bulletin

American Academy of Otolaryngology—Head and Neck Surgery November 2012—Vol.31 No.11

2012 Annual Report

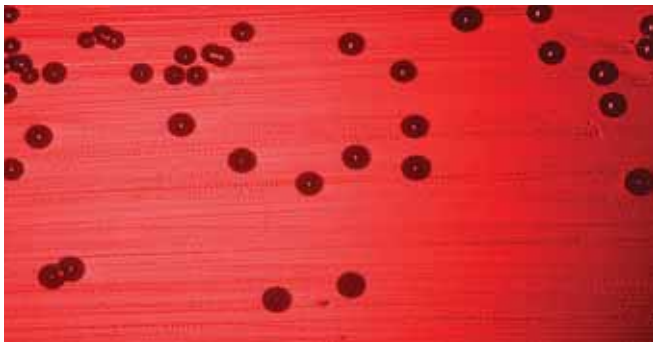
SinuScience™ Network

Compounded medications. Prescribing made easy.

Infecting Organism:

Haemophilus influenzae

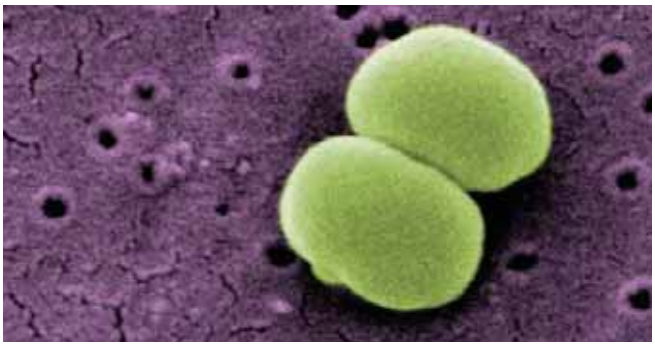
Gram Negative Bacteria



Infecting Organism:

Staphylococcus epidermidis

Gram Positive Bacteria



Medications that may be prescribed depending on culture and sensitivity reports:

Levofloxacin	Ceftriaxone

Vancomycin	Levofloxacin
Mupirocin	

Many ENT surgeons have prescribed combinations to treat polymicrobial infections that may include an antibiotic, corticosteroid and anti-fungal.

Levofloxacin + Mometasone + Amphotericin B
Ceftriaxone + Mometasone + Itraconazole

Vancomycin + Betamethasone + Tobramycin
Mupirocin + Budesonide + Tobramycin
Levofloxacin + Mometasone + Itraconazole

Medications may be used with irrigation and aerosolized drug delivery devices such as medicated rinse bottles, sinus nebulizers and atomizers. Always screen for medication allergies prior to prescribing medications.

Contact your SinuScience Network sales representative today or visit www.sinuscience.com

Our Network Pharmacies include:

ASL PHARMACY®

Sinus™ DYNAMICS Specialty Pharmacy

TAG PHARMACY®

arches

Ah, the sweet sound of nothing.

Help your patients find peace and quiet.

Peace and quiet. Not too much to ask for, unless your patient has tinnitus. **Arches Tinnitus Formula**™ is safe, effective and affordable, and has been helping individuals with tinnitus for over 12 years. Give your patients the sweet sound of nothing and recommend Arches Tinnitus Formula today.

Get a free CD of clinical studies, physician's booklet, and patient brochures. Call **800.486.1237** or email **md@archesnp.com**

www.tinnitusformula.com

OLYMPUS®

Your Vision, Our Future

PosiSep™ X

Be the **First** to Catch the Wave

PosiSep™ X is an expandable intranasal splint manufactured from naturally occurring Chitosan polymers.

- Promotes healing after ESS[1,2]
- Minimizes bleeding, edema and prevents adhesions
- Expands to occupy space within the nasal cavity
- Dissolves naturally or can be easily removed with gentle irrigation and aspiration
- Biocompatible

Schedule an Evaluation Today

800.773.4301

GYRUS ENT, L.L.C.
2925 Appling Rd., Bartlett, TN 38133-3901

www.olympusamerica.com

[1]Athanasiadis T, Beule AG, Robinson BH, et al. Effects of a novel chitosan gel on mucosal wound healing following endoscopic sinus surgery in a sheep model of chronic rhinosinusitis. Laryngoscope 2008;118:1088–1094; [2]Valentine R, Wormald PJ, Nasal dressings after endoscopic sinus surgery: what and why? Current Opinion in Otolaryngology & Head and Neck Surgery 2010;18:44–48.

2012-01 REV AC

bulletin

American Academy of Otolaryngology—Head and Neck Surgery November 2012—Vol.31 No.11

AAO-HNSF Development Efforts

The November *Bulletin*'s feature section covers AAO-HNSF's development efforts, highlighting member benefits and support.

20

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

David R. Nielsen, MD
Executive Vice President, CEO, and Editor, the *Bulletin*

Letters to the Editor Questions, concerns, or comments about *Bulletin* articles and other content may be addressed to the Editor via email at bulletin@entnet.org.

Article Submissions Author guidelines are online at www.entnet.org/press/bulletin/ and AAO-HNS members are encouraged to submit articles via email to bulletin@entnet.org. *Bulletin* staff will contact the author at the completion of the editorial review process for any article submitted.

Ad Index

This advertiser index is provided for the reader's convenience and is not part of the advertising contract. While every attempt is made to provide accurate information, the publisher cannot be held responsible for errors or omissions.

bulletin

November 2012 | Vol.31 No.11

The *Bulletin* (ISSN 0731-8359) is published monthly by the American Academy of Otolaryngology—Head and Neck Surgery 1650 Diagonal Road, Alexandria, VA 22314-2857.

James L. Netterville, MD, President; David R. Nielsen, MD, Executive Vice President, CEO, Editor, the *Bulletin*; Jeanne McIntyre, CAE, Managing Editor (bulletin@entnet.org); Periodical postage paid at Alexandria, VA, and additional mailing offices. Yearly subscription included in dues of Academy Members: $27 U.S., and $52 International. Nonmembers: U.S. $55 per year; International $65 per year. Allied Health Personnel: $25 per year. Copy deadline: first of preceding month.

Changes of address must reach the Academy four weeks in advance of the next issue date.

POSTMASTER Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery
1650 Diagonal Road, Alexandria, VA 22314-2857
Telephone: 1-703-836-4444.
Member Toll-Free Telephone: 1-877-722-6467.

