



---

# BULLETIN

---

*Vol. 21, No. 36*

*Fall 2014*

**Iranian  
American  
Medical  
Association**

I A

M A

---

# IAMA Bulletin

---

**Fall 2014 ~ Vol. 21, No. 36**

**A PUBLICATION OF THE IRANIAN AMERICAN MEDICAL ASSOCIATION**

PO Box 8218 ~ Haledon, New Jersey 07538-0218

Tel. (973) 595-8888 ~ Fax (973) 790-7755 ~ E-mail: [iama@iama.org](mailto:iama@iama.org) ~ [www.iama.org](http://www.iama.org)

**Editor-in-Chief: Parviz Pishvazadeh, MD**

**Publication Committee Chairperson: Hormoz Motashemi, MD**

**Director: Amir Ganchi, MD**

## EDITORIAL BOARD

Cyrus Ahmadi, MD	Jasmin Moshirpur, MD
Shahriar Bozorgzad, MD	Hormoz Motashemi, MD
Amir Ganchi, MD	Parviz Pishvazadeh, MD
Mohammad Zamani, MD	

## BOARD OF DIRECTORS 2013-2016

President: Kahlil Sharifzadeh, DVM, MPH  
Vice President: Shervin Mortazavi, MD  
Treasurer: Mohammad Sarraf, MD  
Corresponding Secretary: Mehrnaz Hadian, MD  
Recording Secretary: Payam Torrei, MD  
Member-at-Large: Homayoon Mohajer, DC  
Member-at-Large: Roya S. Saleh, MD

## BOARD OF TRUSTEES

Ohio ~ Freidoon Ghazi, MD  
Massachusetts and Neighboring States:  
Farhad Askarian, MD  
New York ~ Jasmin Moshirpur, MD  
New Jersey ~ Tooraj Zahedi, MD  
Texas ~ Zarifeh Johnson, MD  
Illinois: Barry Sadegi, MD

## EXECUTIVE BOARD OF TRUSTEES

Chairman: Amir Ganchi, MD (NJ)  
Vice Chair: Jasmin Moshirpur, MD (NY)  
Secretary: Shahriar Bozorgzad, MD (IL)  
Advisor: Hooshang Guilak, MD (TX)  
Advisor: Amir Zamani, MD (MA)  
Advisor: Reza Hedayati, MD (NY)

## FOUNDERS OF IAMA

Shahrokh Ahkami, MD  
Amir Ganchi, MD  
Menwchehr Pajoohi, MD  
Abas Rezvani, MD  
Vida Vida, MD  
Mohammad Zamani, MD  
Parviz Zand, MD

---

### ADVERTISING FEES:

*All ads are placed in both the  
Persian and English sections.*

**Full page: \$400**

**Half page: \$250**

**Quarter page: \$150**

### Guidelines for publication in IAMA's Bulletin:

1. Please type or write legibly.
2. The social and scientific views of the authors are not necessarily IAMA's views.
3. The IAMA Bulletin has the right to edit and/or shorten submitted articles.
4. Please enclose the original manuscript as well a translation.
5. Pictures and sketches should be sent separately.
6. Quoting from IAMA's Bulletin is permissible.

**Cover Design by: XANTUS DESIGN, Farhad Batmanghelich, Tel: 202-408-1898**

# Contents

---

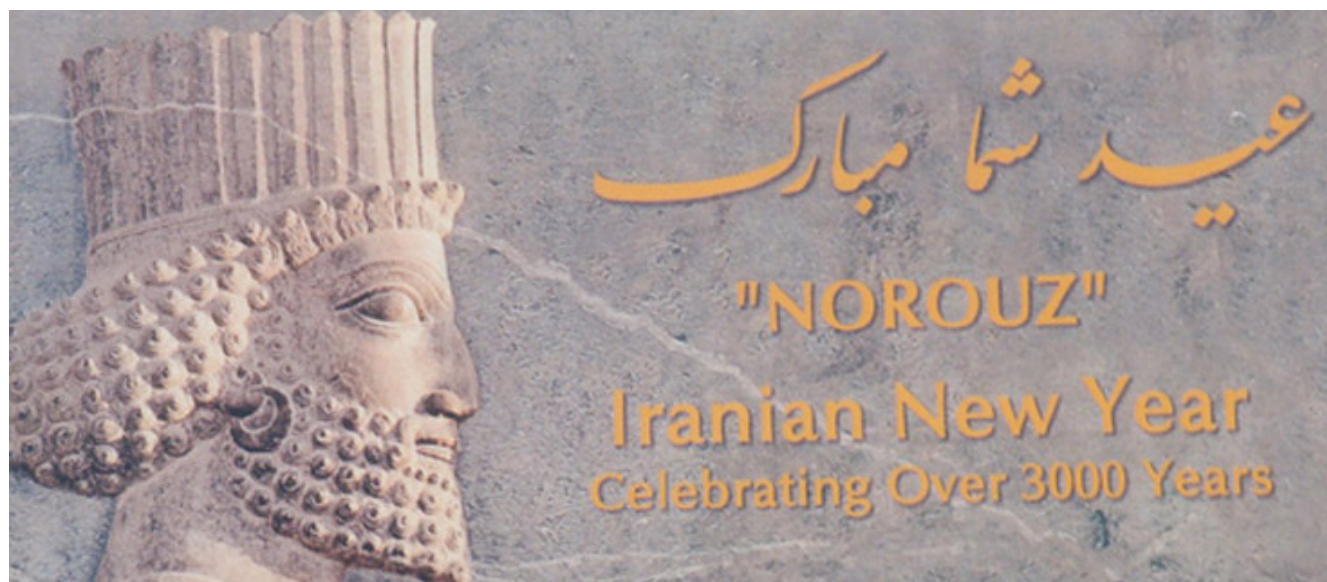
<b>Now Ruz Greeting .....</b>	
<b>Editor In Chief Message .....</b>	
	<i>Parviz Pishvazadeh, MD</i>
<b>President's Message .....</b>	
	<i>Khalil Sharifzadeh, MD</i>
<b>Be in IAMA with IAMA .....</b>	
	<i>Dr. Amir Ganchi, MD</i>
<b>Why I Became a IAMA Member .....</b>	
	<i>Hosein Shokouh Amiri, MD</i>
<b>Highlights of 21<sup>st</sup> Annual Meeting .....</b>	
	<i>Dr. Amir Ganchi</i>
<b>Dr. Guilak's Speech .....</b>	
<b>Thank you from 21<sup>st</sup> Annual Committee</b>	
<b>CME Report</b>	
	<i>Hosein Shokouh Amiri, MD</i>

## SECTIONS & CHAPTERS ACTIVITIES

**NEW YORK:** *J. Moshirpur, MD*  
**NEW JERSEY:** *H. Shahidi, MD*  
**TEXAS:** *Z. Johnson, DDS*  
**MASSACHUSETTS:** *F. Askarian, MD*  
**OHIO:** *F. Ghazi, MD*  
**IAMA JAVAAN:** *Z. Saadabadi, MD*

**To Know our Great Physicians and Philosophers**  
**Nasrollah Moghtader Mojdehi**  
**Simin Behbahani**  
**Maryam Mirzakhani**  
**Pardis C. Sabeti**

**Scientific Abstracts Presented at the 21<sup>st</sup> Annual Meeting**



# Editorial

## **The question is: Who is going to carry the ball?**

Thirty-two years ago a group of young, energetic physicians who were transplanted from Iran to the US got together and decided to ask their colleagues to join them in promoting their collective interests, defending their rights and enjoy each other's company in the process.

**This call ended up in the formation of IAMA.** These physicians took time off from their busy offices and their families. They took financial responsibilities that came with this endeavor and went on to make their organization as strong as we see today.

Many years have passed since they took the first step and now is the time to remember that eventually they have to retire as they will not have the young power and stamina to continue forever. **Today we should ask ourselves, who is going to carry the ball?**

There is no question that the young generation within IAMA which is already active has their responsibility. They should think of this duty before it gets too late. They should have formal meetings to address future activities, think of making a plan for financial integrity through donations and membership dues and even consider rewriting the bylaws if necessary.

IAMA should be part of their lives. Their meetings will be a source of enjoyment and a way to find new friends and for consulting their colleagues.

If they deny this opportunity at this crucial time, one day they might lose every inherited building block that comes with IAMA . They should be prepared to carry

the ball in strong hands so it does not fall, crack or become an element of personal desires.

Then the final message is that some day the young and energetic body of IAMA will receive a gift from its founders and the receivers should have it in their blood and soul to protect and improve on it.

I hope that day does not come soon!

**Parvis Pishava, MD**  
**Editor-in-Chief**

## **Our Bulletin needs your support.**

The IAMA Bulletin reaches over 6,000 physicians and allied health professionals. We would like to take a moment to thank you for your past support.

It is our objective to keep you informed about all types of Iranian-American issues... all the various plans and projects promoted by the rapidly changes pictures at home and abroad. We believe our reports and articles will be more important to you than ever before during the eventful months ahead.

You can be assured of the Bulletin's continued success by purchasing an advertisement or a simple donation. We would like to remind you that all of your contributions are tax deductible.

Now, more than ever the life of the bulletin is in your hands. Please send your contributions to:

**IAMA**  
**PO Box 8218**  
**Haledon, NJ 07538**

## President's Message

Dear Friends and Colleagues,

Over the last several days, I have had a chance to reflect upon our past year's activities, successes, achievements, and failures as BOD Members. While the progress has not been totally satisfactory, especially in the area of membership promotion we feel very proud of the fact that the members of our Team have stayed connected, have discussed important issues at our frequent Teleconference Meetings, and have made collective decisions on matters critical to the well-being of our Organization.

It has now been over seventeen months since I was humbled and privileged to be voted in by IAMA Members as the President of our Organization. While this short journey has been challenging at every step of the way, I have been fortunate to be enjoying the help and support of my dedicated Board Members and together, we have been able to significantly improve upon the infra-structure of our beloved IAMA Organization.

The design, development, and launching of our new IAMA Website ([www.iama.org](http://www.iama.org)) early this year has been among major accomplishments by the Board. The new Website encompasses many features geared towards providing membership benefits including a profile page for each Member. The profile page could help IAMA Members reach out to their friends and colleagues in



the US, Iran, and across the Globe. The IAMA's Technology Committee chaired by Dr. Roya Saleh has kindly volunteered to manage the new Website. Needless to say that Dr. Saleh has also been the protagonist for the Website project all along the way and her efforts are whole heartedly appreciated.

Our 21<sup>st</sup> Annual Meeting in Las Vegas in the Month of April was a smashing success. Among our primary objectives for holding such Annual Meetings include having a platform for all Iranian American Healthcare Professionals to network, socialize and exchange scientific experience and findings. We were able to meet the objectives in the best way possible at our Las Vegas Meeting. Many thanks to members of our Conference Organizing Committee which was chaired by Dr. Mehrnaz Hadian, and our CME Committee chaired by Dr. Hossein Shokouh-Amiri.

We are currently in the planning process of launching another successful program for our 22<sup>nd</sup> Annual Conference scheduled for the 2015 Memorial Day Weekend in Cincinnati Ohio. The Conference Organizing Committee chaired by Dr. Freidoon Ghazi along with the CME Committee have been hard at work to make sure that the Program offers excellent educational, cultural, and net-working opportunities for all attending members. Please, join us in Cincinnati next year and



see for yourself how wonderful it is to spend a couple of days with your friends and colleagues and share the joy of various Program activities.

As I have previously pointed out, the strength of our beloved IAMA Organization is totally dependent on the number of our members. Obviously, the stronger we are, the more support and services we can provide to our members. So, please take a

moment and visit our Website at [www.iama.org](http://www.iama.org) and become a member or renew your membership if you are already a member. While browsing the Website, send us your comments, suggestions and tell us how you can contribute to the advancement of our Mission.

Happy Holidays!

**Khalil Sharifzadeh, DVM, MPH**  
**President**

## **Be In IAMA with IAMA**

I know that you the loyal members of IAMA have been following all the progress and updates of IAMA with great interest but as the tradition let me briefly review them again for the ones who didn't have time to do so.

Let me start with one of the major necessity of the any successful organization, which is the cooperation between the board members and other structures of that organization which is crucial for their progress. Fortunately again I am proud to announce that this factor has been in place in IAMA due to the interest and friendship between the leaders of IAMA. Now I would like to summarize the last year activities of the Boards, Chapters, section and committees in IAMA.

