

Indo American Cancer Association

2010 Annual Report



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"A man's true wealth is measured by the good he has done for his fellow men " *Mahatma Gandhi*

In 2010 a new Executive Committee was elected with Dr. Kirti Jain from Ashland, Kentucky leading as the new IACA President. IACA also elected an additional 5 members to serve as Program Chairs and Trustees showing the growth and continued strength of the organization. As in past years, 2010 was a year of many successes. We continued to increase our support with the Palliative Care Initiative, increasing the number of centers being supported to 6 in India. IACA had more meetings in 2010 than in previous years showing representation at large international meetings ASCO, ASH, ASTRO and SABCS as well as smaller Regional Meetings in Chicago and Los Angeles. These meetings brought many new faces to learn more about our efforts and accomplishments. Another success was in partnerships. IACA has partnered with other charitable organizations which are already doing amazing efforts such as CanKids and will continue to reach out to other organizations which share our similar mission. IACA continues to be strong and steady and is growing year by year. This year brought 64 new life members, 20 annual members and raised over \$150,000. This year IACA truly met our mission to improve cancer care and strives to do more and more in the coming years.

Mission of IACA

The Indo American Cancer Association (IACA) is an organization of cancer specialists of Indian subcontinent heritage with a mission to advance cancer care wherever its members live and work and to look after the needs and interests of its members. It would also act to maintain the identity of this group of professionals, be a conduit for interchange of ideas and goodwill, and provide a forum for scientific, educational, cultural, charitable and social interaction among them.

Objectives and Activities

The Indo American Cancer Association, a not for profit public charity, is trying to make a difference in the treatment and care of cancer patients. The IACA was created as a vehicle not only to bring together those of a common heritage but to help those in need. In order to facilitate this vision, the IACA has launched the following:

- New Partnerships with other charitable organizations
- Palliative Care Initiative
- Traveling Fellowship Program
- Exhibition and International Meetings
- Local Regional Dinner Meetings
- Assisting in Cancer Care and Treatment in Rural Areas
- Newsletters
- Website

Executive Committee and Board of Trustees

All Executive Committee members and Trustees are voluntary and uncompensated



Kirti Jain, MD
President
Ashland Bellefonte Cancer Center
Professor of Medical Oncology
Pikeville Medical College
Ashland, Kentucky



Neeraj Mahajan, MD
Co-Coordinator, Palliative Care
Myrtle Beach, South Carolina



Sant Chawla, MD
Vice President
Sarcoma Center
Los Angeles, California



Dr MR Rajagopal
India Palliative Care Chair
Chairman, Pallium India
Trivandrum Instit of Palliative Science
Trivandrum, Kerala



Vinay Jain, MD
Treasurer & Past President
CEO, Dava Oncology, Arog
Pharmaceuticals and JivDaya
Dallas, Texas



Sewa Legha, MD
Traveling Fellowships Coordinator
Clinical Professor of Medicine, Section
of Hematology/Oncology, Baylor
College of Medicine, Houston, Texas



Kush Sachdeva, MD
Secretary & Membership Committee
Advisor
Southern Oncology-Hematology
Associates, Vineland, New Jersey



Jame Abraham, MD
Traveling Fellowships Coordinator
Chief, Section of Hematology/Onc,
Assoc Professor of Medicine, Medical
Director, Mary Babb Randolph Cancer
Center, West Virginia University
Morgantown, West Virginia

PROGRAMMTICS CHAIRS



Vivek Khemka, MD
Co- Coordinator, Palliative Care
Private Practice
Phoenix, Arizona



Bagi Janarthanan, MD
Editor, IACA Newsletter
Department of Medicine, Florida Hosp
Orlando, Florida



Suresh K Reddy, MD
Co-Coordinator, Palliative Care
Associate Professor, Section Chief,
Director Of Education, Department of
Palliative Care & Rehabilitation
Medicine, UT MD Anderson Cancer
Center, Houston, Texas



Parameswaran Venugopal, MD
Co-Editor, IACA Newsletter
Professor of Medicine, Division of
Hematology & Oncology,
Rush University Medical Center,
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Shaji Kumar, MD
Co-Editor, IACA Newsletter
Mayo Clinic
Rochester, Minnesota



Shubham Pant, MD
 Fellows Coordinator
 Assistant Professor of Medicine
 Director of Clinical Trials,
 hematology-oncology Section,
 OU College of Medicine
 Oklahoma City, Oklahoma

TRUSTEES



Govind Babu, MD
 Kidwai Memorial Institute of
 Oncology,
 Bangalore, Karnataka

COUNTRY CHAIRS



Arnab Gupta, MD
 Director, Cancer Centre Welfare
 Home & Research Institute,
 Thakurpukur, Calcutta, West Bengal



Minal Barve, MD
 US Oncology
 Dallas, Texas



Ravi Kannan
 Director,
 Cachar Cancer Hospital & Research Ctr
 Silchar, Assam



Mohammad Jahanzeb, MD
 Aptium Oncology Lynn Cancer
 Institute;
 National Director of Care
 Guidelines, Medical Director, Boca
 Raton, Florida



Purvish Parikh, MD
 Co-Coordinator, India Program
 Medical Oncologist and Hematologist,
 Indian Co-operative Oncology Network,
 Mumbai, Maharashtra



Swami Padmanabhan, MD
 University of Texas Health Science
 Center
 San Antonio, Texas



Shelley Hukku, MD
 Coordinator Radiation Oncology,
 India Program
 Apollo Hospital
 Rohini, Delhi



M.V. Pillai, MD
 Director Virginia Oncology Care,
 President –Virginia Oncology
 Research Inc., Clinical Professor of
 Medicine, George Washington
 University,
 Richlands, Virginia



Sankha Mitra, MD
 Coordinator, UK Program
 Royal Sussex County Hospital
 Brighton, United Kingdom



Kanti R Rai, MD
 Joel Finkelstein Cancer Foundation
 Professor of Medicine, Albert
 Einstein College of Medicine,
 Bronx, NY, and Chief, Division of
 Hematology-Oncology, Long Island
 Jewish Med Center
 New Hyde Park, New York



D. Raghunadharao, MD
Co-Coordinator, India Program
Professor & Head, Department of
Medical Oncology
Nizam's Institute of Medical Sciences,
Hyderabad, Andhra Pradesh



Prof. Vinod Raina, MD
Head Dept of Medical Oncology &
Head Delhi Cancer Registry
Institute Rotary Cancer Hospital
All India Institute of Medical Sciences
New Delhi, Delhi

IACA Palliative Care Initiative in India

IACA has committed to making pain and palliative care of cancer patients a key focus of its activities in India. In 2008 a decision was made to help with the education, training and finally on the ground efforts for pain and palliative care centers. The goal is to establish OPDs where patients with severe pain can receive adequate pain relief. IACA hopes to partner with organizations in India that are already involved in addressing many of the infrastructure needs to improve the quality of life for cancer patients. Our model is simple and focuses on capacity building through education and training. IACA works with each organization to fit their needs, but have some basic requirements.

Hospital Requirements: Space must be committed by the institution, provision of medications (such as Morphine) must be made available, and key personnel must be identified and committed.

IACA Commitment: Funding for staffing (physician, nurse, and social worker) and proper training and education for each clinic – approx \$15,000 (US) per year. IACA will provide a short term financial commitment up to three years which eventually will be the responsibility of the institution.

