PCEO (West Virginia University)

From Clinician to Administrator Sameer Siddiqui, MD, FACS (University of Missouri – Columbia)

From Surgeon to Inventor Jafar S. Hasan, MD, MBA (University of Michigan)

The Road Less Traveled: Careers in Industry for Physicians Bilal Khan, MBA (University of Pennsylvania – The Wharton School)

We encourage APPNA members of all chapters and alumni to introduce North American medical school graduates and students to www.appnanama.org and the NAMA-Caribbean Facebook page (https://www.facebook.com/groups/2132416253702504).

We all have friends, colleagues, and children from US medical schools who are not fully engaged with APPNA, where NAMA can be their conduit to service and leadership. All they need is encouragement from you to join NAMA and APPNA.

Congratulations to the 2022 Spring Meeting Host Committee and APPNA EC for providing us the opportunity to collaborate and network.

Sincerely, Mujtaba A. Qazi, MD NAMA 2022 President On behalf of the NAMA 2022 EC

Rawalpindi Medical College Alumni Association of North America



Dear members,

It's a pleasure to tell you about the proceedings of the Alumni and the Executive council for last year under the great leadership of Dr. Sohail Aman. The team consisted of Dr. Sarah Makhdoom, Dr. Ahmed Jamal, Dr. Fawad Chaudry, Dr. Samina Qureshi, Dr. Tehseen Naqvi, Dr. Muhammad Junaid, Dr. Iffat Waheed, Dr. Kashif Aslam. We are also grateful to Vice Chair Dr. Muhammad Umar for always helping to guide our institution to greater heights and making Rawalpindi Medical University one of the best in Pakistan. RMCOF and Dr. Babar Rao have been very active with all projects. APPNA merit did the weekly CME presentations on Zoom and our Alumni have been taking

active participation in that as well.

Projects that we helped to support were:

- Darya Khan Girls School and raised \$20,000, as well as upgrades of building \$15,000 pledged by Dr. Arshad Ali
- RMU Scholarship fund \$4,000
- RMU Research Chair established by Dr. Ayaz Chaudhary
- RMU Wall of fame \$60,000
- HFH Pediatric Surgery Department renovations \$60,000
- RMU Family Medicine department
- Ambulance donation by a family

• Holy Family Hospital Burn Unit and Dialysis center RMU International Scientific meeting as part of APPNA Winter meeting December 21 to 23, 2021 was inaugurated by His Excellency Arif Alvi, President of Pakistan. Presentations by Alumni at Winter meeting:

- Dr. Babar Rao presented Dermatology cases
- Dr. Talat Kheshgi: Spondyloarthropathies
- Dr. Fawad Chaudry: Pulmonology and bronchoscopy
- Dr. Sarah Makhdoom Atrial fibrillation management in Family Medicine
- Dr. Shazia Ali: Pathway to practice from Pakistan to UK and then to Canada

We successfully added to our paid members this year.

- Here is our new team for 2022 RMCAANA
 - Dr. Sarah Makhdoom President
 - Dr. Ahmed Jamal President elect 2023
 - Dr. Fawad Chaudry Secretary
 - Naveed Butt Treasurer
 - Councillors are: Dr Shazia Ali, Dr. Tehseen Naqvi, Dr. Saira Khalid, Dr Mahwash Saeed, Dr. Muhammad Khalid Zafar

Sarah Makhdoom, MBBS, CCFP, FCFP Canada President RMCAANA 2022





SAVE THE DATES REGISTRATION OPENTING SOON www.appna.org



How misogyny affects men by Sehar Atif Meraj, MD

Why are we still talking about gender equality, yet again? Women can work today, almost every employer has equal opportunity policies, there is a worldwide focus on feminism, international women's day is a big deal, and some have even brought up the concern that the pendulum has even swung too far?

Yet, there is recent research highlighting gender disparities in the workplace, at home & society at large between men and women physicians. So much has been written about this. Let us flip the coin today. With all the intent of advocating for women, lets highlight how even subtle social disparities are deeply unfair not just to women, but to men as well. Imagine a world where being a man doesn't mean you cannot show emotions without hearing "mard bano" (be a man). Where cooking a meal for your family, showing love to your kids, pursuing "traditionally female" specialties are not ridiculed but valued!

One cannot but wonder if the aggression typically attributed to "being a man" is not a result of a deeply embedded insecurity from being told to suppress your emotions since childhood.

While we have come a long way, we still need to strive towards a world with true equal opportunity; both for men & women! We are raising our daughters to be part of the work force whilst feeling no shame in cooking, cleaning & household activities & yet continue to raise sons who can't fry an egg to save their lives. Our daughters can multi task but our sons struggle. The devil is in the details & the daily interactions we have with our children have a huge impact on society at large.

Gender inequality is a health risk that as physicians, we should be aware and mindful of. It creates stress and anxiety in women, with their prescribed role as caregivers, in men, with their prescribed role as breadwinner, as well as children and minorities. Any human will feel stressed if he/she does not fit into their assigned mold.

So, what can we do, today, as Physicians of Pakistani Descent in North America? Perhaps we can be mindful and intentional about gender equality. This is not about what clothes we want to wear, or who should cook in the house. This is truly about making sure that our daughters can be part of the workforce the same way our sons can be their genuine selves and are equipped with basic life skills.

I invite mindful collaboration on this strong, meaningful forum, to advocate for gender equality in medicine as well as in our daily lives. Let's create a better tomorrow for our children.



I give, Therefor I am ... Penned by Bushra Siddique, MD

An oft debated issue between Americans of Pakistani descent is balancing our philanthropic efforts between the country of our birth and the one which we have adopted. While, in our birth-land lies a raw, rampant and discernable poverty that tugs at our heart strings, we cannot ignore the less obvious yet equally exigent need in the community that surrounds us. With a mixture of pride & humility, I would like to highlight what the Oklahoman Pakistani expatriates have offered in service of Oklahoma City.

Give me your tired, your poor

As women of different ethnicities sat around a table and reflected on the reason for this gathering, they realized that their concerns about those escaping war could only be alleviated by action. Together, they decided to form the Refugee Support Group.

This diverse organization includes many Pakistanis and has managed to develop strong ties between the local Muslim community & multiple charity organizations through their continued sponsorship of refugee families.

We are blessed and therefore we share

As physicians not only have we been blessed with the ability to learn how to heal, but our pecuniary blessings are manifold. In the true spirit of sharing, APPNA OK local chapter has partnered with multiple food banks and recently offered our healthcare services to the refugee community in collaboration with various organizations.

Women, getting things done

As our numbers grew in Oklahoma, many Pakistani Muslim women formed an alliance, which empowers women to engage in a multitude of charitable activities. In the spirit of embracing all humanity they called their group Oklahoma Muslim Women for Humanity. From taking meals to local law enforcement and sharing our cultural sweets with Rabbis, to sponsoring month long meals for the homeless during each Ramadan, this group continues to form bridges with the local community.

And we shall continue to heal ...

A conglomerate of Physicians including several Pakistani doctors provide free consultations once a week at the local ICNA Relief Shifa clinic (OKC) to try & bridge some healthcare gaps in the uninsured. They have successfully partnered with local labs to ensure free & discounted basic laboratory testing.