At the level of the Board of Trustees we have been busy with different issues. 1- Unfortunately as the election of the president elect was not done on time the



Board of Trustees decided to extend the period of the services of the BOD for another year with the agreement of the members of the Board to proceed the election of the president elect on time and according to the Bylaws. 2- There were more elections this year, A- As Dr. M. Pajoochi, one of the founders passed away, according to the Bylaws election was performed and Dr. J. Moshirpur elected with majority votes as Co Founder of IAMA. B- According to the Bylaws this year again we had to elect Chairperson of the

Executive Board of Trustees. I was elected with majority votes to start my term next year. 2- Committees under the Board of Trustees including CME, Iran & International, Bam project and Publication committees have fulfilled their task with the best of their abilities. Dr. Hossein Shokouhamiri, Chairman of CME committee, and the members of the CME committee again have done a great job as

usual to run a very scientific and high class CME program during the Annual Meeting of IAMA. You will see the report of their activities in this issue of the Bulletin. 3- This year IAMA Javaan members presented very high scientific papers caused the CME committee increase the numbers of the award recipients from two to four. 4- Publication committee besides its regular function which is supervision of IAMA publications as a whole like website & newsletter have published another issue of the online Bulletin. Please go to IAMA website, [www. Iama.org/bulletin](http://www.Iama.org/bulletin), and let us hear your views & how it could be improved. Here I have to thank Drs. P. Pishva, Editor in Chief, H. Mohtashemi, the manager of the Bulletin, M. Zamani and C. Ahmadi the members of the Publication committee for their hard work and wonderful job.

5- Iran & Bam Committee has done a great job to be in contact with IAMA Iran. IAMA Iran has been following the establishment of IAMA NGO (Non Governmental Organization) in Iran, which took more than 6 years & now is approved and the approval letter was sent to the recording office in Bam. As soon as the process be finished this NGO will own IAMA Medical Center in

Bam. The sign of IAMA Medical Center with IAMA Logo was made measuring 9 meter long and 70 cm wide with cooked ceramic in green color for the above entrance area of the building. They also made a large sign in recognition of the people who have contributed money or other activities to IAMA to establish this Medical Center and placed it at the entrance area of the Building. (blank space for the plaque).

6- Cultural committee has been involved with selecting the speaker for the Annual Meeting of IAMA last year Dr. H. Guilak was the guest speaker. He presented his book, Fire beneath the Ashes, It is the great review of the relation between Iran & United States of America since the beginning plus the history of the events at those time. If you are interested in history study of this book is a must. Professor Davis from University of Cincinnati will be your cultural speaker during IAMA Annual Meeting next year in Cincinnati, OH in Memorial weekend holiday.

At the level of the Board of Directors, Dr. K Sharifzadeh, president of IAMA, with the members of the Board of Directors have done a great job to fulfill their duties. You will read the detail of their activities in this issue of Bulletin. Over all every single member of the Board has been working hard to advance your organization. Vice president of IAMA, Dr. S. Mortazavi, has been active in recruiting members and assist to establish the new program of the Public Awareness meetings in NJ & NY chapters, which was suggested By Dr. & Mrs. Afshari. The treasurer of IAMA Dr. M. Sarraf has performed a superb job to keep a very





accurate book keeping & accounting. The corresponding secretary, Dr. H. Hadian also has played a great roll to advance her organization. We are grateful of Dr. Roya Saleh, who helped us to upgrade IAMA web site to a dynamic one with the great interest. If you have seen IAMA website recently then you are my best witness. If you have not seen it please go to the site “[www.iama.org](http://www.iama.org)” and make your judgment. Dr. P. Torrei, the recording secretary, the youngest member of the Board has fulfilled his duties too. On the other hand the members at large also have been very active & helpful to participate in the daily affairs of your organization. Dr. H. Mohajer from TX have been very verbal, cooperative & helpful to the progress of the Board Agenda. Unfortunately IAMA Javaan has not been active as before. Here I have to mention that both Boards are doing their best to make Javaan active again. Dr. Z. Saadatabadi, member of the IAMA Javaan ultimately accepted to become President of Javaan with interest. I should thank and congratulate her on this new position and hope she could compensate the Javaan stagnation with hard work & experience besides the regular activities of the section. All committees in Board of Directors also actively performing their duties and thank to all of them.

The Annual meeting of the last year, which was very organized and attractive due to the hard work of all members of the Boards especially Drs Sharifzadeh & Hadian. Last year they tried the different format and also changed the date of the meeting from Memorial weekend to April in order to reduce the cost for participants especially the Javaan group. Unfortunately this change

did not bring the fruits which was expected. For this reason again the format of the meeting put back to the traditional one, during the Memorial weekend holiday. The person in charge this year of Annual meeting is Dr. F. Ghazi from Cincinnati, OH. So far he has done a great job and has promised an unforgettable and memorable time there. The program in brief consist of River Dinner cruise on Friday night, CME plus breakfast and coffee breaks on the Saturday and Sunday morning, IAMA Javaan meeting on Saturday afternoon, Classic Persian concert on Saturday night, luncheon Award on Sunday afternoon plus membership meeting, reception & dinner dance on Sunday evening. There will be Boards, chapters, section and committees chairs breakfast meeting on Monday morning.

I believe you are in agreement with Dr. Ghazi promise that everybody will have a great time with lots of fun & enjoyments.

This year another objective of IAMA, public education awareness become the reality. By suggestion of Dr. & Mrs. Afshari this program started in NY Chapter. The committee members consist of Drs. Jasmin Moshirpur, president of NY chapter, Dr. Hosseinali Shahidi, president of NJ chapter, Dr. Shervin Mortazavi, vice president of the IAMA board of Directors, Dr. M. Afsharti, vice president of NY chapter and his wife Mrs. Akhtar Afshari, Dr. Zohreh Saadabadi. So far four sessions of this program has been held in NY and NJ with a good participation of Iranian population in the Tri states. I have to thank all the people involved who have

done a wonderful job with great interest & enthusiasm.

Here, on behalf of IAMA I would like to offer our special thanks & appreciation to you, the loyal member of IAMA, which without you there wouldn't be IAMA.

Please continue your support and bring your friends to your beloved organization to make it more powerful to help each other, have a big voice, and reach the goal of unity and power.

**Amir Ganchi, MD**

## Why I Became IAMA Member

Around 12 years ago while I was in university of Tennessee in Memphis, I received a call from an Iranian physician who asked me if I were interested to Join IAMA. I asked, "What is IAMA?" He explained about IAMA and its mission, that a group of Iranian physicians in the United states have come together with a common goal of helping the needy Iranian medical students, residents, and patients without expecting ANYTHING IN RETURN. The real goal was to elevate the respect and reputation of our beloved country and countrymen, which have been at stake for sometime. That was like a soothing music to my ears and the message was very close to my heart. I accepted the invitation right away and participated in IAMA's annual meeting that year and participated actively in many events both here in the United State and in the scientific and missionary trips to Iran. There was not and never will be any economic compensations for what IAMA'S members have done. On



several occasions, those of us who volunteered, closed our busy practices, got our own plane tickets, went to Iran, did a lot of good work, enjoyed every minute of it, and came back with complete sense of gratification. Here in US we make every effort to bring many doctors and their next generation of doctors together thru many cultural and scientific events so that they don't forget their roots and identity. Fortunately many of us have been able (against all odds) to help quite a few younger physicians. As we all know these individuals and their families have gone thru tremendous hardship to come to this "land of opportunity" with high hopes of establishing their careers. This has truly been possible thru the efforts of quite a few of IAMA's members. This is the essence of IAMA. In reality there are also many defects and obstacles in reaching these goals. First of all

IAMA is not economically very sound. Secondly, we, as a group are not very strong compared to other minorities. I am sure the reason is very clear to all of us. Unfortunately when we are in need, we join a particular association with only one expectation in mind, thinking that everyone should cater to our needs and help us reach our goal. If we do not get the help (which sometimes is very unrealistic), then we start criticizing others for not helping us. But even worse is when we reach our goals, we completely forget about other people who may be in the same situation that we had been in not too long ago. Of course individually all of us become successful, but as a group, we will always be behind every other minority groups. That's perhaps why

we don't have a voice in this country. It's probably time for us to wake up and change our way of thinking. We should offer our help first, then expect to get help. A stronger medical association will be able to do more for those in need of help. If you have these ambitions in mind, please consider joining IAMA and contribute to its improvements. I also encourage your constructive criticism and active participation in IAMA's day to day activities. Hopefully we will have an ideal

organization that we all will be proud to be a part of it.

**Hosein Shokouh-Amiri, MD, FACS,  
FICS Chairman of CME committee of  
IAMA**

## **Highlights of the 21st IAMA Annual Meeting, Las Vegas, NV**



The program started on Friday, April 11, 2014 with a welcome reception. First Dr. Mehrnaz Hadian, the chair of the 21st annual conference executive committee, welcomed the conference attendees, guests, the IAMA board members, and introduced Dr. Khalil Sharifzadeh, the IAMA President, to give his opening remarks. Dr. Sharifzadeh in turn welcomed the conference attendees and thanked all the IAMA members for their support throughout the years. The guests enjoyed the relax atmosphere of the reception for the next hour or so and socialized with each other, which morphed into a poetry session so called Shab-e She'er." Dr. Fereidoon Ghazi and Dr. Mojtaba Motlagh artfully played their violin and tonbak (Persian drum) to which many IAMA members and guests sang many popular traditional Persian songs and poems. The gathering atmosphere became serene and the event turned into one of those rare occasions when everyone showed spontaneity and shared their unique talents. The audience was mesmerized and just could not get enough of the night. Eventually, the group left the welcome reception reluctantly around 10 pm to get ready for a long day of work and fun in the



next day.

The schedule for the next day, Saturday, April 12, 2014, started with Continuous Medical Education (CME) sessions from 8 am. Dr. Sharifzadeh opened the session with his welcome remarks, followed by Dr. Hossein Shokoh-Amiri, the chair of the CME committee, outlining the scientific



program. The program was presented in four sessions, each included between six to eight 15-minute presentations on different subject matters, from medicine to surgery and basic science studies by residents, fellows and attending physicians, scientists, medical and PhD students from different cities of twenty different states in the US as well as from Iran and Canada. The program also included an update on visa requirements for physicians presented by Mahsa Khanbabai, Esq, a prominent immigration attorney from Massachusetts. The program presentations all were done seamlessly on time. Thanks to the leadership of Dr H. Shokouhamiri and help of Dr. Sina Madani and Dr. Kamran Hejazi Kenari. Each presentation followed by a five-minute Q/A session, which gave the audience a chance to make their comments and have their questions answered. All the presentations by students, residents, fellows and junior faculties were





entered into a contest for the Leila Armin Young Investigator Award. The presentations were given scores based on their scientific methodology, their impact and clinical significance, as well as the presentation style and adherence to the allocated time, and judged vigorously by the members of the CME committee and other appointed judges including Dr. Hossein Shokoh-Amiri, Dr. Amir Zamani, Dr. Jasmin Moshirpur, Dr. Freidoon Ghazi, and Dr. Khalil Sharifzadeh. The winners of the Award were announced in the Sunday Luncheon Award Ceremony.

After the conclusion of the CME program, the guests were ready to shake off a long day of hard work by attending the annual IAMA gala dinner this time held at the Staten Island ballroom of NY NY Hotel, Las Vegas. A slideshow of IAMA Medical Center in BAM (Markaz Pezeshki IAMA), previous years IAMA annual gatherings, different state chapters events, and IAMA's members' humanitarian, educational and medical missions to Iran was displayed. Dr Hadian announced the names of this year IAMA annual meeting and the gala dinner sponsors (Dr. Shahriar Bozorgzad and courtesy of INSPIRE CCM), the VIP guests (Dr. Amir Zamani and Mrs. Shahnaz

Zamani, Dr.s Fariba Rahnema and Azadeh Tavakoli) and honorary guests (Dr. Hooshang Guilak and Dr. Nahid Guilak.) She thanked everyone, including all the guests coming from twenty different states in the US, as well as Canada and Iran, the IAMA chapters presidents, board of directors, and members who supported IAMA throughout the years. She talked personally about IAMA and how she came to know the organization when she arrived in Boston fourteen years ago to pursue her career in the land of opportunity. She mentioned how IAMA helped her make some of the instrumental connections she needed at the beginning to find her successful career path and how she wanted to give back by accepting to serve on the Board of Directors of IAMA and making sure that IAMA's noble mission continues for the future generation of Iranian American medical community. Then Dr. Sharifzadeh, the President of IAMA Board of Directors, took stage. He thanked the members of IAMA Board of Directors (including Dr. Shervin Mortazavi, Dr. Mohammad Sarraf, Dr. Homayoon Mohajer, Dr. Mehrnaz Hadian, Dr. Roya Saleh, and Dr. Payam Torrei) and the IAMA Board of Trustees (Dr. Amir Ganchi, Dr. Jasmin Moshirpur, and Dr. Shariar Bozorgzad) and everyone else who worked very hard to make sure the 21st IAMA annual meeting was a success. He then asked Dr. Jasmin Moshirpur to step up to the stage to announce the recipient of this year IAMA Life-time Achievements Award.