Current Centers Supported by IACA in 2010

- Cachar Cancer Centre, Silchar, Assam, India
- Cancer Centre Welfare Home and Research Institute, Thakurpukur, Kolkata, West Bengal
- Rishikesh Clinic in conjunction with Ganga Prem Hospice, Rishikesh, Uttarakhand
- Bhagwan Mahaveer Cancer Hospital and Research Centre, Jaipur, Rajasthan
- Hakim Sanaullah Specialist Hospital and Cancer Center, Sopore, Kashmir, India
- Jabalpur Hospital in Jabalpur, Madhya Pradesh, India

Why Palliative Care?

In India cancer hospitals are overcrowded and preference is given for patients whose disease has scope for control and cure, either through surgery, chemotherapy or radiation or a combination of the three. Several terminally ill cancer patients, on account of poverty, ignorance and total lack of basic facilities, do not receive the required medical and nursing care. The very nature of the disease causes severe pre-terminal and terminal pain and unless the required dosages of medicines are administered continuously in the right quantities and at appropriate intervals, the quality of the remaining life of the patient is very low. More than 80% of patients come for treatment when the disease has spread to regional nodes or beyond. Lack of awareness, inadequate access to proper diagnostic facilities, sub-optimal economic conditions and fear lead to a large number of patients presenting themselves at an advanced stage of the disease. In fact, in some ways, this stage in the life of the patient is the most critical because he is no longer under active medical (curative) care, and has been discharged from a hospital and sent home where no facilities are available to the patient.

**Cachar Cancer Hospital and
Research Centre
Silchar, Assam, India**



IACA's second Pain and Palliative Care Center is located at the **Cachar Cancer Hospital and Research Centre** in Silchar, Assam under the guidance of Dr. Ravi Kannan, Director and US IACA member Dr. Sewa Legha. CCHRC serves the North-Eastern region of India, where the cancer incidence rate is one of the highest in Asia. People seeking care at CCHRC mostly come from the lower economic strata such as agricultural laborers and tea-garden workers. All the staff must multitask – there is much to do and few to do it. Travel to and from is difficult as well – roads are poor and a variety of transportation must be used. There was a great need for pain and palliative care due to the late stages of cancer that people are diagnosed. The Pain and Palliative Care Unit at the Cachar Cancer Hospital and Research Centre began to formally function on May 1, 2009. The staff at the Unit supported patients in the OPD as well as in the ward (IP).

Staff:

Dr. Iqbal Bahar is serving as the Head of the Palliative Care Unit and Mr. Govind Singha is serving as the program coordinator. The service now has 8 nursing personnel (Auxilliary Nurse Midwives and Multipurpose Health Workers), 4 general duty attendants and a medical officer in addition to the palliative care physician and program coordinator. The palliative care OPD functions 6 days a week between 8:00 am and 5:00 pm. It has 2 beds and a procedure corner. The unit also cares for in-patients in a ward with 10 general beds and 4 cubicles.

Patient Volume:



The unit saw over 500 patients in 2010 and attended to phone calls made by patients from home. An average of 60 patients per month in clinic.

IACA Commitment 2010:

IACA directed \$12,000.00 during 2010 to go towards the efforts at Cachar and will commit more in the future if proper documentation is received.

In order to increase awareness, the palliative care team continually conducts programs and workshops. The participants included hospital staff, representatives of local NGOs, some physicians and nursing staff from outside and other invited guests. Also being conducted on a regular basis are classes on palliative care for nurses and weekly staff meetings for discussion of problems, improvement of patient care and weekly plans.



Cancer Centre Welfare Home and Research Institute (CCWHRI) Thakurpukur, Kolkata, West Bengal, India

The Cancer Centre Welfare Home and Research Institute (CCWHRI) was created in 1973 and over the years has grown into a full-fledged modern Cancer Hospital with 254 beds. They are equipped with all modern technologies to screen, diagnose & treat all types of Cancer. They are a philanthropic organization which caters to the needs of patients from every walk of life. Every year, hundreds of needy patients avail of free treatment in the form of free / subsidized accommodation, free tests, free medicines and free check-ups. CCWHRI sees roughly 7000 patients a year (approx 600 patients per month of which 50-60 are not cancer related). They have 50 full time physicians and a total staff of 600. The Institute is one of the leading Cancer Hospitals in India, with many National and International accolades to its credit. It is recognized by W.H.O. and has a membership with UICC, Geneva, Switzerland.

Currently palliative care is available and given in conjunction with chemotherapy, radiation, nerve blocks and Morphine is available if necessary. They are looking on improving and expanding the palliative care efforts. An MOU was signed on March 30, 2010. – Dr. Rakesh Roy will be the dedicated leader. CCWHRI has committed a minimum of Rs15,000/month will be budgeted by hospital for palliative care morphine expense. IACA support is as follows:

Physician –Full time	1	Rs 30,000
Physician – Part time	1	Rs 10,000
Nurse – Full time	1	Rs 8,000
Social Worker – Full time	1	Rs 6,000

Staff: Dr. Roy and a nurse completed training at Pallium India under Dr Rajagopal. The first installment of funds (\$4000) was hand delivered by Dr. Vinay Jain and Ms. Sarah Hunt on the recent visit to CCWHRI the first week of August.



Rishikesh Clinic in conjunction with Ganga Prem Hospice Rishikesh, Uttarakhand, India

Ganga Prem Hospice is a vision for the future – as of now they are raising funds to build the hospice. Currently patients which require care visit the Rishikesh clinic but the vast majority are home care patients. There is a great need in the area for palliative care and Dr. AK Dewan, Director and senior surgical oncologist at the Rajiv Gandhi Cancer Institute in New Delhi, is seeking to help get the vision a reality soon. Before May of this year, patients were only seen once a month by Dr. Dewan at a monthly clinic. Dr. Dewan, travels to Rishikesh (voluntarily) once a month to hold a small clinic and sees an average of 20 patients during each visit.

In April an MOU was signed for IACA to fund a nurse salary for one year. Ms. Sicily Sebastian was hired in May and has been conducting home visits as well as working with Dr. Dewan when he comes. Sicily has a small office at the Rishikesh Clinic where she can be contacted. She has trained with Dr. Rajagopal at Pallium conducting the 6 weeks palliative care course. For now, all are home visits – it is a goal that an outpatient facility be added with additional staff at the clinic.

Morphine access was resolved due to a large need. A hospital in Dehradun agreed to give a supply of morphine. The prescriptions will be given by Dr. Dewan and the palliative care counselor will be authorized to supervise the morphine supply.

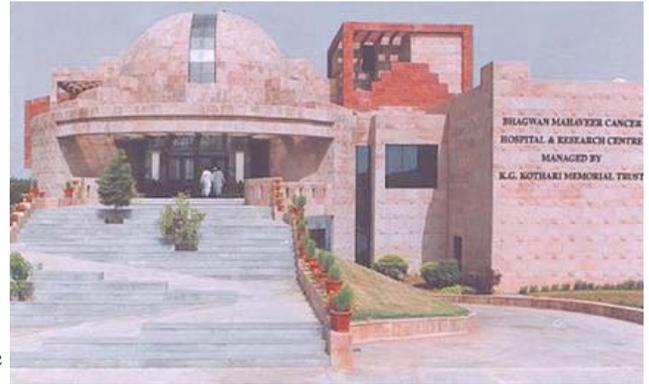
Reporting and documentation has been excellent and the patient volume is increasing, Ms. Sebastian sees an average of 20 patients a month – this number may seem low, but considerations about the rural area and complicated travels have been taken into consideration.