The AAO-HNS *Bulletin* publishes news and opinion articles from contributing authors as a service to our readers. The views expressed in these articles are solely those of the individual and may or may not be shared by the AAO-HNS. Acceptance of advertising in the *Bulletin* in no way constitutes approval or endorsement by AAO-HNS of products or services advertised unless indicated as such.

Publications Mail Agreement NO. 40721518
Return Undeliverable Canadian Addresses to
PO Box 503, RPO West Beaver Creek,
Richmond Hill, Ontario, Canada L4B 4R6

A Member Benefit

Academy Advantage Partner, Officite, offers up to 35% off to AAO-HNS Members

Websites & Online Marketing

Officite and your dedicated Web Presence Advisor will work with your practice to customize your entire online marketing strategy.

- Customizable website that works for your practice 24/7
- Online patient education from the AAO-HNS keeps patients informed between visits
- Top search engine rankings so new and referred patients can find you
- Patient reviews and reputation management program
- Mobile website connects you to patients on their smartphones and tablets
- Increased referrals and patient loyalty through Facebook, blogging and Twitter

We can manage your entire online presence

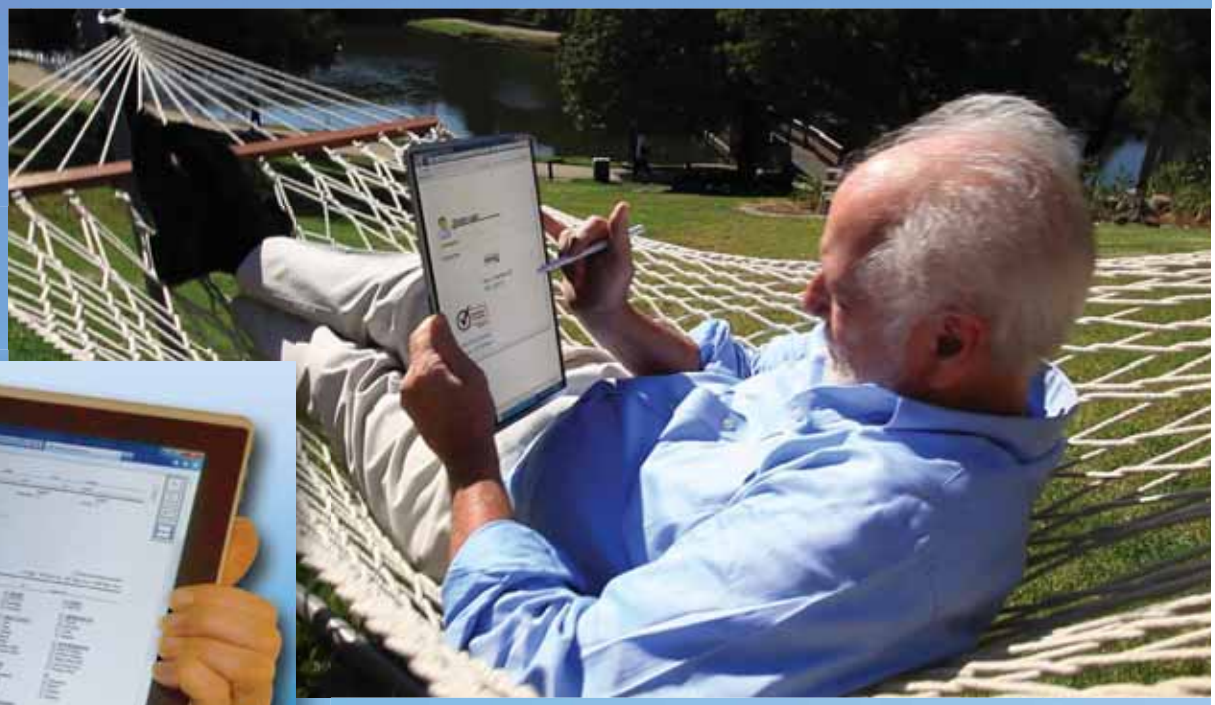
- Practice Websites
- Patient Portal & EHR Connectivity
- Mobile Websites
- Maps & Reviews Optimization
- Local Search Marketing
- Social Networking
- Patient Education

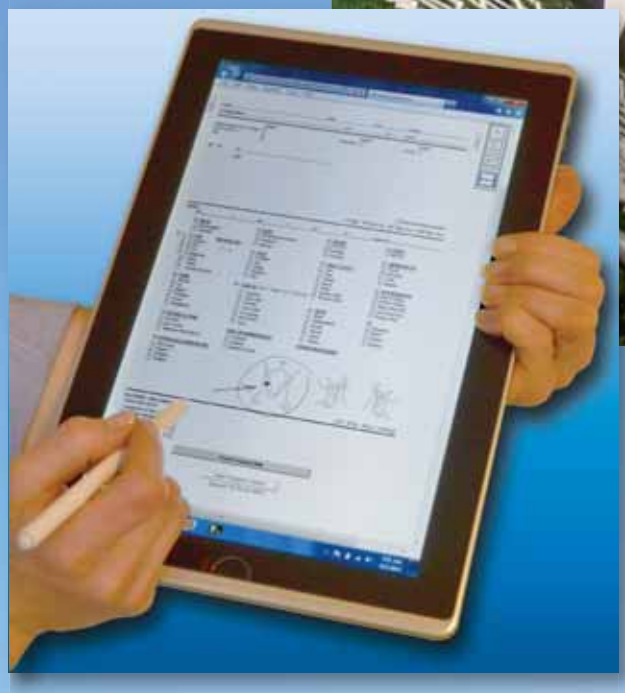
Call for Year End Savings!

Officite
Web Presence Solutions for Medical Practices

CALL 877-437-3014
WWW.OFFICITE.COM

Simplicity® EMR





ENT Specific
Easy to install
Quick to learn
Robust in features
Simple to use

A tablet based affordable EMR customized with YOUR progress note and YOUR forms.

Try for 90 days with no obligation

Call Ryan Alverson
888-572-2224
1650 Diagonal Road
Alexandria, VA 22314

www.emr-simplicity.com
info@emr-simplicity.com

2011-2012 Drummond certified ONC-ATCB COMPLETE EHR AMBULATORY

Remembering the "Thanks" in Thanksgiving

James L. Netterville, MD
AAO-HNS/F President

It is no accident that we talk about giving and becoming a donor at this time of year. It is a time to count our blessings and acknowledge the important things in our lives that sustain us and those we care about. Many of you, like me, are concerned about how we can express our gratitude in ways that go beyond ourselves and those around us to have a significant effect on the future. And we want to make smart choices in this regard as we do in all aspects of our lives.