Mercy for those on earth

Mercy Food Bank & Surayya Anne Foundation OKC remain two beloved organizations that have provided opportunities for volunteering, growth & leadership for Pakistanis who call Oklahoma their home. From food drives to forming offshoots that empower our children to lead & volunteer, the Pakistani diaspora in Oklahoma has remained committed to the growth of these entities.

As I close this article, I can only admit with a feeling of a reverential respect that I may have merely scratched the surface of the work of service that is being done by the Pakistani community in Oklahoma City. It would be amiss not to mention that not only are these actions mirrored by Pakistani expatriates in Tulsa, they have had outstanding outcomes of their philanthropic efforts.

May we continue to serve with this spirit of compassion.



The Shadow Pandemic by Sophia Janjua, MD

The Challenge

Gender Based Violence or Violence Against Women (VAW) is a major public health problem and a violation of women's human rights. Most of this abuse is at the hands of an intimate partner. According to the World Bank, VAW is a global pandemic. WHO estimates that almost one third (27%) of women aged 15-49 years who have been in a relationship, report being subjected to some form of physical and/or sexual violence by their itimate partner, negatively affecting their physical, mental, sexual and reproductive health.

Lockdowns during the COVID-19 pandemic and its social and economic impacts have increased the exposure of women to abusive partners, while limiting their access to services. In Pakistan, violence against women is prevalent across society and affects women at all stages of their lives. The World Economic Forum's Global Gender Gap Index ranked Pakistan as one of the countries where gender equality relating to economic participation and opportunity, education attainment, health and political empowerment needs a lot of improvement. A UK based study pointed to poverty as the main driver of violent behavior and frustration in Pakistani society. Women seen as a weaker segment of the society tend to be at the receiving end of this frustration.

The Response

Recognizing the challenge, the government of Pakistan has introduced legislation and taken practical steps, such as creation of women police stations and domestic violence courts, to improve protection of women. Despite these measures, weaknesses in the criminal justice system prevent women (both single or married) from obtaining protection where they fear family or societal repercussions. Informal justice system continues to be used in rural areas to address gender-based violence cases. Local authorities cooperate in enforcing jirga verdicts, which implement traditional laws of compensation for physical harm. Police stations staffed by female officers have been established for victims of intimate partner violence to provide a safe haven to register complaints, file charges, and seek legal advice and counseling.

However, these are relatively few (women accounted for less than 1% of the police force in 2017) and remain under-resourced.

Government run shelters (Darul Amans) have been established to offer support to victims of intimate partner violence, but are understaffed and have limited resources. Private and NGO run shelters are unable to meet the demand.

Moving Forward

Building on ongoing efforts, studies point to two key areas which offer significant impact on the fight against gender-based violence in Pakistan. The first is to engage the clergy and Islamic scholars to drive public opinion against all forms of gender based violence with supporting narrative. Gender roles need to be reviewed and addressed and stereotypes need to be broken. Second is to scale up targeted initiatives, based on gender sensitive data collection on VAW, which empower women enabling access to resources for economic engagement. This is critical if the country is to break the cycle of poverty, combat the shadow pandemic, and capitalize on the productive potential of half of its population.



A Unique Pakistani-American Culture by Mahjabeen Islam, MD

The integration of Pakistanis into American culture can be a very polarized debate. And the spectrum of this integration is also broad. On the one end are people that have coalesced into the melting pot that America is known by. Name changes or their Anglicization, no interaction with Pakistanis, and the shedding of Pakistani culture entirely. On the other are the Pakistani ghettos-real and metaphoric-in which one might as well be living in Sialkot. Minimal interaction with non-Pakistanis, some perhaps with non-Pakistani Muslims, and holding on to every small and big thing Pakistani, to fortify a shaky edifice.

And then in this spectrum is this muddle in the middle. So many of us, daily, trying to figure out, how much, and if, we should integrate.

Besides Pakistan and America being East and West, both cultures are informed by different majority religions. Both Abrahamic faiths, one an essential continuation of the other, but their practices seem so opposed. And besides both peoples being very hard working, there seems to be little in common.

The key piece is the life cycle of the family, for it is here that our choices regarding integration have to be made. The American family represents the individualistic culture of the United States. As children come of age, they are encouraged to get a job like babysitting or packing groceries. And prior to Covid, children were expected to move out at age 18. The parents got older, and diseases set in. Children by this point are well established in their lives; there are boundaries and parents are expected to stay in their lane. Medications are mixed up and food is not eaten properly, but children visit on Thanksgiving and Christmas. If things get entirely unmanageable, parents are placed in nursing homes.

The Pakistani family represents the collectivist culture of the East. Until even twenty years ago, joint family systems were common. There's been branching out in many urban families, but it is a given for children to be primary caregivers of aging and ailing parents. Unmarried children almost invariably live at home. Financial, medical, and social upheaval is shared among the parents and the children. There are no boundaries or privacy. Attempts at keeping matters limited to a married couple, are met with derision and threats of excommunication.

Patriarchy though not absent in American culture, is embedded and genomic in Pakistan. Materialism, the baby of capitalism, is idealized in America. And Pakistan has changed dramatically over the last few decades and wealth acquisition is now a national preoccupation.

We should adopt the punctuality, accountability, work ethic and job dignity of America. And bring respect and care of parents and the social, emotional and financial support prevalent in Pakistani families to the US. And tone down the materialism.

Jumping into the oblivion of the American melting pot is entirely boring. Pakistani-Americans should meld the best of both worlds and create our own unique culture that would be exemplary in the tapestry we call America.

Mahjabeen Islam, MD, FAAFP, FASAM practices family and addiction medicine in Toledo, Ohio. her email is mahjabeen.islam@gmail.com



Uses and Abuses of Stem Cell Treatment by Muzaffar H. Qazilbash, MD

"Twelve patients became seriously ill after receiving injections that supposedly contained stem cells from umbilical cord blood, according to the Food and Drug Administration, which issued a warning to the California company, Genetech, that made the blood product they were given." This excerpt from a news report in the New York Times from December 20, 2018, is the latest outrage in the unauthorized use of stem cell therapies by commercial enterprises indulging in unsafe health practices. It must be emphasized that all stem cell treatments not approved by the US Food and Drug Administration (FDA), or used outside of a clinical trial under FDA-authorized investigational new drug (IND) application, should be considered unauthorized.

There are two different types of stem cells in humans: embryonic and adult stem cells. The embryonic stem cells that originate in the inner cell mass of a 3 to 5-day old embryo are capable of establishing an entire organism, with its heart, lungs, and kidneys. The adult or somatic stem cells, in contrast, can only repair the organ they belong to, such as heart. Adult stem cells can be easily harvested from blood, fat or bone marrow. The gold standard for stem cell therapy is bone marrow transplantation, a proven and potentially curative treatment for blood cancers and bone marrow failure. Bone marrow transplantation involves adult stem cells from the blood or bone marrow which have the ability to regenerate the blood and immune system. Approximately 23,000 patients undergo stem cell transplants in the US each year at major transplant centers for life threatening diseases, with thousands of lives saved each year.

Given their unique regenerative capability, stem cells may help in treating irreversible debilitating diseases, such as spinal cord injury and Parkinson's disease. Although their enormous potential to treat devastating conditions offers hope to many, it also generates hype and misuse, resulting in serious physical harm, financial hardship, and impediment to genuine research. According to latest estimates, approximately one thousand stem cell clinics currently exist in the US, and 100-200 of these clinics peddle unauthorized stem cells treatments, risking the lives of thousands of patients.