IACA Commitment 2010:

IACA sent Rishikesh \$4000.00 for the nurse salary and training for one year. It is proposed that in 2011 a physician be added. The nurse is tending to some very ill cancer patients and requires on-site guidance and expertise of a doctor. Currently the nurse is reporting to Dr. Dewan and seeking his guidance over the telephone.



Bhagwan Mahaveer Cancer Hospital and Research Centre (BMCHRC) Jaipur, Rajasthan, India



Dr. Anjum S Khan Joad is the India champion for this effort. Dr. Joad is currently the only person in Rajasthan with adequate formal training in palliative care. It was recommended that IACA reach out

Dr. Joad about expanding the pain and palliative care efforts at Bhagwan Mahaveer Cancer Hospital and Research Centre and we are happy to support them and look forward to working together on this worthy cause.

Bhagwan Mahaveer Cancer Hospital and Research Centre (BMCHRC), Jaipur, Rajasthan was created in 1997 and has a good reputation. They currently have 160 beds and perform various clinical, diagnostic, and therapeutic services. Each year they see approximately 50,000 cancer patients. BMCHRC is a not for profit center and do have substantial charity care. They are currently expanding and are now constructing a new building IPD block which will have 250 new beds. 10 beds have been committed to the palliative care services.

Post graduate classes (DNB) are also offered and accredited – including anesthesiology, pathology, surgical and radiation oncology. There is a Palliative Care training program in place for both physicians and nurses. This training program is a 2 month course with 10 days on the floor with patient care. To date they have held 4 training courses which are offered every 6 months and are advertised through the other medical colleges in India.

Current palliative care services are part of the anesthesiology department. Services are provided with the help of medications including morphine and other adjuvant drugs and non-pharmacologic techniques, counseling, social support, and nerve blocks to improve the quality of life. Dr. (Col) RK Chaturvedi, Executive Director is very open and in favor of a collaboration to expand the palliative care services.

An MOU was signed by Dr. Chaturvedi on July 2010 providing salary support of a full time palliative care clinic for the following:

Physician –Full time	1	Rs 30,000
Nurse – Full time	1	Rs 10,000
Social Worker – Full time	1	Rs 6,000
Assistant – data manager	1	Rs 5,000



Dr. Joad and others in her department are currently donating their time to provide palliative care to cancer patients. Her program could use the services of 1 full time physician, 1 nurse and a part time qualified medical social worker. This would enable them to fill the demand gap for their outpatient programs as well as be able to provide service to the cancer patients who go home but are unable to make it to the clinic due to the advanced illness. They also have an inpatient palliative care program. Morphine is provided free to all those who are unable to afford and economic criteria are not used to deny palliative care to the needy in her program. Most patients get free palliative care and free morphine.



Hakim Sanauallah Specialist Hospital and Cancer Center, Sopore, Kashmir, India

The first pilot Pain and Palliative Care Center supported by IACA is in Sopore, Kashmir at the **Hakim Sanauallah Specialist Hospital and Cancer Center**. The India Champion is Prof. Shad Salim Akhtar who is the Medical Director and the US Champion is IACA member Dr. Tanveer Mir, Senior Medical Director, Hospice Care Network, New York. HSSHCC caters to more than 1.5 million residents living in distant villages of this vast rural area. Most of the cancer patients from this area either do not seek appropriate and timely treatment at all or do so at a very late stage. No dedicated palliative care centre existed within or around the state and there was an immediate need for the region. Funding began December 2008 and continued into 2009 and will be paid on quarterly basis.

According to the prevalent incidence in the subcontinent, in Jammu & Kashmir an average 11,000 new cancer cases will be diagnosed annually. Of these, nearly 70% or roughly **8,000** present with advanced stage disease. As in most developing countries, the public health sector is overburdened by more common medical problems and lacks the facilities to deal with the complex issues of advanced cancer. As a result, patients suffer. The need for a dedicated palliative care centre has long been felt and it was high time the private sector chipped in.

Jammu and Kashmir's first and as of now only pain and palliative care centre was thus established in March 2009 at Hakim Sanauallah Specialist Hospital & Cancer Centre, Sopore. The centre was set up in association with the Indo American Cancer Association, USA. The support from IACA made it possible for the Qudsiyya Health Care & Education Trust, which manages the above hospital, to employ the required doctors and nurses for this centre. In order to cater to the population of South Kashmir and Srinagar, a branch was simultaneously started at Srinagar.

Staff:

Dr. Parvez Shah from Bandipora and Dr. MY Tak provide assistance with the management of the patients as well as Dr. Parvez Ahmed, Assistant Surgeon posted in Shopian Distric Hospiatl of Kashmir has joined in the palliative patient care. Dr. Tariq Trumboo, anesthesiologist with training in intervention pain control procedures, has also joined as part of the team. They also have 4 nursing staff and 2 social workers.

Patient Volume:

By the end of August, 2010 a total of **215** patients were registered with 144 at the Srinagar Centre and 71 at Hakim Sanauallah Cancer Centre at Sopore. A total of 122 patients are known to have expired over the last 8 months. The vast majority of the total patients (988) seen at HSSHCC, 37% had pain issues which needed to be addressed and was done so by the palliative care clinic.

IACA Commitment 2010:

IACA directed \$4000.00 during 2010 to go towards the efforts at HSSHCC and will commit more in the future if proper documentation is received.



Jabalpur Hospital, Jabalpur, Madhya Pradesh, India

Jabalpur Hospital in Jabalpur, Madhya Pradesh is IACA's third center. The Director, Dr. Rajesh Dhirwani is fully supportive and the champion is Dr. Naveen Kanda who leads the clinic. The US champion is Dr. Kush Sachdeva who regularly visits Jabalpur where much of his family still resides. Jabalpur hospital is a 250 bed multi-specialty for profit which has a large focus on charity care. They have agreed to help fund the center in part because they realize the tremendous need for the population.

A lack of awareness among the doctors, who don't know about the palliative care concept as well as the patients, was an issue which in 2010 was addressed through many clinics and awareness meetings. Jabalpur Hospital provides for a nurse, room/chamber, morphine, marketing, phone, computer, electricity, data management, papers etc. Jabalpur hospital has given Rs 352 K towards the effort

Staff:

Dr. Kanda leads the effort along with Dr. Sharda Sharma, a retired physician, one nurse and two social workers help in the clinic as well as Mr. Amit Agrawal, the data manager. The nurse salary is provided by hospital. Expenses are 60,000 to 70,000 rupees in a month which include salary, traveling expenses, publicity expenses and expenses related to morphine process.



Patient Volume:

Volume in the palliative care center within a general hospital has been lower than expected – approximately 600 patients were given pain and palliative care. Dr. Kanda is increasing awareness by many different methods. Once a month Dr. Kanda conducts a palliative care clinic in Satna (approximately 60 patients), this has greatly helped increase the awareness and need for palliative care. Information was distributed to social workers of village, teachers of schools. Home care is vital to this area. Dr. Kanda and his team visit several villages in order to go to the patients as so many cannot make the travels to the Hospital. They are visiting many places like Narsinghpur, Katni, Sihora and various places for promotion of the center (100 km radius). His team visits the old age Ashram weekly. These visits touched their hearts- reasons are different for everyone but the pain in almost same for everyone.

IACA Commitment 2010:

IACA directed \$7000.00 during 2010 to go towards the efforts in Jabalpur. Dr. Sachdeva made a personal visit in December and organized many community meetings. 2011 will focus on helping them raise funding through the community.