As you read this month's feature stories on opportunities for support within the AAO-HNS/F, take advantage of the serendipitous presentation, also within this issue, of the Annual Report. Here, read a compilation of this organization's accomplishments that happen with extraordinary vision, energy, and conservative fiscal management.

Smart giving: Professional fundraisers tell us that we are not alone in our concern about giving. Donors are no longer willing to give to organizations without strong confidence that their dollars will be used effectively. These philanthropic experts suggest that one of the key lessons learned in managing giving is well supported organizations are clear about the desired outcomes of their fundraising programs. Furthermore, organizations that are the most effective in reaching philanthropic goals have the most engaged donors.

The AAO-HNS/F has engaged donors. This month's collection of articles about our giving programs is a testament to our own members' commitment to our Foundation's mission. They also attest to the achievements of our fundraising programs.

It is true that some organizations are better than others at effectively achieving the philanthropic goal. One website, Charity Navigator, offers tips on the 10 best practices of savvy donors. In a quick read, I found a few best practices of smart givers that show the AAO-HNS/F programs present givers with thoughtful support opportunities:

- **Don't wait for a phone solicitation. Make the choice to give.** I believe in this practice—give directly to the people you choose to support and the program(s) that makes sense to you. The AAO-HNS/F encourages all members to become engaged in its giving programs and aware of the opportunities to give to programs they themselves have initiated.
  Example: For a blueprint of how a few members became engaged and built a big opportunity for supporting diversity in our specialty, see the example outlined by **Duane J. Taylor, MD,** on page 16.
- **Start a dialogue about the organization's programs and look at the program results.** After reading the following pages, you will see that our organization champions process and progress; we celebrate the efforts that advance the specialty and we want to show off the results of our efforts.
  Example: One of the most evident successes in our recent Foundation history was in the acknowledgment of the **Hal Foster, MD Endowment Founding Donors** with the installation of the Wall of Honor. See the inception-to-reality documentation on page 20.
- **Concentrate your giving.** Give back by considering philanthropic support as an affirmation of the value you place on the mission, programs, and resources connected to that mission and your commitment to it. We all know when it comes to financial investments, diversification helps reduce risk. It is just the reverse in philanthropic investments. If you can engage in a cause you care about, you should feel confident in giving to it in a major way. Spreading your money among multiple organizations diminishes the possibility of any of those groups bringing about substantive change.
  Example: To investigate a society's giving culture and choose a path within a program, you will find no better example than that of the Millennium Society. Read more on page 24.
- **Share your intentions and make a long-term commitment.** Smart donors support their favorite organizations for the long haul. They see themselves as a partner in the organization's efforts to bring about change. They know that only with long-term, committed supporters can charitable support be successful. And they don't hesitate to tell the organization of their giving plans so the organization knows it can rely on the donor. We are grateful that the Academy is filled with such smart, forward-thinking donors.
  Example: In the BOG Column this month, **Jay Youngerman, MD,** presents a fine example of a giving program formed by members that evolved to have more influence and expanded its vision due to member persistence and long-term commitment.

This cornucopia of great efforts and results shows us that this is an organization worthy of support where investments really do translate to measurable results. During this holiday season, please remember the AAO-HNS/F when you contemplate your regular year-end philanthropy. It's an investment that will keep on giving for years to come.

clear, vented

pink, non-vented

red, vented

blue, non-vented

DOC'S PROPLUGS

THE ULTIMATE IN EAR PROTECTION SINCE 1977

800.521.2982 proplugs.com

"Less cold, less Surfer's Ear."

"DOC'S PROPLUGS are the ultimate after Ventilation Tubes."

"DPP help prevent repetitive Otitis Media after Tubes."

"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."

"Proplugs or bust, cold water and wind gives me Surfer's Ear."

"I can whack at my drums and still hear the singer."

"Less high-frequency wind & engine,can hear girlfriend's voice."

International Aquatic Trades, Inc. ~ 719 Swift Street, #56
Santa Cruz, CA 95060 831.425.5920 ext.104

A Tradition of Effective Leadership

Last month, I thanked our outgoing elected leaders and welcomed our new ones. Most of our members are unaware of the tremendous time, effort, and energy that are cheerfully and willingly donated each year to ensuring that the Academy and Foundation are effectively led and managed. I'd like to share some insight into the additional training and leadership development that your elected leaders undergo to meet their fiduciary responsibilities to you, the fellows, members, and "owners" of the Academy.

Each year as the newly elected president-elect is announced, I schedule a two-day management/leadership training seminar that we attend together designed for "chief elected officers" and "chief staff officers." Although leaders from other medical associations are often present, these intense training sessions are attended by association professionals and elected leaders from a broad range of industries, from educators to accountants, and from individual membership models to trade associations whose members are other organizations.

These seminars are sponsored by the American Society of Association Executives (ASAE) as part of their "ASAE University™" training offerings, and are presented and facilitated by senior, experienced social sector leaders and trainers. The two days of instruction are not just theoretical, but are highly interactive. Each CSO/CEO group is given frequent assignments to discuss and apply the implications of what is being learned to their specific association's financial, social, educational, advocacy, or research mission.

> "With our diverse membership, and with the understanding that there is always more to be done than there is time or resources to do it, I can attest to the miracle that is our volunteer Academy and Foundation."

This year, as **Richard Waguespack, MD,** is assuming the reins as president-elect, he and I will meet in January with our colleagues from other associations to engage in such dialogue and leadership development. As in the past, I expect the topics to include the special nature of voluntary organizations; the roles and partnerships between chief elected and chief staff officers; transformational leadership and branding a leadership reputation; the partnership with the boards of directors; building a culture of trust; legal and ethical board and leader responsibilities; a framework for governance, dialogue, and deliberation; and being strategic by building, implementing, monitoring, and adjusting strategy to accomplish core mission.

Although this represents an intense model of leadership development for the president-elect, it is one of many examples of the growth and learning that enrich those who participate in the Academy. Our staff also undergoes regular training in improved models of communication, team building, project management, coaching, mentoring, delegation, and confrontation. Each fall, just prior to strategic planning, we share these principles with our elected and appointed board members and invited guests. Task-specific training is given to the members of our Finance and Investment Sub-committee (FISC) on their role in recommending to the Executive Committee the optimal investments, oversight, and balance of the Academy/Foundation's reserves and resources. Recently, our Audit Committee was well instructed by our independent auditor in the critical principles of internal controls necessary to ensure the Academy's financial performance is legally, fairly, and honestly portrayed; our actions are transparent; and our fiduciary responsibility to our members is maintained with integrity.