There is little doubt that stem cells will play a major role in regenerative medicine. However, before their universal adoption as effective therapy, much work remains to be done in the laboratory and the clinic to understand their basic biology, potential toxicity, optimal dose, and medical utility. The safe and effective use of stem cells needs careful federal regulations, monitoring of unscrupulous clinics, and dissemination of reliable information from the healthcare agencies. Patients exploring stem cell therapies should verify the credentials of their clinics before embarking on this expensive and potentially risky treatment. In the event of questionable practices witnessed at a stem cell clinic, patients should reach out to the state medical board, FDA, or federal trade commission to report these dubious practices. We believe that oversight and vigilance will be necessary to realize the true potential of stem cell therapies.

Muzaffar H. Qazilbash, MD is Professor, Department of Stem Cell Transplantation, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX



Event Schedule Venue: Omni Hotel, Oklahoma City, OK

Thursday, March 24, 2022

4:00 PM - 9:00 PM	Registration Desk
6:30 PM	Reception
7:30 PM	Dinner
9:30 PM	Entertainment Only

Friday, March 25, 2022

-	
7:00 AM - 12:00 PM	Registration Desk
8:00 AM - 7:00 PM	Non-Retail Exhibit
8:00 AM - 7:00 PM	Non-Retail Exhibit
8:00 AM - 7:00 PM	Bazaar
7:00 AM - 11:59 PM	Prayer Room
7:30 AM	CME Breakfast
8:00 AM - 12:00 PM	CME
10:00 AM	Hi- Tea (Coffee Break)
12:00 PM	Lunch Symposium
1:00 PM - 2:00 PM	Friday Prayer
2:00 PM - 4:00 PM	Social Forum
4:00 PM - 9:00 PM	Registration Desk
4:00 PM - 6:00 PM	Alumni Retreat - Alama Iqbal
4:00 PM - 6:00 PM	Alumni Retreat - Nishtar
4:00 PM - 6:00 PM	Alumni Reunion - Dow
4:00 PM - 6:00 PM	Alumni Retreat - King Edward
4:00 PM - 6:00 PM	Alumni Retreat - Fatima Jinah
4:00 PM - 6:00 PM	Alumni Retreat - Rawalpindi
4:00 PM - 6:00 PM	Alumni Retreat - Aga Khan
6:00 PM - 7:30 PM	YPC Session
7:00 PM - 12:00 AM	Childcare/Baby sitting
7:30 PM	Dinner
9:30 PM	Entertainment - Dance & Music

Foyer Lawn Area Oklahoma Station Ballroom 5-8 Oklahoma Station Ballroom 5-8

Foyer **OK Station Pre-Function** Mistletoe Automobile Alley Bricktown Five Moons Ballroom 1-3 Five Moons Ballroom 1-3 Five Moons Ballroom 1-3 Five Moons Ballroom 1-3 Oklahoma Station Ballroom 1-4 Five Moons Ballroom 1-3 Foyer Five Moons Ballroom 5 Five Moons Ballroom 1-3 Five Moons Ballroom 6-8 Five Moons Ballroom 4 Paseo Thunder Boardroom Pinnon Five Moons Ballroom 1-3 Route 66 and Paseo Oklahoma Station Ballroom **Oklahoma Station Ballroom**



Event Schedule Venue: Omni Hotel, Oklahoma City, OK

Saturday, March 26, 2022

7:00 AM - 12:00 PM	Registration Desk
8:00 AM - 7:00 PM	Non-Retail Exhibit
8:00 AM - 7:00 PM	Non-Retail Exhibit
8:00 AM - 7:00 PM	Bazaar
7:00 AM - 11:59 PM	Prayer Room
7:30 AM	CME Breakfast
8:00 AM - 12:00 PM	CME
10:00 AM	Hi- Tea (Coffee Break)
11:00 AM	Colon Cancer Walk
12:00 PM	Lunch Symposium
1:00 PM - 4:00 PM	Council Meeting
	-
2:00 PM	Coffee Break
2:00 PM 4:00 PM - 9:00 PM	Coffee Break Registration Desk
4:00 PM - 9:00 PM	Registration Desk

Fover **OK Station Pre-Function** Mistletoe Automobile Alley Bricktown **Oklahoma Station Ballroom 5-8 Oklahoma Station Ballroom 5-8 Oklahoma Station Ballroom 5-8** Off-site: Scissortail Park Oklahoma Station Ballroom 5-8 Pinnon Pinnon Foyer Pinnon Route 66 and Paseo **Oklahoma Station Ballroom**

Sunday, March 27, 2022

8:00 AM - 10:00 AM 8:00 AM - 2:00 PM Breakfast Exhibition - Tear down Oklahoma Station Ballroom 5-8 Automobile Alley



CME Program Venue: Omni Hotel, Oklahoma City, OK

Friday, March 25, 2022

Oncology

8am – 10am 1. Lung Cancer: In the era of targeted/immunotherapy. Mohammad A Razaq, M.D. 30 minutes

2. Review of Mediastinal Staging in Lung Cancer/ Role of innovative minimally invasive techniques (Robotics) in early Lung Nodule Diagnosis. **Fawad Chaudry, M.D. 30 minutes**

3. Breast Cancer: What an internist needs to know in the year 2022. **Wajeeha Razaq, M.D. 30 minutes**

4. Role of CAR-T Cell Therapy in Treatment of Hematological Malignancies. **Muzaffar Qazilbash, M.D. 30 minutes**

10am – 10:45am

Multiple Myeloma: Now a Chronic Disease. Saad Usmani, M.D. 30 minutes

Neurology

10:45am – 11:15am Novel Trends in Epilepsy Management. **Salman Zubair, M.D. 30 minutes**

Psychiatry

11:15am – 12pm

Managing Children's Mental Health in the era of Pandemic, Technology and social media. **Muhammad Zeshan, M.D. 30 minutes**



CME Program Venue: Omni Hotel, Oklahoma City, OK

Saturday, March 26, 2022

Cardiovascular Medicine

8am – 9am

Coronary Artery Disease - 60 minutes 1. Prevention of Cardiovascular Diseases. **Muhammad Ansari M.D.**

2. Overview of Advances in Percutaneous Coronary Interventions. Usman Baber, M.D.

3. Advances in Peripheral Arterial Disease. Beau Hawkins, M.D.

9am – 10am

Cardiology for Internist - 60 minutes

1. Congestive heart Failure and Renal disease: Newer paradigm and role of SGLT2 inhibitors. **Mahwish Kassi, M.D.**

2. Cardiac Syncope: Work up, Indication of temporary and Permanent Defibrillators. **Zain Asad, M.D.**

3. Emerging Therapeutic Options in Hypertension. Muhammad Mujtaba, M.D.

Gastroenterology

10am – 11am

1. GERD to Esophageal Cancer. Ghulam Abbas, M.D 30 minutes

2. Colon Cancer Screening Guidelines 2022. Aasma Shaukat, M.D., MPH 30 minutes

Sturctural Heart Disease - 60 minutes

11am – 12pm

1. Mitral Regurgitation: Clinical Presentation, Types and emerging technologies in percutaneous approach. **Kamran Muhammad, M.D.**