Dr. Moshirpur took the stage and gave an elaborate history of IAMA and how it came to become the organization that is today with so many supporters. She declared unequivocally that IAMA would not have been where it is today, if it was not because one “man’s vision, dedication, and



perseverance.” And she then asked that “man”, Dr. Amir Ganchi, to come to the stage to receive his Life-time Achievements Award from the President of IAMA. Dr. Ganchi, overwhelmed by the genuine appreciation the IAMA’s members, supporters and leadership, took the stage and gave a heartfelt acceptance speech. He mentioned how proud he had been of the organization he founded 21 years ago with genuine help and support of Vida Vida, MD, Parviz Zand, MD, Mohammad Zamani, MD, Abbas Rezvani, MD, Shahrokh Ahkami MD and the late Manouchehr Pajoohi MD. He mentioned that the best part of starting IAMA and being part of such vibrant organization for the past twenty years was that he got to make new friends and see the young generation of Iranian doctors take part and interest in IAMA’s progress. And that was the best award he could ever expect. Then Dr. Sharifzadeh took stage again and this time presented Dr. Hossein Shokouh-Amiri the IAMA’s Loyalty and

Recognition Award for his dedication and tireless activities in spearheading the IAMA CME committee in the past five years and for being a mentor to so many young Iranian American physicians. Dr. Kamran Hejazi Kanari, one of Dr. Shokouh-Amiri’s protégé was asked to come to the stage and present Dr. Shokouh-Amiri with his award. Dr. Ganchi also thanked Dr. Shokouh-Amiri and his predecessor, Dr. Kamran Tabbador for their tireless activities and dedication to the IAMA’s annual scientific CME program. Dr. Shokouh-Amiri, humbled by the honor and surprised by the award, also gave a very heartfelt acceptance speech about how much this award meant to him and how he was driven by a sense of duty and responsibility to help his students, patients, and his colleagues around the world, and that sense of satisfaction of knowing that he had made a difference in another fellow-human being’s life was the best award for him. Then it was time for the entertainment to start. For the next hour, Michael Artuni, the incredible Persian comedian and impersonator took the stage and made the audience have a real good time and real good laugh. Then it was time for dance and DJ Sia made sure the guests never sat down until way past midnight. The 21st IAMA gala dinner, entertainment and dance was now history, and everyone was looking forward to the next year. Finally, Sunday, April 13 has arrived, to be the last day of the 2014 annual meeting. The day started by the general membership meeting. The IAMA president, members of Board of Directors and Trustees gave reports to the members. Questions and comments from members and IAMA chapters Presidents and Board



members, who were present (Dr. Farhad Askarian, Massachusetts; Dr. Zarifeh Johnson, Texas; Dr. Maryam Haghnegahdar, California; Dr. Fereidoon Ghazi, Ohio; and Dr. Jasmin Moshirpur, New York,) were heard and answered. Dr. Hadian thanked the Board of Directors, Board of Trustees, the CME Committee, States Chapters' leadership, IAMA Javan Section, and the Annual Conference Committee for all their support and help to make sure this year conference was a success. She especially thanked members of the conference executive team, Dr. Sina Madani, Dr. Kamran Hejazi Kenari, Dr. Payam Torrei, Dr. Nooshin Bagheri, Mr. Hirbod Azmi, Ms. Nazanin Bagheri, Dr. Faranak Ghazi Mir Saeid, and Dr. Nika Karimi, as well as the members of IAMA Javan Board, most notably, Jasmin Javadi, Elham Rahgozar, Dr. Navid Shayegh, for their dedication to carry out the details of the meeting and the conference on-site registration tables, without whose help and hard work the conference undoubtedly could not have been as successful. The session then was concluded and the luncheon award ceremony started. At first, Dr. Jasmin Moshirpur was called to the podium to introduce her professor from Shiraz University School of Medicine, the IAMA honorary guest, and the luncheon cultural talk lecturer, Dr. Hooshang Guilak. He gave a fascinating talk on the subject of relations between Iran and the US. The talk was based on his great book entitled "Fire Beneath The Ashes, the United States and Iran: A Historic Perspective" which was greatly received by the audience. He also generously donated over thirty copies of his

book, which were sold out after the luncheon to the benefit of IAMA. After his lecture, Dr. Ganchi and Dr. Sharifzadeh joined Dr. Moshirpur to present Dr. Guilak with his award. After that Dr. Shahriar Bozorgzad took the podium and introduced Mr. Ramin Asgard, a Department of State former diplomat to give his talk on US-Iran cultural engagement, from ancient roots to a promising future, and how IAMA as a non-profit, non-political organization can play a role in advancing this cultural engagement and humanitarian missions that improve the two countries relations. Mr. Asgard also was presented with an award for his contribution to IAMA's missions. After that Dr. Sharifzadeh presented an award to Dr. Mehrnaz Hadian, a member of the IAMA Board of Director for her dedication, tireless activities and innovative ideas to advance IAMA's mission. Followed by an award to Dr. Roya Saleh, Chair of Technology Committee and member of IAMA Board of Director, for launching IAMA's new website and spearheading the formation of technology committee. Finally Dr. Shokouh-Amiri took the stage to announce the four winners of the Leila Armin Young Investigator Awards. This year competition was very close and the judges had decided that there were four winners of the Leila Armin Award of 2014 instead of two in the previous years. The Award included a certificate of acknowledgment along with a \$500.00 travel grant for each winner. Dr. Shokouh-Amiri asked Dr. Sharifzadeh, Dr. Ganchi and Dr. Hadian join him in presenting the Young Investigator Awards to the winners Amir Marvasti, MD (*The Relationship Between Intraocular Pressure*

*and Rates of Estimated Retinal Ganglion Cell Loss in Glaucoma*); Meena Bolourchi, MD (*Diagnostic Yield of Ambulatory ECG Patch Monitoring in Children from a National Registry*); Alireza Ziaei, MD (*The Role Of NRF2 in Anti-Oxidant Pathway and a Novel Approach to Prevent Expression of Vascular Cell Adhesion Molecules in Ocular Inflammation*); and Zhamak Khorgami, MD (*Comparison of Intra-Hemorrhoidal Coagulation Using 980-Nm Diode Laser and Milligan Morgan Hemorrhoidectomy: A Randomized Trial.*) That concluded the 21st IAMA annual meeting in Las Vegas. Finally, the Javan section Board meeting and election was held the new board of

directors of the Javan section was elected. Jasmin Javdi was elected the new President of the Javan Section, along with Elham Rahgozar, Vice President; Hirbod Azmi, Secretary; and Alireza Ziaei, MD; Navid Shayegh, MD; Saeideh Nia, MD; and Zohreh Saadabadi, MD as members-at-large. During a combined Board meeting, it was decided the location for the next three years annual meeting to be in Cincinnati, OH (2015), Florida (city TBD, 2016), and Boston, MA (2017), respectively. Look forward to seeing you all in next years IAMA annual meeting.

**INSERT Dr. Guilak's Speech HERE**

# THANK YOU: From the 21st IAMA Annual Conference Committee Chair and IAMA President

April 11-13, 2014 ~ New York, New York Hotel ~ Las Vegas, NV

Dear 21st IAMA Annual Conference Attendee: Greetings! On behalf of the IAMA Board of Directors, and the Annual Conference Executive Committee, we would like to thank each and everyone of you for your active participation and contribution and all the important roles you played in the success of this year conference. Without you and your enthusiasm this would not have been possible. So Thank You! And those of you who could not attend this year meeting, hope we can see you in the next year meeting. We would like to hear back from you with your feedback, opinions and ideas to as what was that you liked about this year conference, and what could have been better. This will help the executive committee to take your ideas and suggestions into account when planning for the next year meeting. We would also like to take this opportunity to thank all the IAMA chapters Presidents and Board of Directors as well as members from different States for their active participations in the 21st IAMA annual meeting. We had representatives and attendees from twenty States and District of Columbia, as well as from Canada and Iran. We look forward to expand our membership and chapters to all



fifty States in the near future. So please spread the word, become an IAMA member and join (or volunteer to start) your State chapter. Last but not least, we are proud to announce the winners of the 2014 Leila Armin Young Investigator Awards: Amir Marvasti, Alireza Ziaei, Meena Bolourchi, and Zhamak Khorgami. Congratulations to all of them for a job well done! We wish them all the best and continued success in their lives and careers. We invite all the medical student, resident and fellow members of IAMA to consider submitting abstract for the next year to present your scientific work at the annual meeting. Look forward to hearing back from you with your innovative ideas, your feedback and the willingness to volunteer your time and expertise to advance the goals and mission of your organization for the benefit of all IAMA members here in the US and around the world. Please share this message with all your Iranian and Iranian-American healthcare professional friends and colleagues and encourage them to join IAMA to help having an organization and annual meetings that get better every year and for years to come.

Sincerely,

*K. S. Zadeh*  
Khalil Sharifzadeh, DVM, MPH  
President IAMA Board of Directors

*M. Hadian*  
Mehrnaz Hadian, MD, MScCR  
Chair, Annual Conference Committee

# CME Report: 2014 Annual Meeting in Las Vegas, NV

Greetings IAMA members!



During the 21st annual meeting of IAMA in Las Vegas 25 scientific abstracts were presented by Iranian physicians and researchers. As always, the young investigators participate in a competition for



the top 2 scientific work and presentation. This has been possible through a generous fund established by Armin family in honor of their late daughter Leila Armin to encourage and acknowledge the scientific contribution of young Iranian physician and scientists. Since establishment of this fund, many young Iranians have come to the podium to accept their prizes. Hopefully this has helped them in their future career. This year, we all witnessed the exceptionally good scientific work of our young participants, scores were so close that it was difficult for the judges to choose only 2. Through the generous ad hoc contribution of elders of association, we collected enough money for 2 more prizes and collectively we brought 4 young investigators to the podium to receive their prizes. Dr. Amir H. Marvasti. reported on "The relationship between intraocular pressure and rates of

retinal ganglion cell loss in glaucoma" His work was judged to be one of the best in the meeting and won the first prize (no picture, could not attend the award ceremony) . Dr. Alireza Ziaei was the second winner and presented his work on "The role of NRP 2 in anti-oxidant pathway and a novel approach to prevent expression of vascular cell adhesion molecules in ocular inflammation".

Dr. Ziaei did win the young investigator's award for the second time. Dr. Meena Bolourchi's



presentation was about the "diagnostic yield of ambulatory ECG patch monitoring in children from a national registry" and got the third prize,

while Dr. Khorgami presented his research on "comparison of intra-hemorrhoidal coagulation using 980- Nm Diode Laser and Milligan Morgan hemorrhoidectomy: A randomized trial" And got the 4th prize.

Soon will come the call for abstract for next year's meeting, which will be in Cincinnati. Start preparing your abstracts, since we are looking for yet another year of successful meeting.

**Hosein Shokouh-Amiri, MD, FACS,  
FICS Chairman of CME committee**

# CHAPTER ACTIVITIES

## NEW YORK CHAPTER

**JASMIN MOSHIRPUR, MD**



I am pleased to write about the activities of the New York State Chapter of IAMA. This chapter has been in existence since the inception of IAMA. The goal and aim of the chapter is to follow IAMA's by-laws and promote health and education to the Iranian immigrants in the United States.

This year IAMA's scientific meeting and social gathering held in April in Las Vegas was a very beautiful and successful event. The participants were from 21 states with a majority from Boston, California, New York, New Jersey, Tennessee and Florida. The presentation given by Young Investigator was very educational and informative. The weekend was well planned and organized. In the past year we have established several conferences addressing areas of public interest such as diabetes and osteoarthritis. These conferences were well attended by physicians and non-physicians. Our plan is to continue these conferences to fulfill the request of the public.

The New York State Chapter also holds several meetings in a local restaurant, convenient for members to attend. The attendance of these gatherings is remarkable. During these meetings we discuss ideas on how to expand our membership and how to collaborate some of our projects with other

chapters of IAMA. Also discussed are ways to open communication amongst IAMA members throughout the other 10 chapters. We encourage the young attendants to share with us their ideas. We are very receptive to their needs and discuss how we can help them to establish and achieve their goals.

As you know through the years IAMA has been available with guidance and help to all our countrymen, both students and graduates, as well as people with medical needs. It is through the numerous hours of hard work that our members contribute of their valuable time that this is made possible. Our achievements are a tribute to our members, family and friends. For these reasons we encourage you to get involved, support our functions and continue your membership in this valuable organization.

We are pleased and proud to say that the New York State Chapter of IAMA is expanding and gaining recognition throughout New York State. With the continued support of all of our members and the growth of our young membership, the IAMA New York State Chapter will continue with these activities and remain one of the leading and most productive chapters. We encourage all senior leaders of this society to remain involved and share your wisdom and ideas in this effort. Your influence will ensure that our culture and heritage stays alive.

This chapter is especially successful in helping the young Iranian graduates from

different academic universities in Iran to establish their academic life in the United States.

### **NEW JERSEY CHAPTER**

**H. SHAHIDI, MD**



New Jersey chapter of the IAMA met on October 22, 2014 at 7.00 PM in Rose restaurant. 40 people attended. There was a brief CME activity. Dr. Sherwin Mortazavi who welcomed the attendees

and set the agenda.