This month, you will see our Annual Report in which we account to our membership and the public for the stewardship you have assigned us in leading and managing the Academy's affairs and mission on your behalf. With our diverse membership, and with the understanding that there is always more to be done than there is time or resources to do it, I can attest to the miracle that is our volunteer Academy and Foundation. My gratitude is unbounded for the honor of being allowed to serve you through the Academy, and for the generous and unstinting time, donations, gifts, and intellectual content you give to the organization and share with your colleagues.

Each member of the Academy financially receives far more benefit from Academy services than he or she pays in dues. Additionally, the educational and research opportunities, the community, and collegiality of our association through the Academy make membership highly desirable and rewarding. Please take time to read the Annual Report. Join me in thanking our representatives and elected leaders who work tirelessly on our behalf. And I urge you to share the real value of Academy membership that you receive with the otolaryngologists you work with as we commit to provide the best healthcare possible to our patients.

David R. Nielsen, MD
AAO-HNS/F EVP/CEO

Mount Sinai Department of Otolaryngology ranked #11 by *U.S. News & World Report*

Does national rank matter when you recommend a doctor? Absolutely.

Year after year, Mount Sinai is named by *U.S. News & World Report* to its Honor Roll of elite hospitals, with national rankings this year in 11 specialty areas including **Ear, Nose & Throat**. Our **Otolaryngology** program is ranked #11 in the nation and #1 in New York City. Our world-class specialists are all on the faculty of Mount Sinai School of Medicine, ranked among the nation's top 20 medical schools.

We are a leader in robotic head and neck surgery for throat cancer and sleep apnea, and our program for laryngology and professional voice is considered among the nation's finest. Our Facial, Plastic and Reconstructive Program is also tops in the nation, and we offer one of the finest clinical trial and investigational programs for head and neck cancer in America. Finally, our team at the Center for Skull-Base Surgery is nationally recognized.

Head and Neck Cancer Basic and Translational Research Program • Center for Hearing and Balance • Grabsheid Voice Center • Center for Comprehensive Management of Nasal and Sinus Disease • Sleep Surgery Center • Pediatric Otolaryngology • Center for Facial Plastic and Reconstructive Surgery

The Mount Sinai Medical Center
New York City
www.mountsinai.org
1-800-MD-SINAI

http://www.facebook.com/mountsinainyc
http://twitter.com/#!/mountsinainyc
http://www.youtube.com/mountsinainy

BEST HOSPITALS U.S.News & World Report HONOR ROLL 2012-13

Mount Sinai

MSSM

MOUNT SINAI SCHOOL OF MEDICINE

"Ask Not What Your [Academy] Can Do for You, But..."

Jay S. Youngerman, MD
BOG Member, Plainview, NY

As a long time member of the Board of Governors (BOG), with more than 17 years representing the Long Island Society of Otolaryngology and Head and Neck Surgery, I have seen many advances in the BOG. Starting as a grassroots organization, it has blossomed to where it now represents full-time academic physicians and private practitioners. As government, both on the state and federal level, has increasingly weighed in on reimbursement, recredentialing, Electronic Medical Records (EMR), e-prescribing, and Physician Quality & Reporting System (PQRS) participation, all supposedly for the benefit of our patients, we as physicians have come under increasing administrative pressure and fiscal constraints.

We do the best we can for our patients according to our training and experience, advocating for each of them daily.

To that end, the Academy and the BOG in its advocacy efforts fight for us every day. They sit at the table protecting our right to practice and patients' right to good and thorough care. They develop guidelines to help you help your patients. The need for a strong advocacy organization like the BOG has become paramount. Your involvement is equally important, so I ask you to participate in the legislative outreach programs, the Washington OTO Advocacy Summit in the spring, and our BOG committee meetings. When asked, contact your legislator with letters or emails, or visit their local office.

The Board of Governors Development/Fundraising Task Force and my chairmanship position were sunsetted at the end of September. It has been so successful that it now has become a Development Committee of the Foundation on which I am honored to serve. The BOG Development Task Force members helped reinvigorate the Millennium Society, and the Hal Foster, MD, Endowment, bringing members the Millennium Society lounge, special seating at the Annual Meeting & OTO EXPO, and early registration. The BOG Task Force helped raise more than $8 million. This is a fine example of a giving program formed by members that continues and expands its influence due to that commitment.

This money supports the mission of the AAO-HNS/F. It helped fund the health policy and legislative advocacy efforts on the state and federal level, research and quality initiatives, PQRI*wizard*, the education of our members, Resident Leadership Grants, our public relations mini-campaigns, Find an ENT online feature, AcademyQ, and website relevancy and expansion.

Members' dues only cover 22 percent of the Academy budget. It is estimated that the Academy, through its efforts, returns to each member $4,000-10,000 in increased or saved reimbursement. Advocacy efforts have helped prevent implementation of the Sustainable Growth Rate (SGR), while increasing reimbursement for head and neck procedures, new coding for office balloon sinuplasty, and even payment for wax removal.

We continue the balloon sinuplasty "experimental and not reimbursable" fight, and the fight against direct-to-consumer hearing tests without a physician referral, and hearing aid dispensing. We continue to oppose audiology direct access to Medicare patients while supporting Truth in Advertising. Only an MD or DO should be able to represent themselves as a physician. We support what is best for our members and our patients. Patient care and access to the best ENT care is vital. The combined efforts of the members and the Academy are necessary to continue these initiatives.

> If we, the members of the AAO-HNS, the Board of Governors, and the Academy itself do not have a strong voice in the future of our specialty, someone else will speak for us and our patients.

The Academy must remain independent of outside influences. Therefore, it is dependent on your continued financial support. Give individually to the Millennium Society, bequeath a large gift (life insurance, stocks bonds, businesses, art work) or make a substantial cash donation and become a member of the Hal Foster, MD Endowment, or a life member of the Millennium Society. Have your practice join Partners for Progress, make your voice heard, and ensure the future of the specialty.

Join the Board of Governors, attend committee meetings (they are open to all), and participate. Come to the BOG Spring Meeting/OTO Advocacy Summit in Washington, DC, starting on May 5, 2013. If we, the members of the AAO-HNS, the Board of Governors, and the Academy itself do not have a strong voice in the future of our specialty, someone else will speak for us and our patients. Every BOG member should bring another member to our meetings, and every Millennium Society member should recruit another. Advocate or Abdicate. Donate or be Dominated.