Organizations Supported by IACA in 2010

Bangalore Hospice Trust Bangalore, Karnataka, India



Bangalore Hospice Trust (BHT) is a non-profit Public Charitable Trust rendering palliative care. It takes care of patients who are in the advanced stage of cancer. The hospice provides a total of 50 beds divided between four wards and few single bed rooms. Apart from expert medical care, they have trained counselors who take care of the psychological and emotional support so badly required for the patient and their families. Individual and group counseling are an integral part of the care provided. They provide personal care, emotional support, respite care, symptom control, appropriate nutrition, bereavement support and on occasion, financial and legal planning advice. All these services are provided totally free of cost. The building also provides accommodation for full time nursing staff, helpers and other Para-medicals.

BHT's unique strength lies in the fact that it provides an entire circle of care to the patient. It begins when an advanced stage patient is discharged from a hospital, when Social workers step in to educate them about Palliative care and the hospice facility. Depending on the patient's condition, he or she is attended to by the Home care team or at the In Patient facility. They continue to extend care to the patients and their families, with the aim of providing peace and dignity in death to the patient.



IACA donated \$5,000.00 in 2010 to help fundraising efforts in order to help expand BHT charitable mission. This charitable contribution was made possible through a generous directed donation on behalf of Sujata and Ajit Divgi in loving memory of Shobhana and Suresh Manjeshwar.

CanKids India Delhi, India

Cankids...KidsCan is a family support group whose aim is to help children and their families faced with cancer in India. It is a unit of the Indian Cancer Society (ICS), Delhi branch, set up in January 2004, to provide a complete range of support services to the children and their families, from the moment of diagnosis, through treatment and into survivorship – or relapse – palliation and bereavement support. Indian Cancer Society, headquartered in Mumbai, is a registered NGO under the Societies Registration Act 1860 No 2983 of 1953-54 and was established in 1951. CanKids works through patient support clinics outside the OPD's of the pediatric oncologists and through ward programs at the cancer centers.



Initially having started their support services at major cancer centers in Delhi, they have now begun a National Outreach Project, to set up new units in pediatric cancer centers across the country. This enables them to provide support services to a large number of cancer affected children all over the country. They focus on making a significant impact to survival rates, treatment and care of childhood cancer. They are committed to being a highly ethical, and transparent NGO and have to follow international norms for NGOs, keeping administrative expenses restricted to 15 % of total funds raised. This ensures that 80% or more of the funds go towards the Core Programs and provide direct assistance to the children and their families, maintaining clear records and patient database available for scrutiny to all.

In 2010 IACA donated \$6,345.00 towards their charitable mission.



New Partners

American Cancer Society (ACS) and the India Run for Hope



In 2006, a collaborative event was hosted by Alpha Iota Omicron, a South Asian interest professional fraternity at Georgia Tech University in Atlanta, Georgia to spread awareness and raise funds to benefit the ACS India Cancer Initiative. Their goal was to create a grassroots movement that would rally students and local communities to engage the growing health concerns affecting South Asia and the US. Since then, over 25 student organizations, community leaders, and local businesses have rallied together to form what is now known as the India Run for Hope. The group now has a new objective to spread the movement nationwide, and has already started spreading collaborative efforts to University of Illinois (Urbana-Champaign) and Florida State University (Tallahassee, FL). IACA intends to help expand and spread this grassroots effort.

In November 2010, leaders from the American Cancer Society, India Run for Hope, and Indo American Cancer Association (IACA) met to address growing needs for palliative care and treatment programs in India. The students have raised \$30,000 to date for the ACS which in turn will be given by the ACS to the IACA for the palliative care center at the Cachar Cancer Hospital and Research Centre (CCHRC) in Silchar, Assam in India. These funds granted by the ACS to IACA will go to support the CCHRC to be used as agreed upon in the MOU signed by the Director and IACA. According to the agreement, IACA will fund staff salaries including a physician, nursing staff a counselor for the next two years at approximately \$15,000 per year.



Meetings

In 2010 IACA participated in 2 national meetings ASCO and ASH through exhibition and an annual dinner meeting. IACA also conducted 4 Regional Dinner Meetings in Chicago, Los Angeles, San Diego (ASTRO) and San Antonio (SABCS). These meetings are very important in order for IACA to spread its mission and encourage memberships. At each meeting, IACA exceeded the number of expected attendees showing the great interest of so many individuals. These meetings are also the tool for IACA fundraising efforts. Most of the fundraising for IACA is conducted at the dinner meetings.

National Meetings:

American Society of Clinical Oncology (ASCO)

Chicago, Illinois

Exhibit dates: June 1, 2010

Dinner Meeting, Saturday, June 5th at the Westin Hotel

Attendance: 162

Memberships Received at Exhibit Booth and Meeting:

Life Members 18 US, 7 India, 2 Other; Annual Members – 3; Fellows – 15



This year at ASCO was one of our best. Much was accomplished including the introduction of our new Executive Committee. Over 47 new members joined, including 27 life members, 3 annual members, 15 fellows and 2 auxiliary members. Thank you to two special members, Dr. Hemanshu Shah and Dr. Sewa Legha who gave \$1000 donations. We greatly appreciate the ongoing input from our members which helps strengthen IACA, keep it up! IACA is growing and we encourage you all to get more involved.

IACA Annual Dinner Meeting at ASCO

What a great Dinner!! We started with some Mango Lassis and went up from there. There were over 150 attendees all of which enjoyed a wonderful Indian meal and great conversation as well as some important information regarding IACA ongoing charitable efforts. If you were unable to attend, we encourage you to visit our website to get more information about how IACA is making a difference.

Election Results

Online voting took place 6 weeks prior to ASCO and results were shared at the meeting to all general members. Thank you to all that voted in our On-Line poll. 58 out of 237 Members voted to elect IACA's new Executive Committee and Chair positions as follows:

Executive Committee:

Kirti Jain, President

Sant Chawla, Vice President

Vinay Jain, Treasurer & Immediate Past President

Kush Sachdeva, Secretary

Programmatic Chairs:

Palliative Care Coordinators: Vivek Khemka, Suresh Reddy, Neeraj Mahajan, and from India MR Rajagopal

Sewa Legha, Traveling Fellowship Chair
Jame Abraham, Traveling Fellowship Co-Chair
Bagi R Jana, Editor, IACA Newsletter
Parameswaran Venugopal, Co-Editor, Newsletter
Shaji Kumar, Co-Editor, Newsletter
Shubham Pant, Fellows in Training Coordinator

India Chairs:

Purvish Parikh, Arnab Gupta, Ravi Kannan
Sankha Mitra, UK Chair

Board of Trustees:

Kanti Rai, MV Pillai, Mohammad Jahanzeb, Minal Barve, Swami Padmanabhan, Govind Babu, Shelley Hukku, Vinod Raina, Digumarti Rao



IACA Exhibit Booth

There was much traffic at the IACA booth. It was a great meeting place for many. Along with conversation, meetings about future goals took place - thank you to all that stopped by and shared information. IACA is your organization and your input is encouraged.



[IACA Executive Committee Meeting](#) was also conducted at ASCO on Saturday, June 5th just prior to the annual dinner meeting at the Westin Hotel. Attendees included: Vinay Jain, Kirti Jain, Bagi Jana, Parameswaran Venugopal, Sewa Legha, Kanti Rai, Sant Chawla, Kush Sachdeva, Jame Abraham, Swami Padmanabhan, MV Pillai, Govind Babu, Shubham Pant

Administrator: Jennifer Quintanilla

Items discussed were membership communication and interaction, IACA projects, future projects and goals, and the infrastructure and management of IACA.