2. Aortic stenosis: Expanding indications of percutaneous trans-catheter therapies. **Muhammad Ghani, M.D.**

3. Atrial Fibrillation: Initial Management, Anticoagulation and Left Atrial Appendage closure. **Nilofar Islam, M.D.**



Calling All Pakistanis: Unite Against Stereotypes, Divide and Disease by Ms. Alysha Siddiqi

Although one of the largest fields American-Pakistanis enter is healthcare, the presence of effective healthcare systems in Pakistan is severely minute with healthcare inequities manifesting in large degrees. Concerted efforts have been made to address healthcare misconceptions in Pakistan, but most recently the onslaught of coronavirus has presented a drastic shortfall of knowledge on public health efforts. Questions on how to effectively distribute the COVID-19 vaccine in various communities demonstrates the weakness of the region's healthcare infrastructure. Additionally, with turbulent political systems, Pakistan has historically struggled to institute healthcare programs which increase access to health services. Corruption is widespread in the healthcare industry, where the health policy sector lacks trained staff and governmental support. Cultural taboos have also been weaponized, most recently regarding the poliovirus, causing many Pakistanis to reject the vaccine. In a country where the dissemination of information is passed from mother to daughter, neighbor to neighbor, there is a strong need for cross-sector institutional systems which advance healthcare education and policy.

Whether it be COVID-19, or other pressing health issues, I believe there is a responsibility to understand what makes Pakistan different in the story of achieving health, and how Pakistan's past in a postcolonial world can be maneuvered to instead promote healthcare. Although I've grown up in America, there is no reason why I am more worthy of the opportunity to achieve optimum health, while those growing up in Pakistan are not given the same options.

How do we bridge the gap in healthcare disparities and accessibility in Pakistan? It is upon us to conduct research and analytical projects on healthcare in Pakistan, to empower Pakistani communities in taking health into their own hands, and in return make informed decisions regarding disease and healthy practices that can prevent the spread of disease and misinformation. APPNA, and other movements emphasizing Pakistani community and awareness, are integral in disseminating information on how Pakistanis can responsibly navigate the pandemic; however, COVID-19 is not the first nor the last pandemic to impact us on a global scale. There is a more urgent need to understand the deep-rooted cultures which promote anti-vaccination sentiments, as well as healthcare misinformation in Pakistan to combat any future turbulences Pakistani healthcare may endure. Working together with those who hold a strong interest in Pakistan will allow us to view health from multidisciplinary lenses, incorporating politics, economics, and other disciplines into the story of how Pakistan approaches health today.

Healthcare should not be exclusive, and the creative ways we approach health should not be limited as well – engaging members of the youth, the Pakistani diaspora, and those whose immediate background does not lie in medicine or health can allow us to pursue innovative healthcare solutions. We have so much to give to the country whose foundation was built on the premise of challenging the status quo and uniting in the face of unity, faith and discipline; APPNA and its camaraderie is simply one step as we journey to alter current health and healthcare standards in Pakistan.



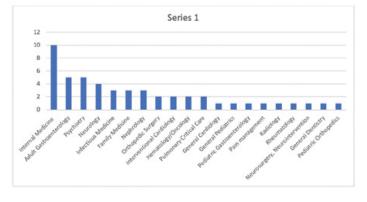
The healing we do and the differences we make Authored by Omer Suhaib, MD & Bushra Siddique, MD

Many physicians often wonder if our years of toil in medical school & the rigorous training that followed were worth it all? Not only for ourselves but also for the community we live in. Keeping this in mind, a survey composed of 15 questions was circulated amongst physicians of Pakistani descent in the state of Oklahoma. Lets get down to the grind and analyze the data that was collected as a result of 50 responses.

Amongst the respondents, 40% have been in practice for greater than 15 years, 24% for 1 to 5 years,

20% for 10 to 15 years and 16% for 5 to 10 years. Fourteen of us have spent greater than 15 years in Oklahoma while the remaining 22 have locally between 5 to 15 years thus having had an opportunity for meaningful impact in the local community.

Seven academics, 26 hospital employees and 17 doctors in private practice make up the majority of those who responded. We were delighted to see true entrepreneurship amongst our own as data showed that 25% (13/50) of us own or have shares in our respective practices. These Pakistani



physicians facilitate employment of office staff as well. Our respondents report supervision of over 250 staff members who are either directly supervised by them or are employed to assist them in patient care.

As there is a nationwide shift towards more physicians serving as leaders, our Pakistani physician expatriates in Oklahoma have also not remained on the sidelines. One out of four participants of the survey hold leadership positions at their respective institutes. Sixteen are medical directors, 1 Chief Medical Officer while the remaining 10 assume roles including Medical Directors and residency/fellowship program directors.

Most importantly, we were able to demonstrate that we have diligently continued our work to continue



to heal to sick. The 50 physicians who participated in the survey reported 18,000 patient encounters on a monthly basis! If this number can be extrapolated to represent all 240 actively licensed Pakistani physicians, it amounts to an astounding estimate of 86,000 monthly patient encounters. This is a monumental contribution towards improving healthcare availability to Oklahomans. The pie chart below displays the focus of Pakistani-Oklahoman physicians between outpatient and inpatient care.

Beyond consultations, the local diaspora of Pakistani physicians supervise a multitude of procedures including endoscopies, PEG tube placements, bronchoscopies, pacemaker placement, cardiac catherization, electromyography, electroencephalograms, bone manipulations, spine surgeries and endovascular neuro-intervention. A large number of these physicians are offering services such as lab draws, imaging, infusion therapy, rural outreach clinics, spirometry and motility studies.

We are confident that the results of our survey demonstrate that in the last decade, physicians of Pakistani descent have made tremendous contributions towards strengthening the healthcare system of the state they now call home. Moving forward, the enthusiasm of this small but very significant physician community promises exciting growth & outcomes.

Undergraduate Medical Education and Free Market Solutions

by Fatima Z. Jaffrey, MD, MHCDS

Direct primary care (DPC) may offer a setting where medical students achieve primary care learning objectives and prepare for ACGME competency while lowering costs. Day to day work in academic clinical settings operate in a culture counter to aims of AAMC and ACGME that include high-quality patient centered care at lower costs, and thereby posit challenges to the academic medical center.

The market for innovative practice models may be growing along with the industry shift to valuebased care and an increase in physicians' desire to reduce the increasing administrative work and regulations that detract from patient care and increase burnout. Many physicians are seeking ways to have more time with patients. Some are transitioning their practice to a retainer-based model, such as direct primary care, in which they collect a retainer from patients in exchange for more time, freer communication, and less paperwork.¹

Direct primary care, a fee for membership type of practice, is an evolving innovative primary care delivery model. In 2015 Rowe, et al. evaluated DPC practices over a 10-year period, finding they (1) submit fewer claims to insurance, (2) have decreased membership fees, (3) are primarily family medicine trained, and (4) have increased the projected patient panel size since 2005.²

The total annual cost of undergraduate medical education was estimated as \$69,992 per student in 1997. ³ Four of six estimates of total educational resource costs fell between approximately \$72,000 and \$93,000 per student per year in 1997.⁴ Approximately \$51,737 to \$79,999 for in state-tuition alone per student per year in 2020. ⁵

Physicians have an opportunity to address rising health care costs by optimizing resource use. Recent research suggests that regional spending patterns influence student engagement with high- and low-value behaviors, revealing that these behaviors may be adopted early in training. One study aimed to determine whether a curriculum on high-value care delivered to senior medical students would have a lasting impact on the students. A statistically significant increase in positive attitudes and reported perception of practice in senior medical students who received the curriculum; this was sustained prior to graduation. ⁶

DPC is a high-value healthcare that provides undergraduate medical students extended visits that are a common feature of routine DPC practice, in office procedures, low-volume enabling in depth evaluation and opportunity to learn the scope of family medicine, case-based learning, critical thinking, and opportunity to document in electronic records designed for patient care rather than billing optimization.