The BOG is here to serve you, but only through a strong, financially stable, active membership can that occur. Get involved.

New

DYMISTA™ (azelastine hydrochloride and fluticasone propionate) Nasal Spray 137 mcg/50 mcg per Spray

for rapid and

Indication

Dymista Nasal Spray, containing an H_1-receptor antagonist and a corticosteroid, is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older who require treatment with both azelastine hydrochloride and fluticasone propionate for symptomatic relief.

Important Risk Information

- Patients may experience somnolence. Caution patients against engaging in hazardous occupations requiring complete mental alertness, such as driving or operating machinery
- Patients should avoid concurrent use of alcohol or other central nervous system (CNS) depressants because additional reductions in alertness and additional impairment of CNS performance may occur
- Because of the inhibitory effect of corticosteroids on wound healing, avoid use in patients with recent nasal ulcers, nasal surgery, or nasal trauma until healed
- Glaucoma, cataracts, and increased intraocular pressure may be associated with nasal corticosteroid use; therefore, close monitoring is warranted in patients with a change in vision and/or with a history of increased intraocular pressure, glaucoma, and/or cataracts
- Patients using corticosteroids may be susceptible to infections and may experience a more serious or even fatal course of chicken pox or measles. Dymista should be used with caution in patients with active or quiescent tuberculosis; fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex
- Systemic corticosteroid effects, such as hypercorticism and adrenal suppression, may occur with very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue Dymista gradually, under medical supervision
- Potent inhibitors of cytochrome P450 (CYP) 3A4 may increase blood levels of fluticasone propionate
- Ritonavir: coadministration is not recommended
- Other potent CYP3A4 inhibitors, such as ketoconazole: use caution with coadministration
- Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Monitor the growth routinely of pediatric patients receiving Dymista
- In clinical trials, the most common adverse reactions that occurred with Dymista Nasal Spray, azelastine hydrochloride nasal spray, fluticasone nasal spray, and vehicle placebo groups, respectively, were dysgeusia (4%, 5%, 1%, <1%), epistaxis (2% for each group), and headache (2%, 2%, 2%, and 1%)
- Pregnancy Category C: based on animal data; may cause fetal harm

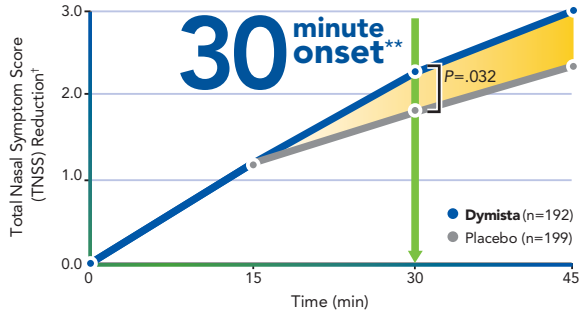
MEDA PHARMACEUTICALS®
Somerset, New Jersey 08873-4120

 9/12 DYM-12-0166

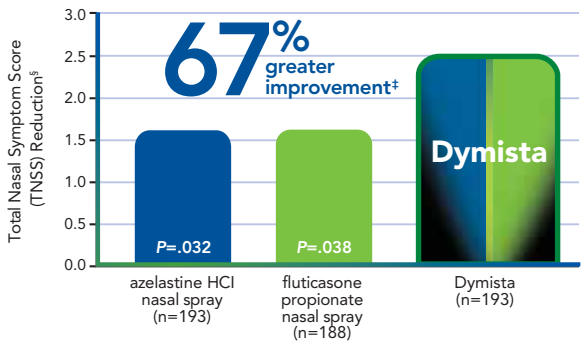
more complete *relief*

from seasonal allergy symptoms

Nasal Symptom Reduction: Statistically Superior at 30 Minutes*[1,2]



Magnitude of Nasal Symptom Relief Relative to azelastine HCl and to fluticasone propionate*[1,2]



Data shown are from study MP 4004. Across the 3 pivotal clinical trials, the improvement with Dymista ranged from 40% to 67% greater relative to the improvement achieved with either comparator.[1,2]

*As listed in the Full Prescribing Information, in 3 pivotal trials, symptom relief was measured by change from baseline in Total Nasal Symptom Score (TNSS) averaged over the 14-day study period. Dymista provided a statistically significant improvement in TNSS compared with both azelastine hydrochloride (HCl) and fluticasone propionate. The azelastine HCl and fluticasone propionate comparators used the same device and vehicle as Dymista and are not commercially marketed. Additionally, Dymista provided a statistically significant, rapid improvement in TNSS as early as 30 minutes after administration when compared with placebo.[1]

**Data shown are from study MP 4004. Onset of action was defined as the first timepoint at which Dymista was statistically superior to placebo in the mean change from baseline in instantaneous TNSS and was sustained thereafter.[1]

†Change from baseline in instantaneous TNSS following administration.[2]

‡Percent difference represents the improvement in TNSS with Dymista relative to azelastine HCl or fluticasone propionate comparator.[2]

§Change from baseline in the placebo-subtracted mean TNSS for each day (maximum score 24), averaged over the 14-day study period.[2]

References: 1. Dymista [package insert]. Somerset, NJ: Meda Pharmaceuticals Inc; 2012.
2. Data on File. Meda Pharmaceuticals Inc.

Please see Brief Summary of Full Prescribing Information on the following pages.

DYMISTA™
(azelastine hydrochloride and fluticasone propionate) Nasal Spray
137 mcg/50 mcg per Spray

www.Dymista.com

DYMISTA (AZELASTINE HYDROCHLORIDE 137 MCG / FLUTICASONE PROPIONATE 50 MCG) NASAL SPRAY

Brief Summary (for Full Prescribing Information, see package insert)

1 INDICATIONS AND USAGE

Dymista Nasal Spray is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age and older who require treatment with both azelastine hydrochloride and fluticasone propionate for symptomatic relief.

5 WARNINGS AND PRECAUTIONS

5.1 Somnolence

In clinical trials, the occurrence of somnolence has been reported in some patients (6 of 853 patients) taking Dymista Nasal Spray [*see Adverse Reactions (6.1)*]. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness and motor coordination such as operating machinery or driving a motor vehicle after administration of Dymista Nasal Spray. Concurrent use of Dymista Nasal Spray with alcohol or other central nervous system depressants should be avoided because additional reductions in alertness and additional impairment of central nervous system performance may occur [*see Drug Interactions (7.1)*].