American Society of Hematology (ASH)

Orlando, Florida

Exhibit Dates: December 4-7, 2010

Meeting Attendance: 154

Memberships Received at Exhibit Booth and Meeting:
15 life members, 3 annual members

The annual dinner meeting was
Saturday, December 4, 2010 from 7:30pm – 9:30pm
at the Hyatt Grand Cypress Hotel.



The 52nd annual meeting of the American Society of Oncology brought many of the IACA members to an unusually cold Orlando in early December. Continuing with the annual tradition, the meeting of IACA members (and soon to be members!) was held during ASH at the Hyatt Regency Grand Cypress, Orlando. The semiannual meeting and dinner attracted quite the crowd: there were 154 attendees, the highest number we have seen at an IACA meeting at ASH! We all came together in the midst of a busy meeting to spend a few hours to meet old friends as well as make new acquaintances.

The meeting was kicked off by Dr. Kanti Rai, without doubt the most well known Indian hematologist, who gave a very inspiring talk about the need for all of us to participate in the activities of IACA through which we can make a difference to patients back home. Everyone in the audience enjoyed every minute of Dr. Rai's talk, which set the stage for a wonderful evening. This was followed by a great presentation from Dr. Vinay Jain, IACA Past President, who summarized the activities of JivDaya Foundation, a private charitable organization run by Dr. Jain and his wife Kanika.

Given the delay in seeking healthcare and poor diagnostic capabilities in the primary care set up in India, cancer care is to a large extent palliative care in India and this was highlighted by Dr. Kirti Jain, who provided a summary of the ongoing IACA activities. He specifically highlighted the support provided to Cankids, a family support group for helping children and families faced with cancer, Pallium India, a charitable organization striving to improve pain and palliative care in India. He provided more details on the ongoing activities in establishing palliative care programs in India and the importance of the traveling fellowship program that allows individuals in India to spend some time in the United States to learn more about a particular aspect of cancer care.

A new introduction to the IACA meeting this year was a panel discussion that included several IACA members from different academic centers in the US, all of whom provided their perspectives of why it is important for each of us to support the IACA in its activities. They shared stories, personal and otherwise, that attracted them to the care of the cancer patient in the first place and then to IACA. What stood out as a common vein in the individual perspectives was the strong desire to give back to our home country in some fashion and how IACA provides that opportunity through the numerous activities that it has set in motion. The panel members strongly encouraged everyone in the audience, who was not yet a member, to join and strengthen the organization.

The organization clearly needs the support of each and every individual to maintain and improve upon the success so far. Commitment can be in the form of time or money or both and a strong plea was made to everyone to become life members as well as to donate to the organization. All in all, this was one of the best meetings for IACA at ASH and we all look forward to future meetings.

Regional Dinner Meetings:

Chicago Luncheon, April 3rd

Hosted by Dr. Parameswaran Venugopal with his wife, Lakshmi. Speakers included Dr. Vinay Jain from Dallas and Dr. Venugopal. There were 32 attendees of which 8 became members.

Summary: Dr. Jain gave a brief 20 minute update about IACA mission, current projects and goals. Dr. Venugopal then shared with the attendees his experience with the IACA and what a wonderful organization it is becoming, encouraging all to get more involved. It was a very well received meeting and all had a very nice evening together. All agreed that IACA can only continue to grow and help and succeed if everyone gets involved and work together – they agreed that it is good to build membership, but most importantly to have members that really do care and get involved.



Los Angeles Lunch, October 31st

Hosted by Dr. Sant Chawla with his wife, Kusan. Speakers included Dr. Kirti Jain from Ashland and Dr. Chawla. There were 30 attendees of which 6 became members. It was a full room and thank you again to all who attended. We are happy to hear from our members and welcome our newest ones. We look forward to hearing from all our members in the future with ideas and suggestions.



San Diego Dinner Meeting at ASTRO, November 1st

Hosted by Dr. Ash Narayana from New York University. Speakers included Dr. Kirti Jain from Ashland, Kentucky, Dr. Narayana and Dr. GV Giri from Bangalore - Kidwai . This was a roundtable meeting, with 22 invited attendees. This forum was used to brainstorm ideas about how to get radiation oncologists more involved with IACA. Many great ideas were discussed and ideas shared. IACA hopes to partner with centers in India and build a relationship to help expand training and education.

Just a few attendees:



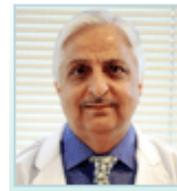
Rajiv Samant, Canada



Ash Narayana, New York



GV Giri, Kidwai Bagalore



AK Anand, Max Hospital, Delhi

San Antonio Dinner at SABCS, December 10th

Hosted by Dr. Swami Padmanabhan. Speakers included Dr. Jame Abraham from West Virginia University and Dr. Padmanabhan. There were 14 attendees and 1 new life member.

Summary: The idea of the dinner is to help us to get to know each other, but also will help in contributing to the larger cause that the IACA has undertaken to give back and render a helping hand for cancer patients in India. Although it was a smaller meeting than the others in 2010, it was very productive. It was a great opportunity to really discuss ideas and share thoughts about IACA. IACA will be working hard in 2011 to implement some of the ideas generated at this really nice dinner meeting.



Newsletters

In 2010, IACA issued one paper newsletter before going green and putting out an IACA E-newsletter on a monthly basis. This was in part to lowering costs, helping the environment and ease of use. The E-Newsletter is electronically sent to over 1400 oncologists throughout the US, India, Canada, Europe and many other countries. The issues cover items regarding our charitable mission and highlighting our ongoing efforts.



IACA - ASH Meeting In New Orleans: Yet Another Trend-Setter!

by Parameswaran Venugopal, M.D., Professor of Medicine, Division of Hematology & Oncology, Rush University Medical Center



the IACA's ASH satellite meeting.

During the year 2009 IACA conducted many gatherings which were received with enthusiasm. Particularly worth mentioning are the satellite meetings of ASCO, ASH, San Antonio Breast Cancer Meet and a IACA Chapter meeting in NY. Kindly read the report from Dr. Venu regarding



Our wonderful speakers: Raj Warier, Kastu Rai, John Oldham, Vinay Jain, Mammen Chandu, and Suresh Parekh

The semi-annual meeting of IACA was held at New Orleans, LA on Saturday, December 5, 2008 between 7:30PM and 9:30PM at the Jefferson Ballroom of Hilton New Orleans Riverside Hotel. Over 130 attended the dinner meeting. Many participants came before the start of the program and actively participated in socializing and net-working.

Dr. Vinay Jain started the meeting by welcoming the participants. He summarized the accomplishments during the year including palliative care efforts and traveling fellowship. Traveling fellows sponsored by IACA continue to come to U.S from various parts of India to get trained in highly specialized areas and get back to India where they have made significant change in their practice based on the training received. Dr. Jain also stressed the importance of enhancing palliative care facilities in India and outlined the various centers already established by IACA in various parts of India with the help of local champions.

A Panel of renowned speakers including Dr. Mammen Chandu, Director of Hematology at Christian Medical College, Vellore, Dr. Raj Warier, Vice Chancellor and Professor of Pediatric Heme/Onc, KMC Hospital, Manipal, Dr. John Goldman, Director of the Imperial College of London, Dr. Sunil Parekh, hematologist from Mumbai gave excellent insightful talks on wide ranging subjects of special interest to Indo-Americans. The Program attendees were glued to the talks and stayed until end of the program which was at 10 pm. An appeal to the participants led to 13 new members and offers of support.