Clinical rotations in DPC practices also offer an opportunity for recruiting medical students into primary care careers. These practices provide an opportunity for education wherein prevention of chronic illness, treatment of acute general illnesses, psychosocial aspects of patient and family care and wellness can all be delivered to patient and trainee.

¹ Kans J Med. 2017 Feb 15;10(1):3-6. eCollection 2017 Feb

² Kans J Med. 2017 Feb 15;10(1):3-6. eCollection 2017 Feb

³ Acad Med 1997 Mar;72(3):211-7

⁴ Acad Med 1997 Mar;72(3):211-7

⁵ https://themdjourney.com/true-cost-of-medical-schools-in-usa-complete-guide/)

⁶ Clin Teach 2020 Dec;17(6):711-715. doi: 10.1111/tct.13226. Epub 2020 Jul 20)



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ہم نے گب تیر سے تلوار سے دھوکے کھاء ے بس تیرے پیار تیرے پیار سے دھوکے کھاء ہے

یه بھی کیا خوب تیرے پیار میں پاگل ھوکر ھم نے اِس عشقِ گِرفتار سے دھو کے کھاء ے

تُجھ کو پایا تجھے بیتا تو یہ جانا جاناں تُجھ پہ لِکھے ھوء ے اَشعار سے دھو کے کھاء ے

تُجھ کو کچھ یاد ہے ہم لوگ جَھاں مِلتے تھے اُس جگھه پر کءی ادوار نے دھوکے کھاء مے

اُنکی آنکھوں کے تَبسُم کو سمجھ کر اکثر کبھی اِقرار سے اِنکار سے دھو کے کھاء ے

جبھ بھی تاریخ کے اوراق کو پرکھا میں نے کبھی جیتوں سے کبھی ہار سے دھو کے کھاء ے

تُجھ کو بتلاءیں مُحّبت کے سفر میں ہمدم کبھی اپنوں کبھی اَغیار سے دھو کے کھاء ے

کِس په اِلزام دَهریں کِس کا تماشه کیجے بس یه سمجھو کے ہر اِک یار سے دھوکے کھاء ے

ابصار قُریشی . ایم ڈی



میرے محسن میرے ہیرو (ڈاکٹر عبدالقدیر خانّ)

"Oklahoma کے ڈاکٹروں کے نام"

سمجھا کے تقدیر اُمم کی بر ہنہ شمشیر ہو تم قوم کے لیڈر تو ہو گئے تیرے آگے زیرو بھگا دیا دشمن کو دُور فقط اِ شاروں سے مگر دشمان کو یہ بات کبھی اچھی نہ لگے گی دشمن کو للکار کر عجز میں سر بَسجود ہو گیا ہے تیرے خوف سے بہتا اُسی کا پسینہ ہے

بچھڑے ہو ڈاکٹر عبدالقدیں تم میرے محسن ، میرے ہیرو تم نے کیا پاکستان کا نام شراروں سے قوم تجھے مانتی تھی ، مانتی ہے،مانتی رہے گی آج تو قوم کو جگا کر سُر خرو ہو گیا ہے دشمن تو مکار و کمینہ ہے

الله اكبر ـ الله اكبر ـالله اكبر ـ الله اكبر

نہ تیری قوم میں تجھ سے کوئی بر تر

نہ کوئی اس سے قوم سے برتر

اسباب پیدا کر کے دشمن کا مٹایا سب کچھ اگر ہے تو یہ فقط شر ، فقط شر کیا رسوا تجھے کہ خوش کریں دشمن کو کھاتے نہ رزق خنزیر گر ہوتے یہ اتنے غیور دنیا ہے تجھے اماں خدا فلک تک جنت میں تجھے اعلیٰ مقام ملے ہے یہ ازل سے جو ابد تک رہے گی

فقط نامُوس قوم کی خاطر تو نے لٹا دیا سب کچھ ہے کچھ اور بھی کیا تجھے قوم سے بر تر چنداں خودغرض پہچان نہ سکے فقط تجھ کو اب بیٹھے ہیں مَلعون یوں وطن سے دور مان ہے تجھ پہ قوم کو آسمان تلک خدا خود تیری لحد کو ٹھنڈک دے ممنون ہے قوم تجھ سے ممنون رہے گی

قوم کو اٹھا یا تونے اتھاہ گہر ائیوں سے اووج ٹریا پر پھر کھڑا کر دیا تو نے اسے حوض کوٹر پر تو پیروئے مصطفیٰ ﷺ ، اقبال ؓ، قائداعظم ؓ میری قوم کے مسیحا آئے ہیں یہاں خدمت افعال کو جذبہ کو دیکھو کس طرح پھرتے ہیں اٹھائے جذبہ انسانی کو کیا رنگ جما ہے اس ولولے میں شان دکھائے دنیا میں مسجدوں کے عوض جنت بھی ملے تو گوارا نہیں کرتا ہوں ہے لوٹ عبادت تیرا مزدور تو نہیں

الله اکبر ، الله اکبر ،الله اکبر ، الله اکبر

الطاف شيخ

نيک دهوکا

طبیب اور دیگر علاج کرنے والے افراد جانتے ہیں کہ خوشگوار صارفین رکھنے کے لیے نقلی علاج کارگر ہیں۔ تھامس جیفرسن نے 1807 میں لکھا کہ، "سب سے کامیاب معالجین نے مجھے بتایا کہ انہوں نے آٹے کی گولیاں، رنگین پانی کے قطر ے اور راکھ کے پاؤڈر لوگوں کا علاج کرنے میں استعمال کیے ہیں۔ اس پریکٹس کو جیفرسن نے " نیک دھوکے" کا نام دیا۔

مریضوں کو سب سے زیادہ ناپسند یہ ہوتا ہے جب آپ ان سے کہیں کہ آپ کو کوئی جسمانی بیماری نہیں ہے یا آپ کی بیماری کو کسی دوا کی ضرورت نہیں ہے۔ سب مریض اپنی علامات کی توجیہہ چاہتے ہیں۔ پلاسیبو لاطینی زبان کا لفظ ہے جس کے معنی ہیں "میں خوش کروں گا۔" زیادہ تر لوگوں کو ایسا لگتا ہے کہ جب تک ان کو کسی دوا کا نسخہ نہ دیا جائے، ان کی شکایات کو سنجیدگی سے نہیں لیا گیا ہے۔ ٹیکا لگانے والے ڈاکٹر منہ سے دی جانے والی دوا دینے والے ڈاکٹر سے بہتر تصور کیے جاتے ہیں۔ دا فزیشن فلم میں باربر کا کردار، راب کول سے کہتا ہے کہ علام ہے جاتے ہیں۔ پر سس ہے جاتے ہیں دوا کا نسخہ نہ دیا در ہو، باربر کو اتنا ہی اچھا سمجھا جاتا ہے۔ تاہم پلا سیبو ایک دوا کی گولی نہیں بلکہ ایک پروسس ہے جو طبیب پر