5.2 Local Nasal Effects

In clinical trials of 2 to 52 weeks' duration, epistaxis was observed more frequently in patients 38 treated with Dymista Nasal Spray than those who received placebo [*see Adverse Reactions (6*].

Instances of nasal ulceration and nasal septal perforation have been reported in patients following the intranasal application of corticosteroids. There were no instances of nasal ulceration or nasal septal perforation observed in clinical trials with Dymista Nasal Spray. Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal ulcers, nasal surgery, or nasal trauma should not use Dymista Nasal Spray until healing has occurred. In clinical trials with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with Dymista Nasal Spray. Patients using Dymista Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

5.3 Glaucoma and Cataracts

Nasal and inhaled corticosteroids may result in the development of glaucoma and/or cataracts. Therefore, close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Glaucoma and cataract formation were evaluated with intraocular pressure measurements and slit 56 lamp examinations in a controlled 12-month study in 612 adolescent and adult patients aged 12 years and older with perennial allergic or vasomotor rhinitis (VMR). Of the 612 patients enrolled in the study, 405 were randomized to receive Dymista Nasal Spray (1 spray per nostril twice daily) and 207 were randomized to receive fluticasone propionate nasal spray (2 sprays per nostril once daily). In the Dymista Nasal Spray group, one patient had increased intraocular pressure at month 6. In addition, three patients had evidence of posterior subcapsular cataract at month 6 and one at month 12 (end of treatment). In the fluticasone propionate group, three patients had evidence of posterior subcapsular cataract at month 12 (end of treatment).

5.4 Immunosuppression

Persons who are using drugs, such as corticosteroids, that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults using corticosteroids. In children or adults who have not had these diseases or been properly immunized, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affect the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin 74 (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract; untreated local or systemic fungal or bacterial infections; systemic viral or parasitic infections; or ocular herpes simplex because of the potential for worsening of these infections.

5.5 Hypothalamic-Pituitary-Adrenal (HPA) Axis Effects

When intranasal steroids are used at higher than recommended dosages or in susceptible individuals at recommended dosages, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of Dymista Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral corticosteroid therapy. The concomitant use of intranasal corticosteroids with other inhaled corticosteroids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis. The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

5.6 Use of Cytochrome P450 3A4 Inhibitors

Ritonavir and other strong cytochrome P450 3A4 (CYP3A4) inhibitors can significantly increase plasma fluticasone propionate exposure, resulting in significantly reduced serum cortisol concentrations [*see Drug Interactions (7.2) and Clinical Pharmacology (12.3)*]. During postmarketing use, there have been reports of clinically significant drug interactions in patients receiving fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing syndrome and adrenal suppression. Therefore, coadministration of Dymista Nasal Spray and ritonavir is not recommended unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects.

Use caution with the coadministration of Dymista Nasal Spray and other potent CYP3A4 inhibitors, such as ketoconazole [*see Drug Interactions (7.2) and Clinical Pharmacology (12.3)*].

5.7 Effect on Growth

Corticosteroids may cause a reduction in growth velocity when administered to pediatric patients. Monitor the growth routinely of pediatric patients receiving Dymista Nasal Spray [*see Use in Specific Populations (8.4)*].

6 ADVERSE REACTIONS

Systemic and local corticosteroid use may result in the following:

- Somnolence [*see Warnings and Precautions (5.1)*]
- Local nasal effects, including epistaxis, nasal ulceration, nasal septal perforation, impaired wound healing, and *Candida albicans* infection [*see Warnings and Precautions (5.2)*]
- Cataracts and glaucoma [*see Warnings and Precautions (5.3)*]
- Immunosuppression [*see Warnings and Precautions (5.4)*]
- Hypothalamic-pituitary-adrenal (HPA) axis effects, including growth reduction [*see Warnings and Precautions (5.5 and 5.7), Use in Specific Populations (8.4)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect rates observed in practice. The safety data described below reflect exposure to Dymista Nasal Spray in 853 patients (12 years of age and older; 36% male and 64% female) with seasonal allergic rhinitis in 3 doubleblind, placebo-controlled clinical trials of 2-week duration. The racial distribution for the 3 clinical trials was 80% white, 16% black, 2% Asian, and 1% other. In the 12-month open-label, active-controlled clinical trial, 404 Asian patients (240 males and 164 females) with perennial allergic rhinitis or vasomotor rhinitis were treated with Dymista Nasal Spray, 1 spray per nostril twice daily.

Adults and Adolescents 12 Years of Age and Older

In the 3 placebo-controlled clinical trials of 2-week duration, 3411 patients with seasonal allergic rhinitis were treated with 1 spray per nostril of Dymista Nasal Spray, azelastine hydrochloride nasal spray, fluticasone propionate nasal spray, or placebo, twice daily. The azelastine hydrochloride and fluticasone propionate comparators use the same vehicle and device as Dymista Nasal Spray and are not commercially marketed. Overall, adverse reactions were 16% in the Dymista Nasal Spray treatment groups, 15% in the azelastine hydrochloride nasal spray groups, 13% in the fluticasone propionate nasal spray groups, and 12% in the placebo groups. Overall, 1% of patients in both the Dymista Nasal Spray and placebo groups discontinued due to adverse reactions.

Table 1 contains adverse reactions reported with frequencies greater than or equal to 2% and more frequently than placebo in patients treated with Dymista Nasal Spray in the seasonal allergic rhinitis controlled clinical trials.

Table 1. Adverse Reactions with ≥2% Incidence and More Frequently than Placebo in Placebo-Controlled Trials of 2 Weeks Duration with Dymista Nasal Spray in Adult and Adolescent Patients With Seasonal Allergic Rhinitis

	1 spray per nostril twice daily			
	Dymista Nasal Spray (N=853)*	**Azelastine Hydrochloride Nasal Spray† (N=851)**	**Fluticasone Propionate Nasal Spray† (N=846)**	**Vehicle Placebo (N=861)**
Dysgeusia	30 (4%)	44 (5%)	4 (1%)	2 (<1%)
Headache	18 (2%)	20 (2%)	20 (2%)	10 (1%)
Epistaxis	16 (2%)	14 (2%)	14 (2%)	15 (2%)

*Safety population N=853, intent-to-treat population N=848

† Not commercially marketed

In the above trials, somnolence was reported in <1% of patients treated with Dymista Nasal Spray (6 of 853) or vehicle placebo (1 of 861) [*see Warnings and Precautions (5.1)*].