Following items were discussed:

Annual meeting: Cincinnati Ohio, Memorial Day week-end. It was explained that we are returning to the Memorial Day week-end as suggested by Majority. Cincinnati was selected by majority rule during the 2014 annual meeting. Mr. Shahjarian the master Iranian Musician and Vocalist would be present and perform in the annual meeting.

Membership: the need to increase membership was emphasized. It was requested that all the present members try to find new members. The membership is not exclusive to physicians and is open to all the health related professions including dentists, nurses, pharmacists, technologists and other health professions. It is essential that we increase our membership.

Bimonthly community health promotion meetings: the chapters of New York and New Jersey alternate monthly in a community health awareness meeting. Next

month is the New Jersey Chapters turn. The subject of the meeting was discussed and it was suggested that because Ebola is such a hot news item, a brief discussion on subject of Ebola is necessary to alleviate the fear of ordinary Iranians and answer their questions regarding this disease. The theme of the meeting would be obesity and weight control. Several speakers will address this issue from different perspectives. The meeting is scheduled for November 2<sup>nd</sup> at 12 noon in Rose restaurant.

The meeting was adjourned at 10 PM.

### **TEXAS CHAPTER**

**Z. JOHNSON, DDS**

Last year IAMA TX gave 3 scholarships and this year we had our Norouz Brunch on March 30, 2014 and we will have our 18 annual banquet on October 8, 2014.

We haven't received any membership fee, as there was no respond. We also would like to let IAMA-Central be informed that IAMA-TX won't hold any election for 2015-2016 due to lack of candidate participants and insufficient membership. Any related decision will be shared with IAMA-Central in near future.

### **MASSACHUSETTS CHAPTER**

**FARHAD ASKARIAN, MD**



The past year, year of 2014, was very important check point in the history of IAMA, Chapter of Massachusetts. We started to build a solid rock and stable ground-



work board of trustees within IAMA-Massachusetts. We agreed to this point that there is no great organization without excellent and solid foundation. We started focusing on advertisement and introducing our organization to our medical community in Massachusetts. We also focused on younger generation of physicians, dentists, Pharmacists, PhDs and other health-care professionals. We started to change the fact that some people was thinking that IAMA-MA only belongs to certain groups. We started to introduce IAMA as a non-profit organization, which belongs to everyone in the Medical and Health-care field. To be able to reach this goal and expand our organization, we established different committees with assigning chairs and members to each committee. We started outreaching members with improving our networking media including our Face book account with placing up-to-date pictures and useful information. We also started to invite people in healthcare field to our monthly board meetings. In my opinion, the core of each organization is the board of trustees and expansion of this core is equal to expansion of the organization. Then we focused on established high quality quarterly conferences and events to be able to introduce our organization as academic as possible with inviting well known world-class speakers. Just as few examples of our speakers; Dr. Soheyla Gharib, who is a legend in the field of endocrinology/osteoporosis, and Dr. Golshan, chief and director of breast surgery at BWH and Dr. Lotfi, breast radiologist from BWH. These are only few examples of the great lecturer, which we had in the year of 2014. The other

achievement was raising the concern of inappropriate care for our elderly population with being without proper access to Farsi language nursing homes or living facilities. We established a separate committee with assigned chair and members for this matter as "Iranian senior living facility of Massachusetts". The committees that we have been working very hard in the past year were membership and fundraising committees. I personally raised a few suggestions for improvement in these two committees in the IAMA national board of trustees meeting last August. So far in 2014, we had three social/scientific events and one more left on December 5<sup>th</sup>, 2014 which we already started to advertise in our Facebook or through spreading the flyers. During the past year our Facebook members and followers from 78 in early this year jumped to 424 members as of 10/6/2014, and this number is growing in a matter of days.

In the past, we have to make tremendous amount of effort to convince well known lecturer to give a talk in our event. However, at this moment I am so proud to announce that we are booked for the year of 2015 with great world class speakers in different popular fields. None of this would happen if we would not concentrate in advertising and building a great core in our medical community. The other example is our most recent social/scientific lecture on October 3<sup>rd</sup> 2014. We had over 160 attendees, which was at least twice in number compare with last year and the years before.

At this moment we started to write down our goals for upcoming year of 2015. We will work and concentrate on membership

program. We will make our members as twice as it has ever been before. Our concentration would be advertising the fact that the best and only way to support our activities within our community is when you become a member.

Ba Sepas Va Dorode Faravan,

Farhad Askarian, MD, FCAP  
President of IAMA, Chapter of  
Massachusetts

### **OHIO CHAPTER**

**FREIDOON GHAZI, MD**

The OH chapter had a fund raising event for one of the Iranian students at the university of Cincinnati. 70 people, most of them local



Iranian physicians and their spouses as well as members of the community were

in attendance. The Cincinnati Persian music ensemble performed music and local artists displayed their art works. \$ 4700.00 was raised and was handed to the Iranian student.

The OH chapter is also preparing for the 22nd IAMA annual meeting which will take place in Cincinnati during the 2015 Memorial Day weekend.



### **IAMA JAVAAN**

**ZOHREH. SAADABADI, MD**

**WAITING FOR JAVAAN  
INFO**

# To Know our Great Physicians and Philosophers

## Nasrollah Moghtader Mojdehi

**Nasrollah Moghtader Mojdehi** (born April 3, 1921 in Rasht, Iran, died May 22, 2012 in London, England) was an influential Iranian academician, professor of internal medicine, and public servant, having served as a Senator in the pre-revolutionary Iranian Senate, and Minister of Health in the Amouzegar Cabinet and for a short period in the Sharif-Emami Cabinet.

Known by his peers and students as “Dr. Mojdehi”, his excellence, independence, and reform orientation and principled leadership, propelled him through the hierarchy of universities in Iran and ultimately resulted in his appointment as Iranian Minister of Health in 1978.

### EARLY LIFE AND EDUCATION

Born into a privileged family, Dr. Mojdehi's father was a career civil servant and was Commander of Langarood and Ghazvin regions, among others. His mother was a large landowner.

Dr. Mojdehi graduated from high school and received his diploma with distinction from Shahpour High School in Rasht, Iran, in 1940.

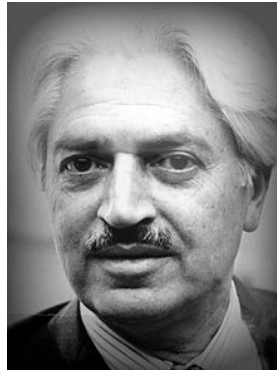
From 1940 to 1946, he attended the Tehran University of Medical Sciences, where he distinguished himself and joined the faculty. He completed a post-doctoral program at the University of Edinburgh. He completed a fellowship program in 1966 at Johns

Hopkins University School of Medicine, in Baltimore, Maryland.

### CAREER

After his return to Iran in 1966, he rejoined the faculty of Tehran University of Medical Sciences (TUMS) (Persian: علوم دانشگاه تهران) as Professor of Internal Medicine with a specialty in Infectious Disease. A protégé of the late Dr. Manouchehr Eghbal, Dr. Mojdehi quickly rose through

the ranks at the University, becoming a full Professor in 1967. In 1971, Dr. Mojdehi was tapped to become Dean of the Tehran



University of Medical Sciences. From 1967 to 1969 Dr. Mojdehi served as Vice Chancellor of Tehran University under Chancellor Alikhani, where he distinguished himself by resolving a major protest at Pahlavi Hospital by para-medical personnel. In 1974, at the command of the Shah of Iran, Mohammad Rezā Shāh Pahlavī, and on the advice of Asadollah Alam, Minister of Court, Dr. Mojdehi assumed the role of Chancellor at Ferdowsi University of Mashhad (FUM) (Persian: فردوسی دانشگاه مشهد), the largest research university in Eastern Iran.

After two years in Mashad, in 1974 to 1976,

Dr. Mojdehi returned to Tehran where he was elected to the Senate, representing Tehran in 1976.

### VIEWS



Known for his depth of understanding, affection for students, humor, up-to-date teachings,

Hollywood good looks, and elegant dress, Dr. Mojdehi's lectures were highly popular with his students. His lectures left indelible impressions on legions of medical students many of whom today live and practice outside of Iran.

During his tenure as Dean of the Tehran University of Medical Sciences, he instigated significant reforms to ensure that promotions were based upon merit rather than political connections, leading to the forced retirement of several ineffective, but politically influential professors. Dr. Mojdehi's reforms had the salutary effects of improving morale and bolstering the reputation of the medical school.

Dr. Mojdehi reluctantly left his position at Tehran University of Medical Sciences to assume leadership of Ferdowsi University at Mashhad. He promptly lifted the spirit of the Ferdowsi University community by again instituting reforms to ensure that faculty members were recognized based on merit rather than political connections and taking other affirmative steps to improve the faculty's morale.

While at Ferdowsi, during the ceremonial visits by the late Shah of Iran, Dr. Mojdehi refused to allow the military brass to lead the ceremonial processions. Proclaiming that teachers and professors were more important to the well being of the country than the military, Dr. Mojdehi informed the Governor of Khorassan Province that he would decline the invitation extended to University professors to participate in processions with the Shah, unless the University staff led the processions. At his insistence, University professors were promoted to the head of the receiving line in procession with the Shah, which sent a message that, while under his leadership, the University and its personnel decisions would not be either influenced or controlled by the government. During his tenure, Dr. Mojdehi also developed a professor exchange program between Georgetown University and Ferdowsi University. Dr. Mojdehi's steadfast and selfless adherence to public service was evidenced when he declined to accept a gift by the Governor of Khorassan Province of a deed of valuable property. Dr. Mojdehi insisted that the property instead be given to the University, to be used in perpetuity as a residence by future Chancellors of the University during their time of service.

Consistent with his past principles and focus on instituting necessary reforms, his speeches on the Senate floor raised awareness of the need for progress in the areas of health and development, and he quickly gained a reputation as an advocate for liberalization and change. Given his reputation as a reformer and agent of positive change, in 1978, when controversy

swirled around the existing cabinet appointee in the Ministry of Health, Dr. Sheikoleslami, Dr. Mojdehi was appointed Minister of Health in the Amouzegar Cabinet. He stayed on as Minister of Health in Sharif Emami's Cabinet, but soon clashed with another cabinet member, Monucheir Azmoun. Azmoun sought to block Dr. Mojdehi's decision to appoint a deputy who was Jewish in the Ministry of Health[5]. Unwilling to bend to the influence of Azmoun, Dr. Mojdehi unilaterally resigned as Minister of Health, without seeking the permission of the Shah. Unilateral resignations by cabinet ministers were unprecedented, and Dr. Mojdehi's public resignation based upon a matter of principle forever etched his reputation as a man of integrity and courage.

Following the revolution, due to his prior

public service in the pre-revolutionary government, Dr. Mojdehi was imprisoned at Ghasre prison from May until August 1979. Dr. Mojdehi's well-known reputation for excellence in internal medicine and singular ability to diagnose difficult cases served as a means of his release. Over 120 physicians signed a petition addressed to the then leaders of the country asking for his release, given his service to the country. In addition, as fate would have it, a senior and highly influential cleric fell ill and the cause of his illness could not be determined. In search for a cure, the senior cleric identified Dr. Mojdehi as the best physician to diagnose his illness. Later, the grateful cleric was instrumental in securing the release of Dr. Mojdehi after six months of imprisonment.

## Simin Behbahani

(Persian: سیمین بهبهانی) (June 20, 1927 – August 19, 2014) was a prominent Iranian contemporaneity poet, lyricist and activist. She was an icon of the modern Persian poetry, Iranian intelligentsia and literati who affectionately refer to her as *the lioness of Iran*. She was nominated twice for the Nobel Prize in literature, and has "received many literary accolades around the world."

### Biography

Board of Governors of *Association of*

*Patriotic Women*, Tehran, 1922



Simin Behbahani, whose real name was **Simin Khalili** (Persian: سیمین خلیلی), was the daughter of Abbās Khalili (عباس خلیلی), poet, writer and Editor of the *Eghdām* (Action) newspaper,[and Fakhr-e Ozmā Arghun (فخرعظمی ارغون), poet and teacher of the French language.[ Abbās Khalili (1893–1971) wrote poetry in both Persian and Arabic and translated some 1100 verses of Ferdowsi's *Shahnameh* into Arabic. Fakhr-e Ozmā Arghun (1898–1966) was one of the progressive women of her time and a member of *Kānun-e Nesvān-e Vatan'khāh*

(Association of Patriotic Women) between 1925 and 1929. In addition to her membership of *Hezb-e Democrāt* (Democratic Party) and *Kānun-e Zanān* (Women's Association), she was for a time (1932) Editor of the *Āyandeh-ye Iran* (Future of Iran) newspaper. She taught French at the secondary schools *Nāmus*, *Dār ol-Mo'Allemāt* and *No'bāvegān* in Tehran.

Simin Behbahani started writing poetry at twelve and published her first poem at the age of fourteen. She used the "Char Pareh" style of Nima Yooshij and subsequently turned to *ghazal*. Behbahani contributed to a historic development by adding theatrical subjects and daily events and conversations to poetry using the *ghazal* style of poetry. She has expanded the range of the traditional Persian verse forms and has produced some of the most significant works of the Persian literature in the 20th century.

