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Name:

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Place of Birth:

London, England

PART I:

Education:

1980-83

B.S., Pennsylvania State University

1981-85

M.D., Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA

Postdoctoral Training:

1985-86	Surgical Intern, Western Pennsylvania Hospital, Pittsburgh, PA
1986-87	Surgical Resident, State University of New York, University
	Hospital, Stony Brook, NY
1987-88	House Physician, Astoria General Hospital, Queens, NY
1988-91	Resident, Department of Otolaryngology, Jefferson Medical College,
	Thomas Jefferson University Hospital, Philadelphia, PA

Licensure and Certification:

1992	American Board of Otolaryngology
1988	Pennsylvania License #041494-E
1991	Massachusetts License #74548

Academic Appointments:

1991-2000	Instructor in Otology & Laryngology, Harvard Medical School
2000-2004	Assistant Professor in Otology and Laryngology, Harvard Medical
	School

2004-Present Clinical Assistant Professor in Otology and Laryngology, Harvard Medical School

Hospital Appointments:

1992-94	Consulting Staff in Otolaryngology, Dana Farber Cancer Institute,
	Boston, MA
1991-	Associate Surgeon, Brigham & Women's Hospital, Boston, MA
1991-	Associate Surgeon in Otolaryngology, Beth Israel Hospital,
	Boston, MA
1991-	Assistant in Otolaryngology, Massachusetts Eye & Ear Infirmary,
	Boston, MA
1991-	Assistant in Otolaryngology, The Children's Hospital, Boston, MA
1991-93	Staff Physician in Otolaryngology, Harvard Community Health Plan,
	Fenway Plaza, Boston, MA
1996-	Consulting Staff in Otolaryngology, Dana Farber Cancer Institute,
	Boston, MA

Principal Hospital Service Responsibilities:

1991-97	General Otolaryngology Clinic, Attending Physician supervising
	Otolaryngology residents, surgical and primary care house staff, and
	medical students, Beth Israel Deaconess Medical Center and
	Brigham & Women's Hospital, 3 hours/once a week/all year
1993-94	Coordinator, Longwood Center for Head and Neck Cancer
1997-99	Credentials Committee, Brigham & Women's Hospital
1999-	Interviewer, Otolaryngology Residency Program, Harvard/Mass Eye
	and Ear Residency Program
2000-2001	Interviewer, Surgical Residency Program, Beth Israel Deaconess
	Medical Center

Memberships in Professional Societies:

1992	Fellow, American Academy of Otolaryngology-Head & Neck
	Surgery
1992	Society of University Otolaryngologists-Head & Neck Surgeons
1993	Associate Fellow, American College of Surgeons
1994	Massachusetts Medical Society
1995	CETV Subcommittee of American Academy of Otolaryngology
1995	Fellow, American Society for Laser Medicine and Surgery
1995	Fellow, American Rhinologic Society
1995	Fellow, American College of Surgeons

Awards and Honors:

1983	Graduated Summa Cum Laude, Pennsylvania State University
1985	S. Macuen Smith Award in Otology, Jefferson Medical College

Original Reports:

- 1. Girdhar-Gopal HV, Mikaelian DO. Adenoma and Adenocarcinoma of the Middle Ear and Mastoid Cavity. Transactions of the Pennsylvania Academy of Ophthalmology and Otolaryngology, 1990.
- 2. Eriksen CM, Girdhar-Gopal HV, Lowry LD. Glomus Vagale: A Report of Eight Cases. Am J Otolaryngol. 1991; 12:278-287.
- 3. Garcia CE, Girdhar-Gopal HV, Dorfman DM. Kikuchi-Fujimoto Disease of the Neck: An Update. Ann Otol Rhinol Laryngol. 1993; 102:11-15.
- 4. Strome M, Girdhar-Gopal HV, Murray KD, Shapiro, J. Posterior Transverse Laser Cordotomy A Management Choice for Bilateral Voice Cord Immobility. Presented at the American Laryngological Association Meeting in Los Angeles, CA, April, 1993. Transactions of the American Laryngological Association, 1994.
- 5. Eriksen CM, Lowry LD, Girdhar-Gopal, HV. Orthostatic Hypotension: An Unusual Complication of Carotid Body Tumor Resection. Ann Otol Rhinol Laryngol. 1993; 102:11-15.
- 6. Girdhar-Gopal HV, Strome M. An Assessment of Postganglionic Cryoneurolysis for Managing Vasomotor Rhinitis. Am J Rhinol. 1994; 8:157-164. ----Rhinology and Nasal Allergy Yearbook 1996
- 7. Fried MP, Kleefield J, Jolesz FA, Hsu L, Gopal HV, Deshmukh BS, Taylor RJ, Morrison PR. Intraoperative image guidance during endoscopic sinus surgery. Am J Rhinol. 1996; 10:337-342.
- 8. Fried MP, Kleefield J, Gopal H, Reardon E, Ho BT, Kuhn F. Image-guided endoscopic sinus surgery: results of accuracy and performance in a multicenter clinical study using an electromagnetic tracking system. Laryngoscope 1997; 107:594-601.
- 9. Bhattacharyya N, Gopal HV. Examining the safety of nasogastric tube placement after endoscopic sinus surgery. Ann Otol Rhinol Laryngol 1998; 107:662-664.
- 10. Fried MP, Topulos G, Hsu L, Jalahej H, Gopal H, Lauretano A, Morrison PR, Jolesz FA. Endoscopic sinus surgery with MRI guidance: Initial patient experience. Otolaryngology-Head & Neck Surgery, 1998; 119:374-380.
 - Bhattacharyya N. Gopal HV. Lee KH.
- 11. Bacterial infection after endoscopic sinus surgery: a controlled prospective study.

Laryngoscope. 2004 April; 114 (4):765-7

PMID: 15064638 [PubMed – Indexed for MEDLINE]

12. Bhattacharyya N. Gopal HV.

Microbiology of the ethmoid sinus following endoscopic sinus surgery. Ear Nose Throat J. 2002 Jul; 81 (7): 458-61.

PMID: 12149842 [PubMed – indexed for MEDLINE]

13. Colevas AD. Norris CM. Tishler RB Lamb CC. Fried MP. Goguen LA. Gopal HV. Costello R. Read R. Adak S. Posner MR.

Phase I/II trial of outpatient docetaxel, cisplatin, 5-fluorouracil, leucovorin (opTPFL) as induction for squamous cell carcinoma of the head and neck (SCCHN).

14. Heilman CB. Shucart WA. Rebeiz EE. Gopal H.

Endoscopic pituitary surgery.

Clin Neurosurg. 2000; 46:507 -14. No abstract available.

PMID: 11943893 [PubMed - indexed for MEDLINE]

Reviews and Chapters:

- 1. Fried MP and Girdhar-Gopal H. Advanced Cancer of the Larynx. In: Bailey BJ. Head and Neck Surgery Otolaryngology. Philadelphia: JB Lippincott, Inc., 1993; 1347-60.
- 2. Gopal HV, Fried MP. Carcinoma of the Glottis and Subglottis. In: Fried MP. The Larynx. Philadelphia: Mosby-Year Book, 1996; 503-517.
- 3. Fried MP, Jolesz FA, Morrison PR, Kleefield J, Kikinis R, Nixon A, Jalahej H, Gopal H. Image guidance for surgery: CT and MRI Guidance. Proceedings of the 4th International Head and Neck Conference in Toronto, Canada, July 1996:200-209.
- 4. Gopal HV. Rhinitis. In: Dornbrand L, Hoole AJ, Fletcher. Manual of Clinical Problems in Adult Ambulatory Care. Philadelphia: Lippincott-Raven 1996; 85-92.
- 5. Gopal HV, Fried MP. Vertical Partial laryngectomy including thyroid cartilage. Atlas of Head & Neck Surgery-Otolaryngology. Philadelphia; JB Lippincott Co, 1996; 176.