Long-Term (12-Month) Safety Trial:

In the 12-month, open-label, active-controlled, long-term safety trial, 404 patients (12 years of age and older) with perennial allergic rhinitis or vasomotor rhinitis were treated with Dymista Nasal Spray 1 spray per nostril twice daily and 207 patients were treated with fluticasone propionate nasal spray, 2 sprays per nostril once daily. Overall, adverse reactions were 47% in the Dymista Nasal Spray treatment group and 44% in the fluticasone propionate nasal spray group. The most frequently reported adverse reactions (≥ 2%) with Dymista Nasal Spray were headache, pyrexia, cough, nasal congestion, rhinitis, dysgeusia, viral infection, upper respiratory tract infection, pharyngitis, pain, diarrhea, and epistaxis. In the Dymista Nasal Spray treatment

group, 7 patients (2%) had mild epistaxis and 1 patient (<1%) had moderate epistaxis. In the fluticasone propionate nasal spray treatment group 1 patient (<1%) had mild epistaxis. No patients had reports of severe epistaxis. Focused nasal examinations were performed and no nasal ulcerations or septal perforations were observed. Eleven of 404 patients (3%) treated with Dymista Nasal Spray and 6 of 207 patients (3%) treated with fluticasone propionate nasal spray discontinued from the trial due to adverse events.

7 DRUG INTERACTIONS

No formal drug interaction studies have been performed with Dymista Nasal Spray. The drug interactions of the combination are expected to reflect those of the individual components.

7.1 Central Nervous System Depressants

Concurrent use of Dymista Nasal Spray with alcohol or other central nervous system depressants should be avoided because somnolence and impairment of central nervous system performance may occur [*see Warnings and Precautions (5.1)*].

7.2 Cytochrome P450 3A4

Ritonavir (a strong CYP3A4 inhibitor) significantly increased plasma fluticasone propionate exposure following administration of fluticasone propionate aqueous nasal spray, resulting in significantly reduced serum cortisol concentrations [*see Clinical Pharmacology (12.3)*]. During postmarketing use, there have been reports of clinically significant drug interactions in patients receiving fluticasone propionate and ritonavir, resulting in systemic corticosteroid effects including Cushing syndrome and adrenal suppression. Therefore, coadministration of fluticasone propionate and ritonavir is not recommended unless the potential benefit to the patient outweighs the risk of systemic corticosteroid side effects.

Ketoconazole (also a strong CYP3A4 inhibitor), administered in multiple 200 mg doses to steady-state, increased plasma exposure of fluticasone propionate, reduced plasma cortisol AUC, but had no effect on urinary excretion of cortisol, following administration of a single 1000 mcg dose of fluticasone propionate by oral inhalation route.

Caution should be exercised when Dymista Nasal Spray is coadministered with ketoconazole and other known strong CYP3A4 inhibitors.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Dymista Nasal Spray: Teratogenic Effects: Pregnancy Category C:

There are no adequate and well-controlled clinical trials of Dymista Nasal Spray, azelastine hydrochloride only, or fluticasone propionate only in pregnant women. Animal reproductive studies of azelastine hydrochloride and fluticasone propionate in mice, rats, and/or rabbits revealed evidence of teratogenicity as well as other developmental toxic effects. Because animal reproduction studies are not always predictive of human response, Dymista Nasal Spray should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Azelastine hydrochloride: Teratogenic Effects: In mice, azelastine hydrochloride caused embryo-fetal death, malformations (cleft palate; short or absent tail; fused, absent or branched ribs), delayed ossification, and decreased fetal weight at an oral dose approximately 610 times the maximum recommended human daily intranasal dose (MRHDID) in adults (on a mg/m2 basis at a maternal dose of 68.6 mg/kg). This dose also caused maternal toxicity as evidenced by decreased body weight. Neither fetal nor maternal effects occurred at a dose that was approximately 26 times the MRHDID (on a mg/m2 basis at a maternal dose of 3 mg/kg).

In rats, azelastine hydrochloride caused malformations (oligo- and brachydactylia), delayed ossification and skeletal variations, in the absence of maternal toxicity, at an oral dose approximately 530 times the MRHDID in adults (on a mg/m2 basis at a maternal dose of 30 mg/kg). At a dose approximately 1200 times the MRHDID (on a mg/m2 basis at a maternal dose of 68.6 mg/kg), azelastine hydrochloride also caused embryo-fetal death and decreased fetal weight; however, this dose caused severe maternal toxicity. Neither fetal nor maternal effects occurred at a dose approximately 53 times the MRHDID (on a mg/m2 basis at a maternal dose of 3 mg/kg).

In rabbits, azelastine hydrochloride caused abortion, delayed ossification, and decreased fetal weight at oral doses approximately 1100 times the MRHDID in adults (on a mg/m2 basis at a maternal dose of 30 mg/kg); however, these doses also resulted in severe maternal toxicity. Neither fetal nor maternal effects occurred at a dose approximately 11 times the MRHDID (on a mg/m2 basis at a maternal dose of 0.3 mg/kg).

Fluticasone propionate: Teratogenic Effects: Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Subcutaneous studies in the mouse and rat at doses approximately equivalent to and 4 times, respectively, the MRHDID in adults (on a mcg/m2 basis at maternal doses of 45 and 100 mcg/kg respectively), revealed fetal toxicity characteristic of potent corticosteroid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed at a subcutaneous dose less than the MRHDID in adults (on a mcg/m2 basis at a maternal dose of 4 mcg/kg). However, no teratogenic effects were reported at oral doses up to approximately 25 times the MRHDID in adults (on a mcg/m2 basis at a maternal dose of 300 mcg/kg) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration [*see Clinical Pharmacology (12.3)*].

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Fluticasone propionate crossed the placenta following oral administration of approximately 4 and 25 times the MRHDID in adults (on a mcg/m2 basis at maternal doses of 100 mcg/kg and 300 mcg/kg to rats and rabbits, respectively).

8.3 Nursing Mothers

Dymista Nasal Spray: It is not known whether Dymista Nasal Spray is excreted in human breast milk. Because many drugs are excreted in human milk, caution should be exercised when Dymista Nasal Spray is administered to a nursing woman. Since there are no data from well-controlled human studies on the use of Dymista Nasal Spray by nursing mothers, based on data from the individual components, a decision should be made whether to discontinue nursing or to discontinue Dymista Nasal Spray, taking into account the importance of Dymista Nasal Spray to the mother.

Azelastine hydrochloride: It is not known if azelastine hydrochloride is excreted in human milk.