As always IACA has the best crowd at our booth: Vivek Khensla, Swami Padmanabhan, Jennifer, Kastu Rai, Vinay Jain and Hemant Shah

IACA Booth at the ASH Exhibit Hall: Jennifer Quintanilla set up a very impressive booth for IACA at ASH. There was a lot of interest at the busy booth. Many stopped by to get more information about IACA and were given brochures and application for membership as well as information about the dinner meeting. Many of these interactions led to their signing up for membership at the dinner meeting.

Overall, this was one of the most successful ASH programs held by IACA.

Indo American Cancer Association Newsletter
Pain and Palliative Care Database Tool
November 2010

ASH
IACA Annual Dinner Meeting
Saturday, Dec. 4th
7:30pm-10:00pm
Hyatt Regency Grand Cypress Hotel
Orlando, Florida

We invite you, your spouse and your colleagues to join us for our annual meeting. RSVP for complimentary registration to jennifer@iacaweb.org

India Cancer Registry (ICaNR) On-Line Database Tool

ICaNR On Line Database

The majority of cancer institutions in India are still capturing data using paper forms, which do not allow for retrieval, analysis or interpretation of patient outcomes. Prospective collection of patient data is a critical component for assessing large volumes of patient data as has been observed throughout the various IACA supported centers. Analysis from this data provides a functional tool with regard to an effective and thorough treatment compendium. A fundamental mission lies in assisting with the dire need for better patient tracking. To fulfill the efforts of this mission, we have created the ICaNR database in order to serve as an interventional tool that is well suited to the needs of a particular center. The ICaNR Database empowers the centers

Current paper-based patient files do not allow for retrieval, analysis and interpretation.

Prospective collection of data, patient tracking, and documentation of overall patient outcomes require

Current paper-based patient files do not allow for retrieval, analysis and interpretation.

Prospective collection of data, patient tracking, and documentation of overall patient outcomes require

Indo American Cancer Association Newsletter
Pain and Palliative Care Update
October 2010

ASH
IACA Annual Dinner Meeting
Saturday, Dec. 4th
7:30pm-10:00pm
Hyatt Regency Grand Cypress Hotel
Orlando, Florida

We invite you, your spouse and your colleagues to join us for our annual meeting. Please RSVP to Jennifer via email at jennifer@iacaweb.org

IACA Joins Charitable Cancer Center in Kolkata to Augment Palliative Care Efforts

We are all aware the havoc the diagnosis of a cancer can play in a family- especially if you are a poor family in Kolkata. These patients spend their last days in pain and agony.

Palliative Care Facts in India:
Population of more than a billion - One sixth of the World population!
With a crude death rate of 8.28 per thousand, 9 million deaths every year
5-4 million of them in need of palliative care
Less than 1% have access to proper care

Palliative care is almost nonexistent in most parts of

CCWHRI Hospital
In early 1973, a young radiation oncologist faced this problem, his name Dr. Saroj Gupta. Dr. Gupta saw the plight of cancer patients who failed to get a bed in a hospital, let alone curative cancer care. He decided to do something about it. Dr. Saroj Gupta formed a charitable Society with a group of doctors, social workers and philanthropists. His mission was to form a Cancer Centre for the cancer afflicted patients and their families, with special emphasis on the

Indo American Cancer Association Newsletter
Traveling Fellowships Continue
September 2010

My Accomplishments after IACA Traveling Fellowship:

Dr. Dipti Rani Samanta
Head, Medical Oncology,
A.H. Regional Cancer Centre,
Cuttack-Orissa, India

A.H. Regional Cancer Centre is one of 25 Regional Cancer Centers in India. Dr. Samanta sees a large volume of locally advanced breast cancer. She feels the treatment outcomes can be improved by applying the latest advances in the management of locally advanced breast cancer. Dr. Samanta came to study with Dr. Jame Abraham, Prof & Chief of Hematology and Oncology and the breast cancer expert at Mary Babb Randolph Cancer Center, Morgantown, WV. She was hopeful that this experience can be effectively applied to improve the care of patients with breast cancer in her state, including the poor. Please see her statement below after her visit

My experience at Mary Babb Randolph Cancer Centre was quite educative and informative which encouraged me to utilize the same technology to improve the health status of the Cancer patients of my provinces. After my fellowship I had an expanded idea regarding the management of breast cancer and I have taken steps under the guidance of the Director of my Cancer Centre.

My achievements:
1. Formed a clinical trial unit
2. CME and panel discussion for the recent trend in management of breast cancer for the Clinicians, Residents as well as post graduate students.
3. Establishing an infusion center in our new hospital building, a 70 bedded expanded unit which will be

ASH MARK YOUR CALENDAR
Saturday, Dec. 4th
IACA will have our Annual Dinner Meeting again at this year's ASH meeting. More details to come soon.

IACA's Traveling Fellowship Program

IACA is continually accepting applications for the Traveling Fellowship. Please visit iacaweb.org for more information or Jennifer at jennifer@iacaweb.org

Website

In 2010, IACA updated the iacaweb.org website with new membership features including a member forum intended to help IACA members with consultations, and items such as job postings. Also improved are more consistent project updates and our new partners page. The site now has additional features for fellows and more photos than ever. The website is now more user friendly and will be a better benefit for all who visit the site.

The screenshot shows the IACA Home Page. At the top left is the IACA logo and the text "Indo-American Cancer Association". A navigation menu includes: Home, About Us, Membership, Forum, Traveling Fellowship, Palliative Care Initiative, Contribute, News, Meetings, Fellow's Corner. The main heading is "Home Page: iacaweb.org". Below it is the "IACA Mission" section, which states: "The Indo-American Cancer Association (IACA) is an organization of cancer specialists of Indian Subcontinent heritage with a mission to advance cancer care wherever its members live and work and to look after the needs and interests of its members. It would also act to maintain the identity of this group of professionals, be a conduit for interchange of ideas and goodwill, and provide a forum for academic, educational, cultural, charitable and social interaction among them." Below the mission is a photo of a group of people and the text "Organization of Cancer Specialists to Advance Cancer Care...". A paragraph of text follows: "Thank you again to all who attended IACA meetings this year. We had a great turnout at ASCO and ADI - we are really growing. IACA also had several smaller meetings this year in Chicago, Los Angeles, San Diego and San Antonio - many ideas about future growth were discussed and many are being implemented soon in 2011. As always we value your input and thoughts and encourage you all to get more involved. Happy Holidays and a Wonderful New Year, IACA". Below this is a paragraph about the organization: "The Indo American Cancer Association (IACA) is a non-profit, public charity trying to make a difference in the treatment and care of cancer patients. IACA is a member based organization comprised of mostly oncologists of Indian heritage. The IACA was created as a vehicle not only to bring together those of a common heritage but to help those in need. In order to facilitate this vision, the IACA has launched a Palliative Care Initiative, Traveling Fellowship Program, meetings at national conferences, smaller regional meetings, newsletters and a website." Another paragraph says: "We invite you to view this website and learn more about our mission and charitable activities in India and in the US. IACA continues to grow and strengthen as an organization and we encourage you to get involved." At the bottom, there is a section titled "Indo-American Cancer Association: Activities" with four columns: "Palliative Care" (with a link to "IACA's biggest charitable effort so far"), "Past Meetings" (with a link to "Thank you to Dr Sant Chandra for hosting a Regional Lunch Meeting in Los Angeles See photos..."), "Upcoming Projects" (with a link to "IACA is always interested in new ideas from our members. Learn more."), and "Travel" (with a photo of a man). Below this are four sections: "Our Partners" (with links to "IACA is proud to partner with...", "IACA supports...", "IACA is proud to partner with...", and "IACA supports..."), "Working Forum Join Now" (with a link to "Join the forum"), "Contact Us" (with links to "Send By Postcard", "Call the ICA", "E-mail us", "Fax the ICA", "Send us your comments", and "Send us your comments"), and "Palliative Care Activities" (with links to "IACA is proud to partner with...", "IACA supports...", "IACA is proud to partner with...", and "IACA supports..."). At the very bottom, there is a small text: "IACA is a 501(c)(3) organization that supports programs of highest quality in cancer care, education, mentoring and prevention. IACA is a registered public charity and all contributions are tax-deductible to the extent allowed by law. IACA Federal ID# is 52-3045213".