She was President of The Iranian Writers' Association and was nominated for the Nobel Prize in Literature in 1999 and 2002.

In early March 2010 she could not leave the country due to official prohibitions. As she was about to board a plane to Paris, police detained her and interrogated her "all night long". She was released but without her passport. Her English translator (Farzaneh Milani) expressed surprise at the arrest as detention as Behbahani was then 82 and nearly blind. "We all thought that she was untouchable."

## Death

Behbahani was hospitalized in Tehran on 6 August 2014. She remained in a coma from 6 August until her death 19 August 2014. She died in Tehran's Pars Hospital and she was 87. Her funeral was held on 22 August in Vahdat Hall and her body was buried at Behesht-e Zahra.

## Works

- The Broken Lute [Seh-tar-e Shekasteh, 1951]
  - Footprint [Ja-ye Pa, 1954]
  - Chandelier [Chelcheragh, 1955]
  - Marble [Marmar 1961]
  - Resurrection [Rastakhiz, 1971]
  - A Line of Speed and Fire [Khatti ze Sor'at va Atash, 1980]
  - Arzhan Plain [Dasht-e Arzhan, 1983]
  - Paper Dress [Kaghazin Jameh, 1992]
  - A Window of freedom [Yek Daricheh Azadi, 1995]
  - Collected Poems [Tehran 2003]
  - Maybe It's the Messiah [Shayad ke Masihast, Tehran 2003] Selected Poems, translated by Ismail Salami
  - A Cup of Sin, Selected poems, translated by Farzaneh Milani and Kaveh Safa
- Awards and honours

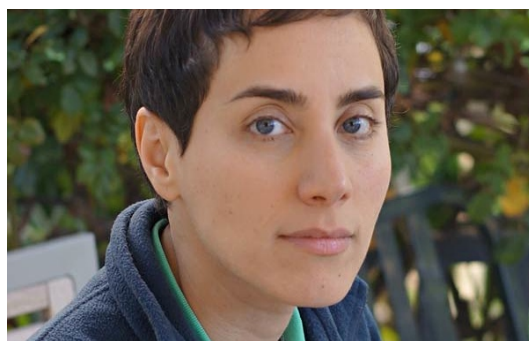
- 1998 Human Rights Watch Hellman-Hammet Grant
- 1999 Carl von Ossietzky Medal
- 2006 Norwegian Authors' Union Freedom of Expression Prize
- 2009 mtvU Poet Laureate
- 2013 Janus Pannonius Poetry Prize



# Maryam Mirzakhani

(Persian: میرزاخانی مریم; born May 1977) is an Iranian mathematician working in the United States. Since 1 September 2008, she has served as a professor of mathematics at Stanford University.

In 2014, Mirzakhani became both the first woman and the first Iranian honored with the Fields Medal, the most prestigious award in mathematics. The award committee cited her work in



understanding the symmetry of curved surfaces. Her research topics include Teichmüller theory, hyperbolic geometry, ergodic theory, and symplectic geometry.

In 1994, Mirzakhani won a gold medal in the International Mathematical Olympiad, the first female Iranian student to do so. In the 1995 International Mathematical Olympiad, she became the first Iranian student to achieve a perfect score and to win two gold medals.

## Early life and education

Mirzakhani was born in 1977 in Tehran, Iran. She went to high school in Tehran at Farzanegan, National Organization for Development of Exceptional Talents (NODET). She competed and was recognized internationally for her math skills, receiving gold medals at both the 1994 International Mathematical Olympiad (Hong Kong) and the 1995 International Mathematical Olympiad (Toronto), where she was the first Iranian student to finish

with a perfect score.

She obtained her BSc in mathematics (1999) from Sharif University of Technology in Tehran. She went to the United States for graduate work, earning a PhD from Harvard University (2004), where she worked under the supervision of the Fields Medalist Curtis McMullen. She was also a 2004 research fellow of the Clay Mathematics Institute and a professor at Princeton University.

## Research work

Mirzakhani has made several contributions to the theory of moduli spaces of Riemann surfaces. In her early work, Mirzakhani discovered a formula expressing the volume of a moduli space with a given genus as a polynomial in the number of boundary components. This led her to obtain a new proof for the formula discovered by Edward Witten and Maxim Kontsevich on the intersection numbers of tautological classes on moduli space,[5] as well as an asymptotic formula for the growth of the number of simple closed geodesics on a compact hyperbolic surface. Her subsequent work has focused on Teichmüller dynamics of moduli space. In particular, she was able to prove the long-standing conjecture that William Thurston's earthquake flow on Teichmüller space is ergodic.

Most recently as of 2014, with Alex Eskin and with input from Amir Mohammadi, Mirzakhani proved that complex geodesics

and their closures in moduli space are surprisingly regular, rather than irregular or fractal. The closures of complex geodesics are algebraic objects defined in terms of polynomials and therefore they have certain rigidity properties, which is analogous to a celebrated result that Marina Ratner arrived at during the 1990s. The International Mathematical Union said in its press release that, "It is astounding to find that the rigidity in homogeneous spaces has an echo in the inhomogeneous world of moduli space."

Mirzakhani was awarded the Fields Medal in 2014 for "her outstanding contributions to the dynamics and geometry of Riemann surfaces and their moduli spaces".

At the time of the award, Wisconsin professor Jordan Ellenberg explained her research to a popular audience:

... [Her] work expertly blends dynamics with geometry. Among other things, she studies billiards. But now, in a move very characteristic of modern mathematics, it gets kind of meta: She considers not just one billiard table, but the universe of all *possible* billiard tables. And the kind of dynamics she studies doesn't directly concern the motion of the billiards on the table, but instead a transformation of the billiard table itself, which is changing its shape in a rule-governed way; if you like, the table itself moves like a strange planet around the universe of all possible tables ... This isn't the kind of thing you do to win at pool, but it's the kind of thing you do to win a Fields Medal. And it's what you need to do in order to expose the dynamics at the heart of geometry; for there's no question that they're

there.

President Hassan Rouhani of Iran congratulated her.

### Personal life

She is married to Jan Vondrák, a Czech theoretical computer scientist who works at IBM Almaden Research Center. They have a daughter named Anahita.

### Awards and honors

- Fields Medal 2014
  - Plenary speaker at the International Congress of Mathematicians (ICM 2014)
  - Clay Research Award 2014
  - The 2013 AMS Ruth Lyttle Satter Prize in Mathematics. "Presented every two years by the American Mathematical Society, the Satter Prize recognizes an outstanding contribution to mathematics research by a woman in the preceding six years. The prize was awarded on Thursday, 10 January 2013, at the Joint Mathematics Meetings in San Diego."
  - Invited to talk at the International Congress of Mathematicians in 2010, on the topic of "Topology and Dynamical Systems & ODE"
  - AMS Blumenthal Award 2009
  - Clay Mathematics Institute Research Fellow 2004
  - Harvard Junior Fellowship Harvard University, 2003
  - Merit fellowship Harvard University, 2003
- IPM Fellowship, Tehran, Iran, 1995–99

# Pardis C. Sabeti

(Persian: **پارديس**) (born December 25, 1975) is an Iranian-American computational biologist, medical geneticist and evolutionary geneticist, who developed a bioinformatic statistical method which identifies sections of the genome that have been subject to natural selection and an algorithm which explains the effects of genetics on the evolution of disease.

In 2014, Sabeti headed a group which analyzed the genetics of the Ebola samples, pinpointing a single late 2013 introduction from an unspecified animal reservoir into humans. RNA changes suggests that the first human infection was followed by exclusive human to human transmissions.

Sabeti is an associate professor in the Center for Systems Biology and Department of Organismic and Evolutionary Biology at Harvard University and on the faculty of the Center for Communicable Disease Dynamics at the Harvard School of Public Health, and is a senior associate member at the Broad Institute.

## Biography

Sabeti was born in 1975 in Tehran, Iran to Nancy and Parviz Sabeti. Her father was the deputy in SAVAK, Iran's intelligence agency, and a high ranking security official in Shah's regime. Her family fled to US in 1979 and settled in Florida.[10]

Sabeti studied biology at the Massachusetts Institute of Technology and graduated with a



Bachelor of Science in 1997 where she was a member of the varsity tennis team and class president and was then a Rhodes

Scholar at University of Oxford and completed her doctorate in evolutionary genetics in 2002, and graduated summa cum laude with a Doctor of Medicine at Harvard Medical School in 2006. She has received a Burroughs Wellcome Fund Career Award in the Biomedical Sciences, a Packard Foundation award in Science and Engineering, and an

NIH Innovator Award. Sabeti is also the lead singer and writer for the rock band Thousand Days.

Sabeti is an annual participant in the Distinguished Lecture Series at the acclaimed Research Science Institute at MIT for high school students.

## Research

As a graduate student at Oxford and postdoctoral fellow with Eric Lander at the Broad Institute, Sabeti developed a family of statistical tests for positive selection that look for common genetic variants found on unusually long haplotypes. Her tests, extended haplotype homozygosity (EHH), the long-range haplotype (LRH) test, and cross population extended haplotype homozygosity (XP-EHH), are designed to detect advantageous mutations whose frequency in human populations has risen rapidly over the last 10,000 years. As a faculty member at Harvard, Sabeti and her group have developed a statistical test to

pinpoint signals of selection, the Composite of Multiple Signals (CMS), and a family of statistical tests to detect and characterize correlations in datasets of any kind, maximal information non-parametric exploration (MINE).

#### Awards

Sabeti was the 2012 recipient of *Smithsonian* magazine's American Ingenuity Award in the Natural Sciences category.



# Save The Date

## 22<sup>nd</sup> Annual Meeting of IAMA

*Memorial Weekend ~ May 22-25, 2015*

*Hilton Cincinnati – Netherland Plaza - Cincinnati, OH*

### Meeting Highlights

- *Friday 4 pm - 6 pm Registration*

- *River Cruise Dinner in the evening*

*Enjoy a breath-taking cruise along the beautiful Ohio River*

- *Saturday 7 am - 8 am - Registration and Breakfast*

*8 am - 1 pm - CME and Coffee Break*

*2 pm - 4 pm - IAMA Javan functions*

- *Saturday evening music concert performed by the Cincinnati Persian Music Ensemble under the direction of Dr. Freidoon Ghazi at the prestigious Corbett Auditorium, University of Cincinnati*

- *Sunday 7 am - 8 am - Breakfast*

*8 am - 1 pm - CME and Coffee Break*

*1 pm - 2:30 pm - Luncheon Awards*

*2:30 pm - 4:30 pm - General Membership Meeting*

*6 pm - 7 pm - Reception*

*7 pm - 12 am - Gala Dinner*

- *Monday 9 am - 12 pm - Breakfast Meeting Combined Boards*

*Founders, Chapters, IAMA Javan Sections, and Committee Chairs*

*Looking forward to seeing you all at the Conference!*



# SCIENTIFIC ABSTRACTS PRESENTED AT THE 21<sup>ST</sup> ANNUAL MEETING OF IAMA

**April 11 – 13, 2014, Las Vegas, NV**

**Robotic surgery – What's new about what's new!**



**Soheil Hanjani, MD  
GSMC**

## **Background**

Despite some controversy Robotic surgery continues to be the cutting edge of modern minimally invasive surgery, overcoming some of the limitations of conventional laparoscopy. The dexterity, precision, and three-dimensional imaging of the robotic surgery can now be combined with single site surgery (so called “scarless surgery”).

## **Aim**

Although Robotic surgery has similar indications as conventional laparoscopic surgery, it allows surgeons to perform more complex laparoscopic maneuvers. This translates into a reduction in the number of open procedures, with shorter recovery and better cosmetic result.

## **Materials & Methods**

The system's main components are the surgeon's console, the robotic column which attaches to the laparoscopic instruments that are inserted through 1cm incisions and the computer that connects them. A variety of EndoWrist instruments are available for

robotic surgery, which move in all the directions that the human hand can move.

## **Results**

Using state of the art technology, robotic surgery requires only a few tiny incisions, and sometimes only one incision, to perform delicate procedures with superior results.

## **Discussion**

The robot allows for more dexterity, precision, 3 dimensional imaging and reduced surgeons fatigue. These translate into a better outcome for the patient. Its increasing popularity has also meant more complications and controversy surrounding that and its costs.

## **Conclusion**

Because robotic technology allows surgeons to easily and simply perform complex laparoscopic maneuvers, it has become the cutting edge of minimally invasive surgery, and continues to evolve.

## **Clinical Study Comparing the Alteration of Nasal Tip Sensibility and Sensory Recovery Time following Open Rhinoplasty with and without Soft Tissue Removal**

**Sina Ghiasi Hafezi, MD  
Alireza Bahhshaeekia, MD  
Shiraz University**

## Background

Rhinoplasty in patients with thick nasal skin is one of the most challenging operations; regardless of its cause, the thick soft tissue coverage represents a distinct limitation in rhinoplasty because the skin will usually not redrape properly over the nasal skeletal framework. One of the complications that commonly are seen after rhinoplasty is hypesthesia; the terminal branch of the anterior ethmoidal nerve supplies tip sensation and is usually transected during intercartilaginous incision [7].