پلاسیبو پر مبنی تحقیق سے یہ بات سامنے آتی ہے کہ اگر اس سے مریضوں کےعلاج میں سے زیادہ مدد نہ بھی ملے تو بھی مریضوں کو اپنی زندگی پر زیادہ سے زیادہ قابو رکھنے کا احساس فراہم ہوتا ہے۔ پلاسیبو افیکٹ کے زریئے غذا یا طرز زندگی پر توجہ دینا مثبت نتیجہ برآمد کر سکتا ہے۔ خود اپنی زندگی کے تفصیلی مشاہدات کے عمل میں، ایک مریض اپنے مسائل پرقابو پانے میں اضافے کا تجربہ کرسکتا ہے، جو خود ہی ایک طرح کا علاج ہے۔

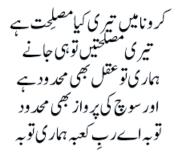
پلاسیبو اور نوسیبو کے اثرات ہمیں سکھاتے ہیں کہ کس طرح ہم دنیا کو اپنے الفاظ سے بدل سکتے ہیں۔

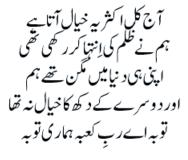
لیون آئزن برگ نے کہا کہ "پلاسیبو افیکٹ" کہنے سے علاج کے نفسیاتی پہلوؤں کو بدنام کیا گیا ہے اور اب وقت آچکا ہے کہ اس لفظ کو زبان سے خارج کردیا جائے۔ آئیے ہم اسے کسی ایسی اصطلاحات سے بدل دیں جیسے کہ "نگہداشت کا ردعمل،" "ڈاکٹر کا ردعمل،" یا "شفا یابی کا ردعمل" کیونکہ یہ طاقت ور ہے، دوا کے اثر سے کچھ کم نہیں ہے اور مریض اور ڈاکٹر کے تعلق کا اہم حصہ ہے۔ نگہداشت کا یہ ردعمل امید فر اہم کرتا ہے اور مریض کی حوصلہ افزائی کرتا ہے۔ یہ یقین دہانی کا وہ اطمینان ہے، جو بیماری میں غیر فعال کر دار کی بجائے سرگرم عمل ہوتا ہے۔ یہ بیماری کے مفہوم کی تشریح کرتا ہے۔ یہ غلط ہوگا اگر ہم سمجھیں کہ "پلاسیبو" طبی معالجے کی ایک بنیادی خصوصیت کی وضاحت کرنے کے بجائے محض دلیل پرستی کا تقاضا کر تا ہے۔ ہمیں اس کے تدارک کے بجائے اس سے سے شاہ یہ کی حوصلہ افرائی

لُبنا مِرزا، ایم ڈی



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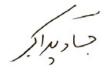




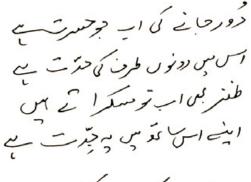
رحم کردے ہم ہیہ ہمارے مولا ہم گڑ گڑا کر تیرے آگے دعا کرتے ہیں ہمارے سب گناہوں کو معاف کردے اور ہمیں پہلی سی زندگی بخش دے توبہ اے ربِ کعبہ ہماری توبہ سلیم خان، ۳جون۲۰۲۰

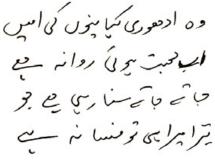


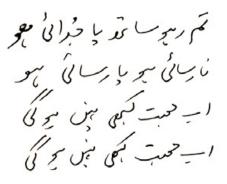
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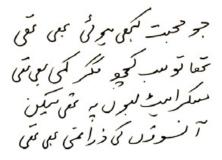


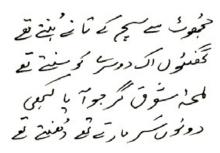
"اب حیت تمیں میں سو کی"











ب حو نز دیک تملے تو دور می تھے مقور فيجع تحفيلان سي ودم تع تمی مست که تبک سیت ک مرابی می کی حوصورمی تع

زنرکی میں حجر عمر سکوں آیا محیرسے دمعو کا پٹر افسوں آیا وقت نے سم کوتتوری مہتری د ورمون کا بعر حبوں آیا



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رُت حب کھی تہمی تنا م میں گرزائی مبت سے السي من سمس ما ريترى آئى بيت م م بیرات میں اور شری بارے مراب میتھا ہ روبے نے تو پہ متنبا کی بہت سے دہ اور میں جو تحجو سے من عزتے طلیعار محج موتو شرے نام ی زمو (یی بت سے میں سم توسنا نے توتی احوال میں کا رو نے تو توائس تو چے کا شہرا کا سیت ج دموی ج حسب کا منہ ی وصل کاخواستی جاديىرىچىن أس كەشتا سائى سېت ھے