- 6. Gopal HV, Fried MP. Anterior commissure and anterolateral vertical partial laryngectomy. Atlas of Head & Neck Surgery-Otolaryngology. Philadelphia; JB Lippincott Co, 1996; 180.
- 7. Fried MP, Gopal HV, Morrison P. The use of intraoperative CT guidance systems for endoscopic sinus surgery. Current Opinion in Otolaryngol Head Neck Surg 1997; 5:22-24.
- 8. Gopal H. Endoscopic transnasal transsphenoidal pituitary surgery. Sinus Newsletter, Vanderbilt University, September 1998.
- 9. Fried MP, Gopal HV, Frankenthaler R. Advanced cancer of the larynx. In: Bailey BJ. Head and Neck Surgery Otolaryngology. Second Edition Philadelphia: JB Lippincott, Inc.,1998:1739-1758
- 10. Gopal HV. Endoscopic transnasal transsphenoidal pituitary surgery. Current Opinion in Otolaryngology Head Neck Surg, 2000; 8:43-48.
- 11. Gopal HV, Heilman CB. Imaging and navigation during pituitary surgery, In: Fried MP, Jolesz FA, Eds. Interventional Radiology in Otolaryngology, 1st Ed, Oxford, England: Isis Medical Media; 2000. In press.
- 12. Gopal HV, Frankenthaler RF, Fried MP. Advanced Cancer of the larynx. In: Bailey BJ. Head and Neck Surgery-Otolaryngology. Third Edition. Philadelphia: JB Lipincott, Inc. In press

Abstracts:

1. Girdhar-Gopal HV, Zwillenberg D, Fucci M. Indications and Complications Of Rigid Bronchoscopy in the Intensive Care Nursery. Presented at the American Broncho-Esophagological Society Meeting, 1991.

PART II. Research, Teaching and Clinical Contributions

A. Report

My research efforts have been mostly clinically based. I have been particularly interested in the management of rhinitis and sinusitis. I published the first report and retrospective study in the English literature on cryosurgery of the sphenopalatine ganglia for vasomotor rhinitis. This was republished in the annual Rhinology and Nasal Allergy Yearbook. In addition, I was integrally involved in the evaluation and development of a new image guidance system for sinus surgery, the

Instatrak ™ system. I have been an invited speaker on this system in India, San Francisco, and, this year, at the Society of University Otolaryngologists.

Along with my neurosurgical colleagues, I helped develop a technique for endoscopic pituitary surgery that I have reported and presented at several national and international conferences.

Along with my colleagues from medical oncology, radiation oncology, and head and neck surgical oncology at Brigham and Women's Hospital and the Dana Farber Cancer Institute, I have been involved with the development and implementation of several patient care protocols (including the management of the violated neck with unknown primary squamous cell carcinoma, and neoadjuvant organ sparing chemotherapeutic protocols). The data on these patients are being assembled and some of these will be published soon.

My teaching of medical students and residents, as well as other practicing physicians has been a rewarding and essential reason why I chose to come here to work. I have been cocourse director of several advanced endoscopic sinus surgery CME courses that were financial and academic successes. These were very popular courses and, the last few years, were consistently sold out. Medical students, throughout my years here, have accompanied me in clinics and in the operating room, and I feel it has been a learning experience for all of us. I think that I have strongly influenced a few of them into choosing otolaryngology as a career. The residents, of course, work very closely with me, and I am proud to say that I have taken many of them through their "first" performance of many surgical procedures.

B. Funding

None

C. Report of Research Activities

I am in the process of reviewing my caseload of endoscopic sinus procedures (over 600 over an 8 year period) for publication. I and a pulmonology colleague are also now developing an IRB protocol for diagnostic autofluorescence in the diagnosis of subclinical upper aerodigestive tract lesions.

D. Report of Teaching

1. Local Contributions

Medical Student Teaching

1991-2000 Introduction to Clinical Medicine practicum instructor Beth Israel and Brigham and Women's Hospital, for 15 Harvard Medical School students, 8 hrs./year.