## Aim

Evaluation of nasal tip sensory recovery in thick skin noses in different surgical techniques.

## Materials & Methods

Two groups were randomly selected, each containing 25 patients with thick nasal skin; sensory testing was done preoperative in all patients; in group one, sub dermal soft tissue in tip and supra tip areas was removed but in group two no soft tissue removal was done; we compared sensory pressure threshold values 3 weeks and 6 months postoperative.

## Results

Results showed no statistical difference between the two groups in nasal skin sensibility at these times; also this study showed that 6 months after rhinoplasty normal sensation of nasal skin will be achieved.

## Discussion

Fibrous tissue comprising the majority of subdermal tissue and skeletal muscle was the second most prevalent component of nasal tip subdermal tissue, and it is believed that this fibromuscular tissue can be safely resected without violating the dermis, thereby decreasing the soft-tissue bulk of the nasal tip and not interfering with vascular supply to the skin envelop for better aesthetic results.

## Conclusion

There is no difference in sensory recovery time of nasal skin “which is a common source of discomfort for rhinoplasty patients” with or without subdermal soft tissue removal in tip and supratip areas. and also there is no difference in sensory recovery time of nasal skin “which is a common source of discomfort for rhinoplasty patients” with or without subdermal soft tissue removal in tip and supratip areas.

## Tuberculosis Update



**Hesam Karimeddiny, MD**  
**TUMS Boston, MA**

### Background

TB remains a significant health issue, and medical challenge in the world, including US. There are still too many fatalities world wide from this supposedly manageable and treatable infection, and the awareness is probably limited among the younger generation of medical professionals. There fore an update on this subject might go along way, resulting in better diagnosis, and treatment of patients.



## **Aim**

Creating more awareness, and thinking of this yet hot and active issue, among the young physicians, for the patient's sake.

## **Materials and Methods**

Epidemiology, and prevalence of TB, in US, and the world. Diagnosis and treatment of latent TB infection, as well as active TB. preventive measures.

## **WHAT EVERY PHYSICIAN SHOULD KNOW ABOUT ORGAN TRANSPLANTATION?**



**Reza Saidi, MD**  
**Brown University**

### **Background**

The first successful human transplantation was done in 1954. Since then this field has grown rapidly to be the treatment of choice for patients with end-stage organ damage.

## **Aim**

To review current status and challenges of organ transplantation

## **Methods and Materials**

Literature search was done through PubMed and Medline.

## **Results**

In 2009, 50,463 patients were added to wait list, while 28,463 patients received organ transplantation and 6683 patients died while

waiting for a suitable organ. A variety of approaches have been implemented to expand the organ donor pool including increased live donation, a national effort to expand deceased donor donation, split organ donation, paired donor exchange, national sharing models and greater utilization of expanded criteria donors. In 2008, more than 28,000 patients received organ transplants from more than 14,000 deceased and live donors in the United States. Despite the worthy effort of the Organ Donation and Transplant Collaborative and the marked increase in the number of deceased donors early in the effort, the number of deceased donors rose by a total of only 67 from 2006 to 2007. A recent study showed that the number of living donors has decreased since 2004 and DBD also decreased since 2006. This decline can be attributed to increases in the number and percentage of ECDs and DCDs. The shift in the distribution of recovered kidneys from SCD to ECD and DCD impacts utilization, since DCD and ECD kidneys have higher rates of discard. The observed increase in DCD also explains, in part, the fewer organs per donor that are recovered and transplanted overall.

## **Discussion**

Although live donors and donation after brain death (DBD) account for the majority of organ donors, in the recent years there has been a growing interest in donors who have severe and irreversible brain injuries but do not meet the criteria for brain death. If the physician and family agree that the patient has no chance of recovery to a meaningful life, life support can be discontinued and the patient can be allowed to progress to

circulatory arrest and then still donate organs (Donation after circulatory death or DCD). Increasing utilization of marginal organs has been advocated to address the organ shortage.

## Conclusion

Organ shortage is the greatest challenge facing the field of organ transplantation today. A variety of approaches have been implemented to expand the organ donor pool including live donation, a national effort to expand deceased donor donation, split organ donation, paired donor exchange, national sharing models and greater utilization of expanded criteria donors (ECD). Increased public awareness, improved efficiency of the donation process, greater expectations for transplantation, expansion of the living donor pool and the development of standardized donor management protocols have led to unprecedented rates of organ procurement and transplantation.

## ANALYSIS OF THROMBOEMBOLIC EVENTS AFTER COLORECTAL SURGERY IN PATIENTS WITH VARIOUS COLORECTAL DISEASES



**Laila Rashidi, MD**  
**Aakash Gajjar**  
**University Texas**  
**Medical Branch**

## Background

Patients undergoing elective colon resection for IBD should be considered at high risk for post-operative TEE. Perioperative thromboprophylaxis protocols for patients

with IBD should be similar as those for colorectal cancer patients.

## Aim

Perioperative thromboprophylaxis protocols for patients with IBD should be similar as those for colorectal cancer patients.

## Materials and Methods

Using the National Surgical Quality Improvement Program (NSQIP) database (2005-2012) we selected a total of 51,847 patients with colon cancer, IBD or benign colorectal disease who underwent elective colon resection. The association between various colorectal diseases (IBD vs. colon cancer vs. benign colorectal disease) and incidence of TEE, specifically deep vein thrombosis (DVT) or pulmonary embolism (PE) within 30 days of surgery was evaluated using univariate and multivariate logistic regression models.

## Results

A total of 5,527 (10.7%) patients had operations for IBD, 15,391 (29.7%) for benign disease, and 30,929 (59.6%) for colorectal cancer. Compared to the other 2 groups, patients with IBD were younger, had significantly fewer comorbidities, and were more likely to be on steroids and/or have weight loss prior to surgery. A total of 742 patients (1.43%) had a post-operative TEE. Unadjusted rates for post-operative TEE are shown in table 1. When compared to patients with benign colorectal disease, those with IBD (OR=2.1, 95%CI=1.7–2.8) or colorectal cancer (OR=1.8, 95%CI=1.5–2.2) were more likely to have post-operative TEE. In multivariate models adjusted for

patient demographics and clinical characteristics, patients with IBD were more likely (OR=2.2, 95%CI=1.6–3.0) than those with benign disease to have a TEE after elective colorectal surgery. In a lesser extent, patients with colorectal cancer were also more likely to have a TEE (OR=1.4, 95%CI=1.1–1.7) compare to patients with benign disease. Similar differences were seen in multivariate models evaluating DVT alone while models evaluating PE alone did not reach statistical significance.

## **Discussion**

Patients undergoing elective colon resection for IBD should be considered at high risk for post-operative TEE. Perioperative thromboprophylaxis protocols for patients with IBD should be similar as those for colorectal cancer patients.

## **Conclusion**

Perioperative thromboprophylaxis protocols for patients with IBD should be similar as those for colorectal cancer patients, due to high risk of TEE for IBD patients.

## **Current State of Art in Management of Vascular Complications after Liver Transplantation**

**Kamran Hejazi Kenari, MD**  
**Reza Saidi, MD**  
**Brown University**

## **Background**

Vascular problems are rare but serious complications after liver transplantation (LT). The incidence is generally about 8-

15% however this rate can be as high as 20%. This includes hepatic artery, Portal vein and caval vein complications. Arterial complications are the most common (5-10%) vascular complication after LT and include HAT, HAS, and hepatic artery kinks (HAK). Venous complications including portal and caval problems are less frequent (each about 2%). All of these vascular complications can interrupt the liver's blood supply and cause dysfunction and even graft loss or death. Although urgent re-transplantation is considered the main therapy for these life threatening situations, endovascular interventions including PTA, intra-arterial thrombolysis (IAT) and stent placement are alternative treatments particularly in less urgent settings.

## **Aim**

The reported success rates are different in many articles. We performed a comprehensive literature review on this topic and compared different endovascular procedures and their success rates.

## **Methods and Materials**

Extensive web-based article search.

**The impact of preparation of conventional smears as an adjunct to liquid based cytology in thyroid fine needle aspirations.**



**Farhad Askarian, MD**  
**Tufts Medical Center**

## **Background**

Based on the standard of care. All suspicious solid or cystic nodules present within Thyroid gland must be biopsied by Fine Needle Aspiration. Thyroid gland is very vascular and highly perfused gland. Therefore, obtaining biopsy samples even with very delicate and small needles can produce large amount of bleeding. This additional blood can compromise the quality of sample with hemodilution in the level to make the sample suboptimal or inadequate for complete interpretation and diagnosis.

### **Aim**

Inadequate sample frequently limits utility of thyroid fine needle aspiration (FNA). We studied whether addition of bedside slide prepared conventional smears improves the diagnostic adequacy of liquid based cytologic smears.

### **Materials and Methods**

In this institutional review board-approved study performed at an academic institution (Tufts Medical Center), we included 115 patients (86 women, 29 men; mean age 56 years, range 21-88) who underwent thyroid FNA from January through June 2012. Liquid-based smears (SurePath Tripath PREP fixative, BD SurePath, Burlington, NC) alone (Group 1) and liquid-based smears with bedside prepared conventional smears (Group 2) were independently reviewed by two blinded cytopathologists, in random order four weeks apart to prevent recall bias. Adequacy scores were assigned using a four-point ordinal scale (0, <2 groups of follicular cells; 1, 2-6 groups; 2, 6-8 groups; 3, >8 groups). Adequacy scores of 0 or 1 were considered non-diagnostic;

scores of 2 or 3 were considered diagnostic. Adequacy scores of two groups were compared using Wilcoxon sign rank test and diagnostic adequacy rate compared using McNemar test. Interobserver agreement for adequacy scores was calculated using kappa statistic ( $\kappa$ ).

### **Results**

Adequacy scores of Group 2 were significantly higher than Group 1 for both readers ( $p < 0.0001$ ). Diagnostic adequacy rate of Group 2 was also higher than Group 1 for both readers ( $p < 0.0001$ ). There was excellent inter-observer agreement between adequacy scores for both groups ( $\kappa = 0.92$  and  $0.87$ ).

### **Discussion**

Due to diagnostic adequacy criteria for Thyroid needle aspiration by American Society of Cytopathology and Bethesda System. Cytopathologist requires to have at least 6-8 groups of well preserved Follicular cells with at least 8-10 cells in each group to be able to call the sample adequate for evaluation. The suboptimal samples should not be evaluated and the biopsy must be repeated. This situation and repeating the samples can produce a huge amount of stress and anxiety to the patient as well as endocrinologist and/or radiologist who obtaining the samples. In some situation the patient refuse additional sampling.

### **Conclusion**

Additional bed side slide preparation can eliminate or reduce the number of suboptimal or inadequate sampling of thyroid Fine needle aspiration.

## What is critical care and why should you care?



**Mehrnaz Hadian, MD**  
**Inspire CCM**

### Background

Critical care medicine is a specialty that has been around for over forty years, yet the public does not have a good understanding to as what critical care medicine is and what an intensive care specialist, i.e. intensivist is or do. Beyond the ivory towers of academic centers, the critically ill in the ICU of most community hospitals are treated mainly by their primary care physicians, who in turn often call up on a multitude of organ-oriented consultants to help with the treatment of patients' multiple failing organs such as the lungs, the heart, the kidneys, or the brain. This approach not only breaks the therapy apart, it is often associated with worse outcome for patients due to unnecessary delays in treatment and lack of coordination of care. Less satisfaction for patients' families and the nursing staff, and higher cost for the healthcare system are among other disadvantages of such fragmented approach. Not many people outside the medical community are aware of the existence of critical care medicine as a separate discipline and the importance of having Intensivist-run ICUs, for the training, knowledge and skills of intensivists put them in the best position to deliver the highest ICU standard of care which often are associated with better outcomes for the critically ill.

### Aim

The Institute for Public Informing of Research and Education in Critical Care Medicine, INSPIRE CCM, is a non-profit organization specializes in patient advocacy and ICU care. INSPRE CCM has recently conducted a series of interviews with doctors and nurses who are on the forefront of taking care of the critically ill. The goal of these interviews were to raise public awareness about critical care medicine, intensivist, the ICU standard of care, and how the public can help improve the delivery of the best ICU practices for the critically ill in every community hospital across the nation.

### Materials and Methods

A 10-minute video of the documentary trailer: What is critical care and why should you care, to be viewed at: [www.inspireccm.org](http://www.inspireccm.org)

### Discussion

Interactive discussions with the audience in a Q/A format.