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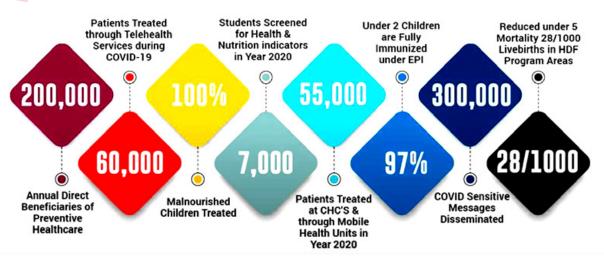
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dose modification. In the randomized, placebo-controlled trials, the overall incidence of HFSR was higher in 1142 STIVARGA-treated patients (53% vs 8%) then in the placebo-treated patients. Most cases of HFSR in STIVARGA-treated patients appeared during the first cycle of treatment. The incidences of Grade 3 HFSR (16% vs <1%), Grade 3 rash (3% vs <1%), serious adverse reactions of errythema multiforme (<0.1% vs 0%), and Stevens-Johnson syndrome (<0.1% vs 0%) were higher in	Gastrointestinal Perforation or Fistulia: Gastrointestinal perforation occurred in 0.0% of 4518 patients treated with STIVARGA anciss all clinical trials of STIVARGA administered as a single agent, this included eight faral events. Gastrointestinal fistula occurred in 0.8% of patients treated with STIVARGA and in 0.2% of patients in the placebo arm across randomized, placebo-controlled trials. Permanently discontinue STIVARGA in patients who develop gastrointestinal perforation or fistula. Dermatological Toxicity: In randomized, placebo-controlled trials, adverse skin reactions occurred in 71.9% of patients with STIVARGA arm and 25.5% of patients in the placebo arm including hand-foot skin reaction (HFSR) also known as palmar-plantar erythrodysesthesia syndrome (PPES) and severe rash, requiring	Hemorrhage: STIVARGA caused an increased incidence of hemorrhage. The overall incidence (Grades): T-3 was 18.2% in 142 patients treated with STIVARGA vs 9.5% with pleaebo in randomized, pleaebo-controlled trials. The incidence of grade 3 or greater hemorrhage in patients treated with STIVARGA was 3.0%. The incidence of fatal hemorrhagic events was 0.7%, involving the central nervous system or the respiratory, gastronitestinal, or genicurinary tracks. Permanently discontinue STIVARGA in patients with severe or life-threatening hemorrhage and monitor INR levels more frequently in patients receiving warfarin.	Infections: STIVARGA caused an increased risk of infections. The overall incidence of infection (Grades 1-5) was higher (32% vs 17%) in 1142 STIVARGA-treated patients as compared to the control arm in randomized placebo controlled trials. The incidence of grade 3 or greater infections in STIVARGA-treated patients was 9%. The most common infections were unirary tract infections (5.7%), naspharyngitis (4.0%), mountain a systemic trungal infections (3.3%) and pneumoia (2.6%) as compared to the control arm in more often in patients treated with STIVARGA (value) infections (3.3%) and (0.3%); the most common fatel infections were unirary tract infection course due in inpatients treated with STIVARGA (value) as compared to patients revising placebo (0.3%); the most common fatel infections were respiratory (0.6%) vs 0.2%). Withhold STIVARGA for Grade 3 or 4 infections, or worsening infection of any grade. Resume STIVARGA at the same dose following resolution of infection.	Hepatotoxicity: Severe drug-induced liver injury with fatal outcome occurred in STIVARGA-treated patients across all clinical trials. In most cases, liver dysfunction occurred within the first 2 months of therapy and was characterized by a hepatocellular pattern of injury. In metastatic colorectal cancer (mCRG), fatal hepatic faulter occurred in 1.6% of patients in the STIARGA arm and in 4% of patients in the placeboard orm. Liver Function Monitoring, Ottain liver function tests (ALT, AST, and bilindbin) before initiation of STIVARGA and monitor at least every 2 weeks during the first 2 months of treatment. Thereefter, monitor monthy or more frequently as dinically indicated. Monitor liver function tests weekly in patients experiencing elevated liver function tests until improvement to less than 3 times the upper limit of momal (LIM) traseline values. Temporanity hold and there reduce or premavently discontinue STIVARGA, depending on the severity and persistence of hepatoroxicity as manifested by elevated liver function tests or hepatocellular necrosis.	 WARNING: HEPATOTOXICITY Severe and sometimes tatal hepatotoxicity has occurred in clinical trials. Monitor hepatic function prior to and during treatment. Interrupt and then reduce or discontinue STIVARGA for hepatotoxicity as manifested by elevated liverfunction tests or hepatocellular necrosis, depending upon severity and persistence. 	Indication STIVARGA® (regrateribil) is indicated for the treatment of patients with metastatic colorectal cancer(CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin- and innotecan-based chemotherapy, an arti-VEGF therapy, and, if <i>RAS</i> wild-type, an arti-EGFR therapy. Important Safety Information			wild-type, an anti-EGFR therapy	Cancer Imuku, who nave been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if <i>RAS</i>	HARNESS STIVARGA® (regorafenib) Prone effracy helps to maximize overall survival (05) potential for your patients with metastatic colorectal
© 2020 Bayer. All types reasoned Bayer. The Bayer Cross and STINABEA are registrested trademarks of Bayer. 100 Bayer Benetweed Withogram, NU 2038 U.SA PFS/TU-STI-SF-1 © 2020 Finned In ISA	Please see brief summary of full Prescribing Information, including the Boxed Warning, on the following pages. References: 1. STIVA R6A Rescribing Infomation. Whippany, NJ. Bayer HealthCare Pharmaceuticals Inc. June 2020. 2. Gorthey A. Van Cursen E. Schere A. et al. CORRECT Study Goup Regorialenit monotherapy for previously treated metastatic colonectic acroser CORRECT: an interactional, multicenter, andonised, adeabo controlled, phaes 21rtie Larce 2103.29(1968)330-312. 3. Gorthey A. Van Cursen E. Schere A. et al. CORRECT Study Goup Regorialenit monotherapy for previously treated metastatic colonectal cancer (CORRECT): an interactional, multicenter, andonised, pleabo controlled, phaes 31rtie Larce 2103.39(1968)30-330-312. 3. Gorthey A. Van Cursen E. Schere A. et al. CORRECT Study Goup, Regorialenic homotherapy for previously treated metastatic colonectal cancer (CORRECT): an interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is in interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is interactional multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is interactional, multicenter, andonised, pleabo controlled, phaes 31rtiel (Larcent Hurd) CORRECT is interactive and the study of the correct (201900). 2002 (Larcent Hurd)	Nost Frequently Observed Adverse Drug Reactions in mCRC (>30%): The most frequently observed adverse drug reactions (>30%) in STIVARGA-treated patients vs placebor-treated patients in mCRC, respectively, were satismia/fatigue (64%, vs 44%), pain (55%, vs 45%), decreased appetite and food intake (47%, vs 20%), HFSL/PER (45%, vs 7%), diarrhea (43%, vs 17%), mucositis (33%, vs 5%), weight loss (32%, vs 10%), infection (31%, vs 17%), hypertension (30%, vs 8%), and dysphonia (30%, vs 6%).	complications has not been established. Embryo-Fetal Toxicity: STIVARGA can cause fetal harm when administered to a pregnant woman. There are no available data on STIVARGA use in pregnant women. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential and males with female partners of reproductive potential to use offective contraception during treatment with STIVARGA and for 2 months after the final dose. Nursing Mothers: Because of the potential for serious adverse reactions in breastfed infants from STIVARGA, do not breastfeed during treatment with STIVARGA and for 2 weeks after the final dose.	Reversible Posterior Leukoencephalopathy Syndrome (RPLS): Reversible posterior leukoencephalopathy syndrome (RPLS): a syndrome of subcortical vasogaric edema diagnosed by characteristics finding on MRI occurred in one of 4800 STIVARGA-treated patients across all clinical trials. Performan evaluation for RPLS in any patient presenting with seizures, severe headache, visual disturbances, confusion, or altered mental function. Discontinue STIVARGA in patients who develop RPLS. Wound Healing Complications: Impaired wound healing complications can occur in patients who receive drugs that inhibit the VEGF signaling pathway. Therefore, STIVARGA has the potential to adversely affect wound healing. Withhold STIVARGA for at least 2 weeks prior to elective surgery and until adequate wound healing. The safety of resumption of STIVARGA after resolution of wound healing for at least 2 weeks following major surgery and until adequate wound healing. The safety of resumption of STIVARGA farter resolution of wound healing the safety of resumption of STIVARGA in the safety of resumption of STIVARGA in the safety of the surgery. Do not administer for at least 2. weeks following major surgery and until adequate wound healing. The safety of resumption of STIVARGA for a transformation of wound healing for at least 2. weeks following major surgery and until adequate wound healing. The safety of resumption of STIVARGA is the resolution of wound healing for at least 2. weeks following major surgery and until adequate wound healing.	is adequately controlled. Monitor blood pressure weekly for the first 6 weeks of treatment and then every cycle, or more frequently, as clinically indicated. Temporarily or permanently withhold STIVARGA for severe or uncontrolled hypertension. Cardiac Ischemia and Infarction : STIVARGA increased the incidence of myocardial ischemia and infarction (0.9% with STIVARGA vs 0.2% with placebo) in randomized placebo-controlled tribils. Withhold STIVARGA in parients who develop new or acute cardiac ischemia or infarction, and resume only after resolution of acute cardiac ischemic events if the potential benefits outweigh the risks of further cardiac ischemia.	STIVARGA-treated patients. Across all trials, a higher incidence of HFSR was observed in Asian patients treated with STIVARGA (all grades: 72%; Grade 3: 18%) Toxic epidemal necrolysis occurred in 0.02% of 4518 STIVARGA-treated patients across all clinical trials of STIVARGA administered as a single agent. Withhold STIVARGA, reduce the dose, or permanently discontinue depending on the severity and persistence of dermatologic toxicity. Hypertransion: Hypertrasive crisis occurred in 0.2% in STIVARGA-treated patients and in more of the patients in placebo arm across all randomized, placebo controlled trials. STIVARGA caused an increased incidence of hypertension (30% vs 8% in mCRC). The onset of hypertension occurred during the first cycle of treatment in most patients who developed hypertension (30% vs 8% in mCRC). The onset of those transmic most patients who developed pressure	-	Patients with ≥1 medication 131 Any antineoplastic or immunomodulation agent 133	Systemic and cancer treatment during CORRECT trial follow-up STIVARGA n (%) (n-505)	In CORRECT, patients were able to receive cytotoxic therapy following treatment with STIVARGA ²	 Harness the proven efficacy of STIVARGA to help maximize OS potential for your previously trated patients with mCRC1 Similant improvent in OS¹ Similant improvent improvement improvement
(regorafenib) tablets	on the following pages. Grothey A, tata cancer 3. Gonthey A, tata cancer ember 22.	served adverse drug reactions (>30%) in STIVARGA-treated In (53% vs 44%), decreased appetite and food intake (47% vs %), infection (31% vs 17%), hypertension (30% vs 8%), and	There are no available data on STIVARGA use in pregnant initial and males with female partners of reproductive if nad dose. STIVARGA, do not breastfeed during treatment with	ephalopathy syndrome (RPLS), a syndrome of subcortical reated patients across all clinical trials. Perform an evaluation r altered mental function. Discontinue STIVARGA in patients receive drugs that inhibit the VEGF signaling pathway. at least 2 weeks prior to elective surgery. Do not administer sto of STIVARGA after resolution of wound healing	every cycle, or more frequently, as clinically indicated. I infraction (0.9% with STIVARGA vs 0.2% with placebo) in diaz ischemia or infarction, and resume only after resolution nia.	ens treated with STIVARGA (all grades: 72%; Grade 3: 18%). trials of STIVARGA administered as a single agent. Withhold of dermatulogic toxicity. re patients in placebo arm across all randomized, placebo- re onset of hypertension occurred during the first cycle rials. Do nor initiate STIVARGA (unit) blood pressure	-	131 (26) 76 (30) 130 (26) 74 (23)	STIVARGA, n (%) (n=505) Placebo, n (%) (n=235)	following treatment with STIVARGA ²	 STIVARGA improved OS in CORRECT, which included patients with historically collected KRAS status (N=729) History Collector (KAS) and KAS status was assessed (S9% mulant, 41% wild sype KRAS) There were 275 dearlts out of 565 patients treated with STIVARGA (S5%) vs (57 dearlts out of 555 patients treated with STIVARGA (S5%) vs (57 dearlts out of 555 patients treated with glacebo (62%) "Status Treate were stored of C186ECT Was and the private were of and store of 555 patients treated with glacebo (62%) "Status Treate were stored of C186ECT "Status the story of stored were stored were stored were stored with stored were stored were stored were stored with stored were stored were stored were stored with stored were stored were