The screenshot shows the IACA Membership Page. At the top left is the IACA logo and the text "Indo-American Cancer Association". A navigation menu includes: Home, About Us, Membership, Forum, Traveling Fellowship, Palliative Care Initiative, Contribute, News, Meetings, Fellow's Corner. The main heading is "Membership Page". Below it is the "IACA Mission" section, which states: "The Indo-American Cancer Association (IACA) is an organization of cancer specialists of Indian Subcontinent heritage with a mission to advance cancer care wherever its members live and work and to look after the needs and interests of its members. It would also act to maintain the identity of this group of professionals, be a conduit for interchange of ideas and goodwill, and provide a forum for scientific, educational, cultural, charitable and social interaction among them." Below the mission is a photo of a group of people and the text "Organization of Cancer Specialists to Advance Cancer Care...". A paragraph of text follows: "Thank you again to all who attended IACA meetings this year. We had a great turnout at ASCO and ADI - we are really growing. IACA also had several smaller meetings this year in Chicago, Los Angeles, San Diego and San Antonio - many ideas about future growth were discussed and many are being implemented soon in 2011. As always we value your input and thoughts and encourage you all to get more involved. Happy Holidays and a Wonderful New Year, IACA". Below this is a paragraph about the organization: "The Indo American Cancer Association (IACA) is a non-profit, public charity trying to make a difference in the treatment and care of cancer patients. IACA is a member based organization comprised of mostly oncologists of Indian heritage. The IACA was created as a vehicle not only to bring together those of a common heritage but to help those in need. In order to facilitate this vision, the IACA has launched a Palliative Care Initiative, Traveling Fellowship Program, meetings at national conferences, smaller regional meetings, newsletters and a website." Another paragraph says: "We invite you to view this website and learn more about our mission and charitable activities in India and in the US. IACA continues to grow and strengthen as an organization and we encourage you to get involved." At the bottom, there is a section titled "Indo-American Cancer Association: Activities" with four columns: "Palliative Care" (with a link to "IACA's biggest charitable effort so far"), "Past Meetings" (with a link to "Thank you to Dr Sant Chandra for hosting a Regional Lunch Meeting in Los Angeles See photos..."), "Upcoming Projects" (with a link to "IACA is always interested in new ideas from our members. Learn more."), and "Travel" (with a photo of a man). Below this are four sections: "Our Partners" (with links to "IACA is proud to partner with...", "IACA supports...", "IACA is proud to partner with...", and "IACA supports..."), "Working Forum Join Now" (with a link to "Join the forum"), "Contact Us" (with links to "Send By Postcard", "Call the ICA", "E-mail us", "Fax the ICA", "Send us your comments", and "Send us your comments"), and "Palliative Care Activities" (with links to "IACA is proud to partner with...", "IACA supports...", "IACA is proud to partner with...", and "IACA supports..."). At the very bottom, there is a small text: "IACA is a 501(c)(3) organization that supports programs of highest quality in cancer care, education, mentoring and prevention. IACA is a registered public charity and all contributions are tax-deductible to the extent allowed by law. IACA Federal ID# is 52-3045213".

Financials

Indo American Cancer Association Revenue and Expense January – December 2010

Revenue

Membership Dues	\$44,350
Individual Contributions	\$32,310
Donations from non-profits	\$28,020
Corp/Business Contributions	\$50,000
Interest Investments (CD, Savings)	\$ 4,463

Total Revenue **\$159,143**

Program Expenses

Rural Healthcare Program – CanKids	\$ 6,345
Palliative Care Support Granted	
Jabalpur Hospital	\$ 7,000
Cachar Cancer Hospital, Assam	\$12,000
Bangalore Hospice Trust	\$ 5,000
Rishikesh Clinic	\$ 4,000
Bhagwan Mahaveer Cancer Hosp, Jaipur	\$ 4,000
Cancer Centre Welfare Home, Thakurpukur	\$ 4,000
Hakim Sanaullah Specialist Hosp, Kashmir	\$ 4,000

Exhibition - Conference, Convention, Meetings
 ASCO, ASH, ASTRO, Chicago, Los Angeles \$30,670

Newsletters (one) \$ 2,800

Total Programmatic Expenses **\$ 79,491**

Contract Services
 Accounting & Legal Fees \$ 6,000

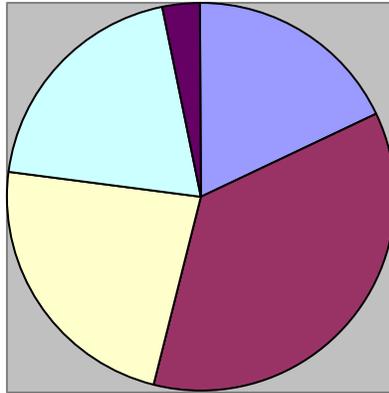
Administrator \$39,000

Operations
 Postage, Mailing Service \$ 387
 Printing and Copying \$ 467
 Supplies, Software, Telecommunications \$ 2,305
 Bank Service Charge, Credit Card, PayPal Fees \$ 1,885
 Insurance - Liability, D and O \$ 500

Total Expense **\$130,312**

Net Excess **\$28,831**

Sources of Funding



Donations from non-profits include - Fidelity Charitable fund and foundation funds \$28,020

Individual Contributions includes members and Executive Committee \$32,310

Membership Dues include life and annual \$44,350

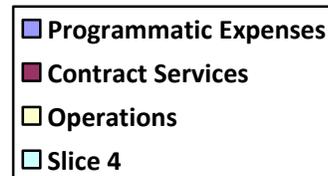
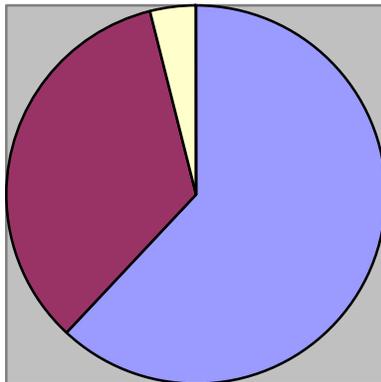
Corp/Business Contributions include pharmaceutical funds \$50,000

Interest Investments (CD, Savings) \$ 4,463

Total Revenue

\$158,625

Uses of Funding



Programmatic Expenses include palliative care effort, conferences and meetings, fellowships and member newsletters \$79,491

Contract Services include accounting and legal fees, consulting fees, graphics and design services, and administrator \$45,000

Operations include postage, mailing service, printing & copying, supplies, telecommunications, bank service charges and insurance \$5,821

Total Expense

\$166,011

4 Year Revenue and Expense

Financial year	Income	Expense
2007	250,772	87,697
2008	195,333	108,172
2009	210,428	166,011
2010	159,143	130,312

2010 Donors

Individual Contributions – Total Donations \$32,310

Palliative Care

\$5,000 Ajit Divgi, Chicago, Illinois for Bangalore Hospice Trust
\$100 Pam Khosla, Chicago, Illinois