### Conclusion

"The awareness [about critical care and intensivist] may come from the general [public], ... but it has to stem from physicians [of different specialties] and their societies realizing that by closely partnering with critical care medicine, the quality of care they can give and the quality of life that will come to their patients afterwards will be greatly improved." What we, at INSPIRE CCM, "would like to see is an increased public awareness of exactly what critical

care specialists do, how they contribute to patient care and how we can as a society in America [and around the world] make ourselves better in terms of providing 24/7, 365 coverage for [the critically ill] patients, which is something we are striving to do."

### **Diagnostic Yield of Ambulatory ECG Patch Monitoring in Children from a National Registry**

**Meena Bolourchi, MD**

**Anjan Batra, MD**

**University of California at Irvine**

#### **Background**

The diagnostic yield of continuous ECG monitoring in children for periods longer than a typical Holter monitor is unclear.

#### **Aim**

We aimed to characterize the diagnostic yield, arrhythmia type and time to first arrhythmia using a clinical repository of national ambulatory ECG data in children.

#### **Materials and Methods**

We performed a cross-sectional study of 2116 consecutive children receiving their first Zio patch for clinical indications from January 2011 to December 2013. De-identified data was extracted from a clinical registry for analysis and provided by the service provider.

#### **Results**

There were 2116 children in this analysis cohort (57% females, age  $12.7 \pm 4$  years, range 1d-17 years). Mean monitoring duration was  $7.9 \pm 4.3$  days. The top five

indications for monitoring included palpitations (n=705, 33%), syncope (n=314, 15%), tachycardia (n=170, 8%), chest pain (n=154, 7.3%), and arrhythmia (n=102, 5%). Arrhythmias were detected in 10.4% patients with palpitations, 8.0% of patients with syncope, 11.8% of patients with tachycardia, 5.8% of patients with chest pain and 15.7% of patients with arrhythmias.

#### **Discussion**

Of the arrhythmias, supraventricular tachycardia > 4 beats was detected most commonly (n=78, 30.5 %). Asymptomatic arrhythmias were detected de novo in 176 patients (8.3%) by continuous recording. The mean time to first arrhythmia was  $2.6 \pm 3.1$  days. 55% of first detected arrhythmias occurred beyond 48 hours from the start of monitoring.

#### **Conclusion**

The diagnostic yield of continuous ECG patch monitoring in children was high beyond 48 hours from the start of monitoring and should be considered in children who are candidates for longer-term ECG monitoring.

### **Liver Transplantation for Hepatocellular Carcinoma: Past, Present and Future**

**Kamran Hejazi Kenari, MD**

**Reza Saidi, MD**

#### **Background**

Hepatocellular carcinoma (HCC) represent one of the most common neoplasms worldwide. Liver transplantation (LT) is the treatment of choice for selected group of



patients with HCC. Liver transplantation is actually a consolidated therapeutic option for HCC because it cures both tumor and underlying cirrhosis. In 1996 the publication of a pivotal study, called "Milan criteria" showed a 4-year survival of 75%.

### **Aim**

To compare current criteria for enrolling patients with HCC for LT and compare their outcomes.

### **Materials and Methods**

Extensive literature search.

### **Results**

The possibility of an extension of Milan criteria as indication for LT is already a debated issue. Living Donor Liver Transplantation (LDLT) is an alternative option if waiting list is long and offers the possibility of a LT after short time.

## **Liver function Tests and Ultrasonography Findings in Iranian Morbid Obese Patients**

**Pejman Mansouri, MD**

**Tehran University of Medical Science**

### **Background**

Obesity, a major risk factor for fatty liver disease, is increasing worldwide. Morbid obese patients have a higher prevalence of fatty liver disease and high prevalence of abnormal liver function tests.

### **Aim**

The aim of this study is to determine the pattern of LFT and liver ultrasonography of morbidly obese Iranian patients undergoing bariatric surgery.

### **Materials and Methods**

The study population included 308 morbid obese patients. Serum ALT, AST, direct bilirubin, total bilirubin and liver ultrasound reports for all of the patients were recorded. Patients with alcohol intake or hepatitis or HIV were excluded.

### **Results**

Data analyzes showed that Alkaline phosphatase is the most elevated serum enzyme in morbid obese patients (87.6%). ALT, AST, total and direct bilirubin were more than upper normal range in all patients. Ultrasonography of the liver showed that Fatty liver disease occurred in approximately 91% of our patients. In our study, the only liver enzyme that has significant relation with fatty liver was AST (p-value: 0.027).

### **Conclusion**

The prevalence of abnormal liver function tests in Iranian morbid obese patients is higher than in western countries especially the level of ALK P.A prospective study with liver biopsy will be needed to make this yield clearer and to evaluate the correlation between histology of liver of morbidly obese patients and their liver function tests.

# **The role of Nrf2 in anti-oxidant pathway and a novel approach to prevent expression of vascular cell adhesion molecules in ocular inflammation**

**Alireza Ziaei, MD**

**Boston University and Harvard Medical School**

## **Background**

Nrf2 (NF-E2-related factor 2) is a major transcription factor responsible for activation of antioxidant genes. We previously have shown that p53 and Nrf2 play critical roles in complex mechanisms regulating oxidative-stress-induced apoptosis. Nrf2 expression enhances during an inflammation and newly been reported Thrombospondin-1 (TSP-1) is an important molecule in regulation of ocular inflammation.

## **Aim**

The aim of this study was to investigate the effect of Sulforaphane (SFN), a potent Nrf2 enhancer, in prevention of apoptosis, and to determine if TSP-1 utilizes Nrf2-driven antioxidant pathway in regulating the expression of vascular cell adhesion molecule (VCAM-1) on vascular endothelial cells (ECs).

## **Materials and Methods**

Corneal endothelial cells (CECs) were treated with 50 $\mu$ M SFN followed by induction of oxidative stress via tert-Butyl hydroperoxide (tBHP). Apoptosis was detected by a TUNEL assay using confocal microscopy. Cellular localization of Nrf2

and p53 was assessed by immunohistochemistry. Western blot and Real-time PCR were used to analyze protein levels and mRNA relative expression. Flatmounts of retina, harvested from C57BL/6 (WT), TSP-1null (6-8 wks.) and IRBP-immunized uveitic WT mice and vascular endothelial cells (2H-11) treated with IL-17 (10ng/ml) or TSP-1 peptides (CD36 or CD47 binding) were stained for VCAM-1, Nrf2 and TSP-1. Leukocyte adhesion assay was performed using fluorescent dye-labeled WT lymph cells and measuring fluorescence of cells adherent to ECs.

## **Results**

Apoptosis in FECD was 31%, decreasing to 14% (n=5, p<0.01) with SFN treatment. Treated FECD CECs demonstrated lower p53 in basal and oxidative stressed condition. SFN increases protein level of Nrf2 in normal endothelium, but its effect is enhanced in pro-oxidant condition. SFN significantly increases mRNA level of Nrf2, NQO1 and Hmox-1 oxidative condition. VCAM-1, Nrf2 and TSP-1 expressions were examined in IL-17 treated 2H-11 ECs. VCAM-1 expression and leukocyte adhesion were enhanced while TSP-1 and Nrf2 were reduced in IL-17 treated ECs. To elucidate if a specific TSP-1 receptor expressed on ECs is involved in regulating VCAM-1 expression, we used TSP-1 derived peptides that specifically bind TSP-1 receptors CD47 or CD36 on ECs. While CD47 ligation on ECs led to reduced VCAM-1 staining and leukocyte adhesion, CD36 ligation enhanced VCAM-1.

## Discussion

SFN is a potent antioxidant agent, which significantly diminishes apoptosis. The difference between VCAM-1 expressions in response to deferential TSP-1 receptor ligation correlated with an enhanced staining of Nrf2, upon CD47 ligation and reduced staining upon CD36 ligation. These results suggest a differential regulation of VCAM-1 expression on ECs by TSP-1 via Nrf2-driven antioxidant pathway.

## Conclusion

SFN potentially provides novel pharmacotherapeutic agent against oxidative stress. TSP-1-mediated differential regulation of VCAM-1 expression in vascular endothelium via anti-oxidant pathway and support a therapeutic potential of TSP-1 peptide in chronic inflammation.

**Maternal morbidity in patients with placenta accreta treated with and without a multidisciplinary approach.**



**Bahram Salmanian, MD**  
**Baylor College of Medicine**

## Background

Placenta accreta is a major cause of postpartum hemorrhage and is associated with a maternal mortality rate as high as 6-7%. Placenta accreta results from abnormal invasion of the myometrium by chorionic villi, and attempts to manually separate a placenta accreta from the underlying uterine

wall frequently precipitate significant hemorrhage.

## Aim

To investigate the maternal morbidity in patients with placenta accreta (PA) treated using a multidisciplinary (MuD) management approach as compared to non-multidisciplinary management (NMuD).

## Materials and Methods

A retrospective cohort study conducted in 3 tertiary care hospitals from July 2000 to May 2013. Patients with histologically confirmed placenta accreta included. A formal program of MuD management was introduced in 2011 in which a standardized approach was used (planned delivery 34-35 weeks, specific team [MFM, gynecologic oncologist, anesthesiologists, urologists, neonatologists], preoperative urinary stent placement, lithotomy position, no attempt to remove placenta, extensive use of a bipolar cautery device, early use of massive transfusion protocol, modified radical hysterectomy with ureterolysis, deliberate cystotomy and bladder excision in deep placental invasion rather than persistent attempts at bladder dissection, and post-op ICU recovery). Prior to 2011 patients were managed on a case-by-case basis without a specific protocol which were included in the NMuD group. Estimated blood loss (EBL), Packed Red Blood Cells (PRBC) transfusion, intra-operative complications (bladder, ureteral and bowel injury) and post-operative hospital stay were compared between groups.

## Results

Of 82 PA patients, 57 (70%) were in the MuD and 25 (30%) were in NMuD group. The maternal demographic parameters were similar ( $P = \text{NS}$ ). Patients in the MuD group had fewer emergency interventions, longer anesthesia time (stent placement, radical hysterectomy), more use of bipolar diathermy, fewer attempts to remove the placenta manually ( $P < 0.001$  for all), more percreta cases ( $P = 0.04$ ), and more deliberate cystotomies ( $P = 0.03$ ). Patients in the MuD experienced less EBL in comparison to NMuD group ( $P = 0.04$ ).

### **Discussion**

We know that the increasing number of repeat cesarean deliveries is increasing the risk of placenta accreta. The rate of diagnosis of placenta accreta has increased from 1 in 10,000 deliveries in the 1960's to 3 in 1000 deliveries during past decade. Our data supported a slight better outcome regarding the maternal complications. If patients with placenta accreta were treated with a multidisciplinary approach involving several specialties and predelivery consideration. Our study showed in particular less blood loss during cesarean hysterectomy and a decrease in the number of cases that underwent emergent deliveries.

### **Conclusion**

The institution of a standardized approach for patients with placenta accreta by a defined multidisciplinary team lead to improved outcomes compared with a historical non-multidisciplinary approach.

## **Improvement of Periodontal Parameters in Untreated site After Periodontal Surgery at Adjacent sites**

**Hassan Roghani, MD**  
**Hashemian Amirreza, DDS**  
**Jenabi Amirhosein, MD**

### **Background**

Once full-mouth surgery is planned following the non-surgical phase for a patient with chronic periodontitis, it often does not undergo revision during the surgical period.

### **Aim**

The aim of this study was to find out whether surgical treatments performed on each quadrant would have any influence on the periodontal status of the untreated quadrants.

### **Materials and Methods**

25 patients with severe chronic periodontitis were selected and received full-mouth scaling and root planing. After 8 weeks, quadrant-wise surgery was performed during four consecutive sessions at 2-week intervals for sites with probing depth (PPD)  $>5$  mm and bleeding on probing (BOP). Clinical parameters, including PPD, BOP, and clinical attachment level, were recorded at baseline, at each session prior to surgery, and 8 weeks after the last surgical visit.

### **Results**

The mean PPD of all pockets  $>3$ mm was reduced from  $4.09 \pm 1.32$  mm at baseline to  $1.37 \pm 0.87$  mm at the end of the study.

Although the data from visit six(8 weeks after surgery in quadrant four) showed significant differences compared to those from all other visits, no marked difference existed between visits one and two; visits two and three; and visits three, four, and five. Pockets with a baseline depth of 5 mm > PPD>3 mm, 7 mm > PPD $\geq$  5 mm, and PPD $\geq$ 7 mm showed reductions from 3.55 $\pm$ 0.35 mm, 4.17 $\pm$ 0.22 mm, 7.19 $\pm$ 0.54mm, respectively, at baseline to 1.18 $\pm$ 0.97 mm, 1.35 $\pm$ 0.50 mm, 2.64 $\pm$ 0.38 mm, respectively, at the end of the study. PAL generally improved throughout the treatment period, with a mild attachment loss after visit six. Overall, mean PAL improved from 4.13 $\pm$  1.37 mm to 3.35 $\pm$ 0.83 mm at visit five and decreased slightly to 3.05 $\pm$ 0.34 mm after the last visit. BOP decreased from 88.65%  $\pm$  25.25% at baseline to 8.97%  $\pm$  10.67% at the end of the study. There was a marked difference between the BOP scores of visits one, two, and three and those of visits four and five. Also, a remarkable difference was observed between the BOP scores of visit six and those of the other visits.