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Edwards

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Hope you all have a great time!

With compliments from Dr. Nighat Mehdi & Dr. Amir Raza





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We welcome all APPNA delegates and their families to 2022 Spring meeting in Oklahoma City, OK.

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With Compliments from Iftikhar Hussain, MD & Staff of

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Welcomes the Attendees of APPNA Spring Meeting, 2022

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Welcome to all APPNA delegates to APPNA Spring Meeting 2022 in Oklahoma City

Hope you have a great time!

With compliments from Shamim Malik, MD & family







Zakat Worthy

www.oklahomaislamicacademy.org

We extend the warmest welcome from our family and office to all the attendees of APPNA Spring Convention.

We hope that your stay in Oklahoma City will be enjoyable and memorable.

خوش آمديد جي آيا نون

Pulmonary and Sleep Medicine Associates Muhammad Amin, MD, FACP, FCCP, FASM 2801 Parklawn Drive Suite 301 Midwest City, OK 73110 Phone: 405-737-8204 Welcome APPNA members and their families to APPNA Spring 2022 meeting

> Compliments from Saadia Chohan, MD

Welcome APPNA members and their families to APPNA Spring 2022 meeting

> Compliments from Asim Chohan, MD



Surayya Anne OKC Chapter is delighted to welcome all the APPNA delegates to the 2022 Spring Meeting in Oklahoma City

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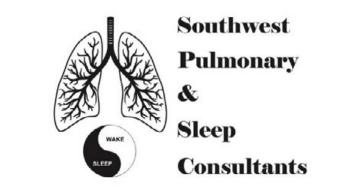


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With compliments from Abid Zahoor, MD and Humaira Abid, MD



Intakhab Paracha, MD, Ayesha Mughal, MD Michelle Stephens, APRN and their staff extend a very warm welcome to all attendees of APPNA Spring Meeting 2022 being held in Oklahoma City.

Hope you all have a memorable time in our great city.

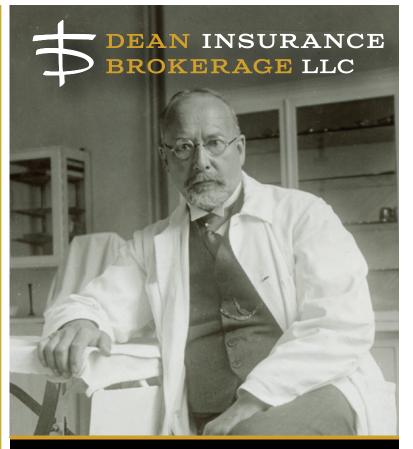
Welcome to our guests and APPNA delegates to the Sooner State. APPNA Spring Meeting 2022, Oklahoma City Hope you have a great time.

> Compliments from Sophia Janjua, MD

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Shahla Cheema, PharmD OU Health, Oklahoma City.

Ahmed Abdal Cheema, MD Vascular Neurosurgeon Director NeuroIntervention SSM Health Neurosciences 800 NW 9th Street Oklahoma City, OK 73106 11: 405-815-5050 4: 405-815-5151



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with Compliments from Dr. Aamir Mohammad and Mrs. Saman Aamir





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1. Shammas NW, Lam R, Mustapha J, Ellichman J, et al. Comparison of orbital atherectomy plus balloon angioplasty vs. balloon angioplasty alone in patients with critical limb ischemia: results of the CALCIUM 360 randomized pilot trial. J Endovasc Ther. 2012 Aug;19(4):480-8.

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3. Fitzgerald PJ, Ports TA, Yock PG. Contribution of localized calcium deposits to dissection after angioplasty. Circulation. 1992; 86(1):64-70.

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