Directed Donations

\$3,300 Stephen Hill, Edmonds, Washington for CanKids India
\$1,000 Sangeeta Tandon, Exton, Pennsylvania for CanKids India
\$5,000 Jerina Kapoor, Saratoga, California for Pallium India
\$250 Mahendra Ranchod, Palo Alto, California for Pallium India
\$100 Pushpa and Anjul Suda, Kinnelon, New Jersey for Pallium India
\$85 Rizwan and Nina Mithani, Cupertino, California for Pallium India
\$25 Himatlal and Usha Malkwan, Fremont, California for Pallium India

General Donations

\$5,000 C Yeshwant, South Barrington, IL
\$2,000 Ravi Vij, Ballwin, Missouri
\$1,500 Vivek Khemka, Phoenix, Arizona
\$1,200 Ushasreee Chamathy, Okemos, MI
\$1,000 Hemanshu Shah, Dallas, Texas
\$1,000 Sewa Legha, Houston, Texas
\$1,000 Sundar Jagannath, New York, New York
\$1,000 Jame Abraham, Morgantown, W Virginia
\$1,000 Parameswaran Venugopal, Chicago, IL
\$1,000 Birendra Kumar, Arlington, Minnesota
\$1,000 Kush Sachdeva, Vineland, New Jersey
\$500 Uday Popat, Houston, Texas
\$250 Syed Ahmed, Sebring, Florida

Donations from Non-Profits- Total Donations \$28,020

\$20,000 Fidelity Charitable Gift Fund, Recommended by Vinay Jain, Dallas, TX
\$5,000 Kirti Jain Family Foundation, Inc., Russell, KY
\$2,000 Fidelity Charitable Gift Fund, Recommended by Mr and Mrs Piush Kumar, Boston, MA – Directed for CanKids
\$1,000 Fidelity Charitable Gift Fund, Recommended by Kanti Rai, Great Neck, NY
\$20 JP Morgan Chase & Co, Employee Giving Campaign

Corp/Business Contributions – Total Donations \$50,000

\$40,000 Celgene
\$5,000 Onyx Pharmaceuticals
\$5,000 Piramal Life Sciences, Mumbai, India

Members

In 2010 IACA spent much time and effort listening to our members. Although the main focus will always be on helping others in need through charitable efforts and projects, **IACA created membership benefits through networking, further education and volunteer opportunities.** To this end, **IACA added a member forum**, US to India fellowships, a fellows corner, and developed partnerships to help expand our reach.

The member forum on the iacaweb.org website is designed to help build bridges among our members. This forum enables members to have consultations, networking, job postings and making connections with other members.

Also, in 2010 we had several of our members from the US volunteer at hospitals in India. These US to India Fellowships enable US members who are making a visit to India to also volunteer while they are already there. Dr Shirish Devasthali a medical oncologist from Fayetteville, NC volunteered at Delhi State Cancer Institute for one week in December 2010. This connection was made by IACA for Dr Devasthali who stated “I am most appreciative of the opportunity provided to me by Dr. Grover and his staff, especially Jyotikaji (assistant) who spent several days showing me around the facility. I commend IACA for developing the association with DSCI. I am certain this arrangement will provide opportunities for education and training in USA and India. I look forward to my next visit to DSCI.”

Fellows have also requested that IACA provide more information directly for them which we have also included on the iacaweb.org website. This initiative will continue to grow and is already expanding not only for fellows, but medical students as well.

IACA will continue to listen and improve our member benefits in order to help build awareness and strengthen our ultimate goal of helping those in need. In 2010, IACA welcomed 84 new members.

New IACA Life Members in 2010

From the United States:

Mehul Amin, Beverly Hills, CA
Sunil Badve, Indianapolis, IN
Rajat Bannerji, Morristown, NJ
Reema Batra, New York, NY
Prithviraj Bose, Glen Allen, VA
Sarah Easaw, Freehold, NJ
Narendra Gorunkanti, Fort Smith, AR
Chitra Hosing, Houston, TX
Hari Kalla, Abilene, TX
Jagmohan Kalra, Lake Success, NY
Jerina Kapoor, Saratoga, CA
Janardan Khandekar, Glenview, IL
Vinay Kumar, Chicago, IL
Shaji Kumar, Rochester, MN

William Leslie, Chicago, IL
Anuj Mahindra, Cambridge, MA
Jayesh Mehta, Chicago, IL
Nikhil Munshi, Needham, MA
Murugavel Muthusamy, Valparaiso, IN
Ram Nemani, Santa Monica, CA
Lalita Pandit, Fountain Valley, CA
Arunbhal Patel, Staten Island, NY
Vijay Peddareddigari, Collegeville, PA
Tribhuvan Kumar Pendurthi, Bethlehem, PA
Raj Prasad, Silver City, CA
Subhash Proothi, Bethlehem, PA
Noopur Raje, Newton, MA
Jayanthi Ramadurai, Burr Ridge, IL

Chandra Ramanathan, Ringoes, NJ
Ruta Rao, Chicago, IL
Nitin Rohatgi, Elk Grove, CA
Neel Shah, Hinsdale, IL
Taimur Sher, East Amherst, NY
George Simon, Huntington Valley, PA
Seema Singhal, Chicago, IL
Neeta Somaiah, Elkins Park, PA
Mala Vohra, Chicago, IL
Furhan Yunus, Memphis, TN
Narendra Shah, Athens, GA

From India:

Manmohan Acharya, Jaipur, Rajasthan
Veena Agarwal, Mumbai, Maharashtra
Govind Babu, Bangalore, Karnataka
B Balagopal, Trivandrum, Kerala
Mithra Bindhu, Bangalore, Karnataka
Biman K Chakrabarti, Kolkata, West Bengal
Jayanta Chakrabarti, Kolkata, West Bengal
KN Chandramohan, Trivandrum, Kerala
Sudipta Das, Kolkata, West Bengal
Avtar Krishan Ganju, Nagpur, Maharashtra
Pabitra Kumar Gogoi, Guwahati, Assam

Hemant Goyal, Bhopal, Madhya Pradesh
Arnab Gupta, Kolkata, West Bengal
Pawan Gupta, New Delhi, Delhi
Neeraj Jain, Amritsar, Punjab
Rabindra Kumar Jena, Cuttack, Orissa
M Joseph John, Punjab
Chandrashekhar L Pai, Mumbai, Maharashtra
Anand Pathak, Nagpur, Maharashtra
Lalatendu Sarangi, Varanasi, Uttar Pradesh
Bhawna Sirohi, Delhi, Delhi
Srihari Uppalapati, Hyderabad, AP

From Other Countries:

Madhu Sudan Singh, Point Cook, Australia
Ramanujam Singarachari, Abu Dhabi, UAE
John Goldman, London, Europe

IACA Annual Members

Anshul Bamrolia, Libertyville, IL
Visalam Chandrasekaran, Roslyn, NY
Vijay Goyal, Richmond, IN
Sunil Gupta, Malvern, PA
Ranjin Gupta, Center Valley, PA
Rajul Jain, Agoura Hills, CA
Arun Kalra, Santa Monica, CA
Pam Khosla, Chicago, IL
Manish Kohli, Rochester, MN
Carla Kurkjian, Oklahoma City, OK

Aroop Mangalik, Albuquerque, NM
Bijoyesh Mookerjee, Moorestown, NJ
Sushma Nakka, Lakeland, FL
Leela Rae, Naperville, IL
Mohammad Ranginwala, Rochester, MN
Neelesh Soman, Encino, CA
Leno Thomas, Munster, IL
Amitabha Mazumder, New York, NY