## Conclusion

The treatment plan made at the time of reassessment of the initial phase of therapy should be considered provisional, and it should be open to revision prior to each surgical visit to reconfirm or modify the treatment plan previously devised for the remaining quadrants.

## DERMAL FRACTIONAL INFUSION THERAPY (DERMAFRAC)

**Martin Kassir, MD**



Fractional treatments of various types for skin rejuvenation have become popular with both patients and clinicians over the past 5 years. Technology has evolved with “fractionation” of various forms of light energy which is delivered to the superficial dermis creating microinjuries. Healing is much more rapid, making the combination of efficacy with less downtime very desirable.

Skin microneedling uses a microneedle roller to mechanically create dermal injury and induce new collagen and elastin formation. These mechanical channels also represent a great opportunity for transdermal drug or product delivery.

In this presentation Dermal Fractional Infusion Therapy (DERMAFRAC) will be introduced as a new, cost effective, and advanced method for dermal microinjury, skin rejuvenation, and transdermal drug delivery!

This new and innovative mechanism eliminates heat as the source of injury and eliminates the extra step of separately delivering topicals into the skin by either placing the topicals on the skin before using the microneedles or “rubbing it in” afterwards. The mechanical nature of these microinjuries eliminate the risk for darker skin types, the lack of heat obviates the need for anesthesia, and simultaneous dermal

infusion introduces a novel new method of dermal drug delivery.

## **Established fetal surgery and our experience in Iran**



**Alireza Shamshirsaz, MD**  
**Rodrigo Ruano**  
**Michael Belfort**

**Baylor College of Medicine**

### **Background**

Principals of fetal surgery: Correct and precise prenatal diagnosis Absence of associated anomaly Knowledge of the natural history High perinatal morbidity/mortality Absence of effective neonatal therapy Animal studies showing favorable results Procedures performed in specialized centers with multidisciplinary approach Not compromise the reproductive future Should not increase maternal mortality.

### **Aim**

Explain the three standard of care treatment for congenital abnormalities: 1. TTTS (Twin-Twin transfusion syndrome) 2. MMC (myelomeningocele) 3. Severe congenital diaphragmatic hernia (fetoscopic tracheal occlusion)

### **Materials and Methods**

Discussed about all three congenital abnormalities. Definitions and Ultrasound and MRI findings and diagnosis.

### **Results**

Significant improvement in morbidity and mortality of all of these three congenital abnormalities

### **Discussion**

Advance in diagnosis and treatment of these three congenital abnormalities. Explain our team experience from the first open fetal surgery performed in Iran and the result.

### **Conclusion**

Incidence of these congenital abnormalities is 1 in 500 pregnancy and the possibility of decrease the neonate morbidity and mortality significantly in near future.

## **Experimental and innovation fetal surgery and the future**

**Alireza Shamshirsaz, MD**  
**Rodrigo Ruano**  
**Michael Belfort**

**Baylor College of Medicine**

### **Background**

Congenital abnormalities is one of the leading cause of neonatal morbidity and mortality.

### **Aim**

Discussed about (Twin-reversed arterial perfusion syndrome (TRAP or Acardiac twin), Thoracic (lung mass or hydrothorax with hydrops), Teratoma (sacroccocygeal and cervical teratoma with hydrops), congenital high airway obstruction syndrome (CHAOS), Exit procedure (ex utero intrapartum treatment) for possible cardiorespiratory compromise, fetoscopic release of amniotic band syndrome (ABS),



lower urinary tract obstruction (LUTO), aortic or pulmonary outflow obstruction)

## Materials and Methods

How to diagnose (ultrasound and MRI), what is the definition?

## Results

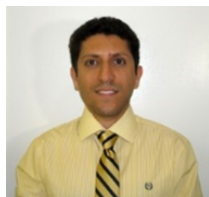
Significantly Decreased of mortality and morbidity in these congenital abnormalities

## Discussion

With the advancing of imaging and instrument now we can perform many diffident procedure on fetus during pregnancy which can save their life. Future of fetal intervention, gene/stem cell therapy. counseling the family, change in location/timing of delivery, who will present at the delivery and how to develop fetal surgery center and who should be on the team.

## Conclusion

In the feature, we will perform more fetal intervention for having a healthier generation. **Would clinically-indicated cerebral spinal fluid surveillance reliably predict external ventricular drain associated ventriculitis or is frequent routine cerebral spinal fluid surveillance necessary?**



**Saman Farr, MD**  
**Omid R. Hariri**  
**Shokry Lawandy**  
**Dan E. Miulli**  
**Javed Siddiq**

## Arrowhead Regional Med Center Neurosurgery Dept

## Background

Ventriculostomy placement has been used for monitoring intracranial pressure for years, and has been indicated by neurosurgery trauma guidelines & American Stroke Association guidelines for patients in coma with intracranial hemorrhage. Unfortunately, ventriculitis is one of the most common complications of external ventricular drain (EVD) placement. This has been associated with a significant incidence of morbidity and mortality. At our institutions, cerebral spinal fluid (CSF) studies are performed every other day, three times a week. The value of this practice has been demonstrated. However the frequency of surveillance is subject to further investigation because it has been shown that decreasing the frequency of surveillance leads to a decrease in the incidence of ventriculitis.

## Aim

Our goal is to determine the optimal interval surveillance of CSF parameters, along with their respective positive & negative predictive values in the prevention of ventriculitis. Such a study will could lay the groundwork for decreasing the incidence of iatrogenic ventriculitis without compromising its detection.

## Materials and Methods

A retrospective study was conducted from our institution's Neurosurgical census from Jan 2007-May 2012. Inclusion criteria: Adult patients with EVD regardless of

indication, Any GCS, Age >18. Exclusion criteria: Recent history of meningitis, Cerebral abscess, Craniotomy or open skull fracture. The following lab/clinical parameters were collected: CSF culture results, Serum:CSF glucose ratio, WBC:RBC, CSF protein, WBC, GCS changes, peak daily Temp, non-CSF culture results.

## **Results**

In our study population of neurosurgical patients with EVD, the incidence of EVD-associated ventriculitis was 10.2%, which is similar to reported values from many other centers. Onset of new fever >100.4, up to 2 days prior can highly and in a timely fashion predict the new onset of an infection. Furthermore, serum WBC<11,000, up to 2 days prior has an intermediate negative predictive value to rule out an infection.

## **Discussion**

Our results demonstrate that most of the fevers that were present 2 days before CSF collection, are not only associated with ventriculitis, but also associated with positive cultures from other bodily sources. Hence, in the presence of a known non-CSF source of infection, and Temp>100.4, ventriculitis can be effectively be predicted.

## **Conclusion**

Our study indicates that single and combinational clinical & laboratory parameters described in the results section can reliably predict EVD-associated ventriculitis. Based on these parameters, regular CSF sampling is not necessary to identify ventriculitis in patients with EVD.

However, a prospective study will need to be conducted to further support this conclusion.

## **Hepatitis C Treatment Barriers and solutions: Predictors of outcome for treatment of Hepatitis C therapy in a safety Net Hospital setting**

**Zohreh Movahedi Smith, MD**

**Keith Brussman**

**Renee Prevette**

**Andre Valdez**

**Firoozeh Isfahani**

**Abdul Nadir**

**Maricopa Medical Center Departments of Medicine**

## **Background**

Treatment of hepatitis C with protease inhibitors(PIs): boceprevir and telaprevir in combination with PEG-Interferon alfa and ribavirin showed significant improvement on clinical outcome, however the excellent results of HCV therapy in the research setting have not been reproduced in the real world. We present our experience with triple therapy.

## **Aim**

The aim of our study was to identify the barriers and come up with the solutions in treatment of Hepatitis C with Triple therapy in our patient population.

## **Materials and Methods**

We have prescribed the triple therapy for 56 patients who were referred to our clinic

between Feb 2011 and Jan 2013 in Maricopa County hospital. Thirty eight patients (68%) have been followed for a minimum of 24 weeks to determine SVR (sustained virological response).

## Results

There were 19 patients who were successfully treated and achieved SVR compared to 19 who could not achieve SVR. Fifty three percent (10/19) and 47% (9/19) in each group received boceprevir and telaprevir respectively. 4/19 in SVR group had prior treatment experience in compare with 9/19 in non-SVR group. 15/19 in SVR group in compare with 10/19 in non SVR group were treatment naïve.

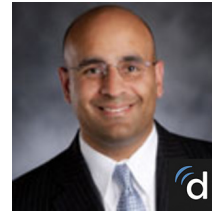
## Discussion

Hepatitis C treatment failure is multifactorial; patient non-adherence due to substance abuse, psychiatry comorbidity, medication side effect and drug-drug interactions, cost of the medication and lack of medical insurance, lack of comprehensive services, such as social supports, shortage of dedicated GI specialist to be in charge of HCV treatment team. Therefore, Practical strategies like dedicating an RN to HCV therapy team to manage the adverse effects and efforts to increase patient's compliance are warranted as are attempts to optimize the outcome of hepatitis C treatment.

## Conclusion

Dedicating an RN to HCV treatment team can improve patient compliance and ultimately outcome of HCV triple therapy.

## Resting State MEG Functional Connectivity in Traumatic Brain Injury



**Phiroz Tarapore, MD**  
UCSF

## Background

One mechanism by which traumatic brain injury (TBI) may disrupt normal cognition and behavior is through alteration of functional connectivity between brain regions. In this pilot study, we apply a magnetoencephalography (MEG) imaging technique to test the hypothesis that there is decreased functional connectivity in TBI patients compared to matched controls.

## Materials and Methods

MEG maps of functional connectivity from 21 TBI patients were compared to those from 18 age- and gender-matched control subjects. The extent of reduced functional connectivity in the patient group was tested for correlations with clinical characteristics of the injury as well as with findings on 3T MR imaging. Finally, we compared initial connectivity maps with 2-year follow-up functional connectivity in a subgroup of 5 TBI patients.

## Results

Fourteen male and 7 female patients aged 17 to 53 years (median 29 years) were enrolled. By Glasgow Coma Scale (GCS) criteria, 11 patients had mild TBI, 1 had moderate, 3 had severe, and 6 had no GCS recorded. As a group, the TBI patients had significantly lower functional connectivity compared to

the controls ( $p<0.01$ ). Three of the 5 patients with normal 3T MR scans showed regions of abnormally reduced MEG functional connectivity. In the subgroup undergoing 2-year follow-up, the second MEG scan demonstrated a significantly lower percentage of voxels with decreased connectivity ( $p<0.05$ ) than the initial MEG scan.

### Conclusion

A rapid automated resting state MEG imaging technique demonstrates abnormally decreased functional connectivity that may persist for years after TBI, including cases classified as “mild” by GCS criteria. Disrupted MEG connectivity can be detected even in some patients with normal 3T MR imaging. Analysis of follow-up MEG scans in a subgroup of patients shows that, over time, the abnormally reduced connectivity can improve. Resting state MEG deserves further investigation as a prognostic and predictive biomarker for TBI.

### Evaluating the therapeutic potential of a potent anti-cancer agent, Fusarochromanone



**Elahe Mahdavian, MD**  
LSU – Shreveport

### Background

Fusarochromanone (FC101) is a flavonoid natural product that is produced by the symbiotic fungus, *Fusarium equiseti*.

### Aim

In this study we tested the hypothesis that FC101's molecular targets could be regulators of cell cycle, cancer signal transduction, and programmed cell death (apoptosis). The detailed effects of FC101 on these processes were determined for a panel of human cancer cell types (skin, breast, prostate, brain, and bladder).

### Materials and Methods

Eight human cancer cell lines were used including: HaCat, SRB12-p9, MCF-7, MDA-231, SV-HUC, UM-UC14, U251, and PC3. A number of different cell-based assays including MTT, FACS, cell cycle profile, confocal microscopy, and western blotting were employed to assess the in-vitro biological effect on the FC101-treated cells versus those of the control cells.

### Results

Our data shows that the anti-proliferative and pro-apoptotic properties of FC101 are caspase-dependent, occurring through an extrinsic mechanism. In addition, our data also suggests that FC101 induction of cancer cell death is in part due to the activation of the p38 MAPK and inhibition of p-4E-BP1 (T37/46) mTOR signaling pathways.

### Discussion

FC101 affects a diverse group of biological targets involved in cell-cycle, apoptosis, and cancer signal transduction pathways. We believe that FC101 holds promise as an anticancer agent due to its unique molecular mechanism especially as a modulator of both mTOR and MAPK, two master kinases

that regulates cell proliferation, growth, and apoptosis.

### **Conclusions**

Fusarochromanone (FC101) is a small molecule fungal metabolite with a host of

interesting biological functions, including very potent pro-apoptotic and anti-cancer activity. Further understanding of the underlying molecular mechanism may lead to the design of novel targeted and selective therapeutics, both of which are pursued targets in cancer drug discovery.