1991-1996	ENT clinic practical teaching HMS III and HMS IV, approximately 1 student per session, 70 hrs./year.	
1992-1994	Ambulatory Core Clerkship Teaching, preceptor, for Harvard Medical Students, Beth Israel Hospital, 20 students, 2 hours/8 times/year	
1994-1997	Introduction to Clinical Medicine course, preceptor, for Harvard Medical Students, Brigham & Women's Hospital, Harvard Medical School, 15 students, 3 hours, once/year	
1996-2000	Attending Physician, Ambulatory Surgical Clerkship, Harvard Medical School, Beth Israel Deaconess and Brigham and Women's Hospitals, 1-2 HMS III, 6 hrs. /wk	
1999-2000	Introduction to Clinical Medicine, Harvard Medical School, clinical teaching, Beth Israel Deaconess Med. Ctr., HMS II, 1 student, 2 hrs./month	
1991-2000	Introduction to Clinical Medicine Course, preceptor, for Harvard Medical Students, Beth Israel Hospital, Harvard Medical School 20 students, 3 hours, once a year	
1997-2000	Introduction to Clinical Medicine Course, preceptor, for Harvard Medical Students, New England Deaconess Hospital, Harvard Medical School, 5 students, 1 hour, once/year	
Resident Teaching		
1991-1996 1991-1997	General Otolaryngology Clinic, Brigham and Women's and Beth Israel Hospitals, supervising 2-3 otolaryngology residents, surgical intern and primary care house staff 8 hours a week, year-round.	
1991-2000	Attending surgeon supervising one otolaryngology resident in surgery 12-20 hours a week, year-round.	
1996-2000	Attending physician supervising and teaching one otolaryngology resident in private office, 4 hours per week, year-round	
	H. Gopal –7-	

Continuing Education Lectures and Instruction

1992-1997 Primary Care Course, lecturer on sinusitis for National Primary Care Physicians, Brigham & Women's Hospital, Harvard Medical School. 1 hour, once a year.

1992, 1994	Instructor in hands-on workshop for Update in Technology and
	Clinical Applications of Laser Medicine and Surgery,
	Harvard Medical Laser Center, Otolaryngology Section, 20
	physicians, 1 day.

1994, 1995 Instructor in hands-on workshop for Office Laser Surgery of the Oropharynx, Laser-Assisted Uvulopalatoplasty (For Snoring), Laser-Assisted Tonsil Ablation (For Cryptic Tonsillitis), Harvard Medical School and Harvard Medical Laser Center, Boston, MA (course ran twice in 1994) 30 physicians, 1-day course.

1993-1998 Lecturer, Endoscopic Sinus Surgery: Beyond the Basics, Harvard Medical School, Boston, MA, 30 physicians, 2-day course. 1 hour lecture, once a year.

1993-1998 Supervisor, cadaver dissection, Endoscopic Sinus Surgery: Beyond the Basics, Harvard Medical School, Boston, MA, 30 physicians, 2-day course. 1 hour lecture, once a year.

Continuing Education Course Direction

1993-1998 Annual Co-Director: Endoscopic Sinus Surgery: Beyond the Basics, Harvard Medical School, Boston, MA, 30 physicians, 2-day course.

2. Regional, National and International Contributions

Regional

1988	Tonsillitis as an indication for tonsillectomy. Otolaryngology GrandRounds, Thomas Jefferson University, Philadelphia, PA
1988	Strangulation and its sequelae. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA
1989	Pulsatile tinnitus. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA
1989	Squamous cell carcinoma of the maxillary sinus. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA

1989	Basal cell carcinoma: diagnosis, treatment, and controversy. Otolaryngology Grand Rounds, Thomas Jefferson University Philadelphia, PA
1990	Pharyngeal and esophageal diverticula. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA
1990	Spastic Dysphonia. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA
1990	Adenoma and adenocarcinoma of the middle ear and mastoid cavity. Pennsylvania Academy of Ophthalmology and Otolaryngology, Hershey, PA
1991	Update on supraglottic laryngectomy. Otolaryngology Grand Rounds, Thomas Jefferson University, Philadelphia, PA
1993	Allergic/vasomotor rhinitis, Core Curriculum Committee, Boston University School of Medicine, Dedham, MA
1993	Management of rhinitis. Dana Farber Cancer Institute, Department of Rheumatology lecture series, Boston, MA
1993	Nasal and sinus surgery, Ellis Hospital, Schenectady, NY
1993	Pathology and physiology of sinus disease. Endoscopic Sinus Surgery Course, Harvard Medical School, Boston, MA
1994	Incidental sinus imaging abnormalities, panelist. Traditional vs. endoscopic approaches. Massachusetts Eye & Ear Infirmary and Harvard Medical School, Boston, MA
1994	Instrumentation and standard techniques, Endoscopic Sinus Surgery Course, Harvard Medical School, Boston, MA
1995	Instrumentation and standard techniques, Endoscopic Sinus Surgery Course, Harvard Medical School, Boston, MA
1996	The speech pathologist and the otolaryngologist. National Speech, Hearing, Language Association, Worcester State College, Worcester, MA
1997	Treatment of asthma Partners Asthma Center Roston MA

National

1990	Hemodynamic effects of cocaine in cosmetic rhinoplasty. American Academy of Facial Plastic and Reconstructive Surgeons, Palm Beach, FL
1990	Plasmacytomas of the head and neck. Poster at AmericanAcademy of Otolaryngology-Head & Neck Surgery Annual Meeting, San Diego, CA
1991	Indications and Complications of Rigid Bronchoscopy in the Intensive Care Nursery. Presented at the American Broncho- Esophagological Society Meeting, Waikaloa, HI
1992	An assessment of postganglionic cryoneurolysis for managing vasomotor rhinitis. American Rhinologic Society, Los Angeles, CA
1996	Computer-assisted endoscopic sinus surgery (instruction course), American Academy of Otolaryngology-Head & Neck Surgery, Washington, DC
1996	Endoscopic sinus surgery with MRI guidance: Initial patient experience. American Academy of Otolaryngology-Head & Neck Surgery, Washington, DC
1997	A minimally invasive endoscopic approach to the pituitary gland. American Rhinologic Society Meeting, Scottsdale, AZ
1997	Instructional Course, Endoscopic sinus surgery with MRI guidance: Initial patient experience. American Academy of Otolaryngology-Head & Neck Surgery, San Francisco, CA
1998	Image-guided sinus surgery. San Francisco Paranasal Sinus Surgery Update, University of California-San Francisco, San Francisco, CA
1998	Instructional Course of Image Guidance in Sinus Surgery, American Academy of Otolaryngology-Head & Neck Surgery, San Antonio, TX
2000	Image Guided Sinus Surgery. Society of University Otolaryngologists, Jackson Hole, WY

International

1996 Endoscopic approach to the pituitary, New Perspectives in Otolaryngology-Head & Neck Surgery IV, Harvard Medical School and University Rene Descartes, Cascais, Portugal

- 1998 Image-guided sinus surgery, 50th Annual Conference of the Association of Otolaryngologists of India, New Delhi, India
- 1999 Image guidance in sinus surgery. 51st Annual Conference of the Association of Otolaryngologists of India, Guwahati, Assam, India

D. Report of Clinical Activities

- 1. Major Focus: General Otolaryngology, rhinology and sinus diseases, head and neck cancer
- 2. Practice: general practice involves seeing general otolaryngology patients, as well as surgical referrals. Surgery involves head and neck cancer resections, parotid and thyroid resections, endoscopic sinus surgery, endoscopic pituitary gland approaches, general otolaryngic surgical procedures
- 3. Assisted in the development of an endoscopic approach to the pituitary gland
- 4. Assisted in the testing and development of the most widely used system for image-guidance in sinus surgery

Kryzanski JT, Annino DA, Gopal HV, Heilman CB. Reconstruction Techniques that Avoid Complications in Midline Anterior Skull Base Surgery: Experience with 58 Patients