Fluticasone propionate: It is not known if fluticasone propionate is excreted in human milk. However, other corticosteroids are excreted in human milk. Subcutaneous administration to lactating rats of 10 mcg/kg of tritiated fluticasone propionate (less than the maximum recommended daily intranasal dose in adults on a mcg/m2 basis) resulted in measurable radioactivity in the milk.

8.4 Pediatric Use

Safety and effectiveness of Dymista Nasal Spray in pediatric patients below the age of 12 years have not been established.

Controlled clinical studies have shown that intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of HPA axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch-up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including Dymista Nasal Spray, should be monitored routinely (e.g., via stadiometry). The potential growth effects of prolonged treatment should be weighed against the clinical benefits obtained and the risks/benefits of treatment alternatives.

8.5 Geriatric Use

Clinical trials of Dymista Nasal Spray did not include sufficient numbers of patients 65 years of age and older to determine whether they respond differently from younger patients. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

10 OVERDOSAGE

Dymista Nasal Spray: Dymista Nasal Spray contains both azelastine hydrochloride and fluticasone propionate; therefore, the risks associated with overdosage for the individual components described below apply to Dymista Nasal Spray.

Azelastine hydrochloride: There have been no reported overdosages with azelastine hydrochloride. Acute azelastine hydrochloride overdosage by adults with this dosage form is unlikely to result in clinically significant adverse events, other than increased somnolence, since one (1) 23 g bottle of Dymista Nasal Spray contains approximately 23 mg of azelastine hydrochloride. Clinical trials in adults with single doses of the oral formulation of azelastine hydrochloride (up to 16 mg) have not resulted in increased incidence of serious adverse events. General supportive measures should be employed if overdosage occurs. There is no known antidote to Dymista Nasal Spray. Oral ingestion of antihistamines has the potential to cause serious adverse effects in children. Accordingly, Dymista Nasal Spray should be kept out of the reach of children.

Fluticasone propionate: Chronic fluticasone propionate overdosage may result in signs/symptoms of hypercorticism [*see Warnings and Precautions (5.2)*]. Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral fluticasone propionate doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one (1) 23 g bottle of Dymista Nasal Spray contains approximately 8.5 mg of fluticasone propionate.

DYMISTA™

(azelastine hydrochloride and fluticasone propionate) Nasal Spray
137 mcg / 50 mcg per Spray

Distributed by:

MEDA Pharmaceuticals®
Meda Pharmaceuticals Inc.
Somerset, NJ 08873-4120

Diversity Committee: A Force and a Commitment Noted

As my term as Diversity Committee Chair ended in September, I reflected on the progress our Academy has made during the past six years as it dynamically galvanized its commitment toward the areas of inclusion and diversity in our specialty, and maintained "The Changing Face of Otolaryngology" campaign. The Diversity Committee was born out of the ideas proposed to our Academy leadership by incoming Diversity Committee Chair **Lisa Perry-Gilkes, MD,** and myself years ago in a society forum for expressing concerns and ideas to make the Academy better.

> "The AAO-HNS affirms that in order to continue to work for the best ear, nose, and throat care, we must support and encourage diversity in our membership."

It doesn't seem very long ago that then Academy Board member (and later, president) **Ron Kuppersmith, MD,** and Academy President **Richard Miyamoto, MD,** set the stage and approved the formation of a Diversity Task Force, which soon became a committee after creating the Academy's first policy statement on diversity in 2007. The policy states, "The AAO-HNS affirms that in order to continue to work for the best ear, nose, and throat care, we must support and encourage diversity in our membership. We acknowledge that culturally effective care is predicated on cultural sensitivity and cultural competence. We are committed to diversity and equal opportunity for our members. The Academy affirms its dedication to diversity by ensuring and developing opportunity for leadership positions within the Academy that are accessible to all Fellows, including underrepresented minorities within our specialty."

Since the committee's inception, it has been infused with a cross section of our membership that has contributed multiple educational articles to the *Bulletin*, had an ongoing presence at our annual meeting through miniseminars and instructional courses, and participated in monthly conference calls. The greatest accomplishments have been the creation of two endowments with the assistance of the development staff that include the Harry Barnes Endowment and the Diversity Endowment, each of which is set up to align with, and help fulfill, the commitment expressed in the Academy's Diversity Policy Statement.

As Diversity Committee chair, I have had the honor of attending the AAO-HNS Board meetings as an invited guest during my tenure, and attending as an Ex Officio member of the Physician Resource Committee. The Society of University Otolaryngologists also allowed me to speak at their meeting about efforts to increase the numbers of underrepresented minorities in our specialty and enable funds from the Diversity Endowment to support otolaryngology rotations for these medical students. Since its inception, all of our leaders have been supportive of the efforts and I believe that this past year's slate of candidates was perhaps the most diverse that I have seen since joining the Academy. I believe this resulted not only from the efforts of our committee, but also the support of our leadership. As I begin my tenure as a voting board member, I want to thank the leadership, membership, and our incredible staff for their support with our ongoing efforts.

Duane J. Taylor, MD
Diversity Committee past chair

As I close, I want to remember one of our inaugural committee members, **Duane Sewell, MD,** who passed away a year ago. He was an academician, researcher, and surgeon who cared about the future of our specialty and its commitment to diversity and inclusion. His untimely passing at such an early point in his career made me appreciate even more the choice he made to be a part of this committee.

SUPPORTED BY PEER-REVIEWED CLINICAL DATA

The NasoNeb®

NASAL NEBULIZER SYSTEM

The Optimal Intranasal Drug Delivery Solution

Recent studies, including a peer-reviewed journal article[1], demonstrate that the NasoNeb deposits a ***high concentration of medication*** to the whole of the nasal and paranasal sinus cavities, including the frontal recess/sinus, spheno-ethmoid recess, ethmoid cavity, sphenoid and maxillary sinuses, all turbinates, the middle meatus and olfactory cleft.[1, 2]

The NasoNeb System's combination of large particle size and air flow creates a deep, penetrating plume unlike other delivery systems. The medication is distributed throughout the nasal and paranasal sinus cavities where it is retained while the large particles prevent unwanted pulmonary deposition. Review our white paper at www.nasoneb.com.

Accept no substitutes for your patients.

Prescribe the NasoNeb® System *by name* today.

Available through compounding pharmacies nationwide.

NASONEB
PRESCRIBER NETWORK℠

Join the NasoNeb Prescriber Network today.
Ask us how at 1-866-960-9833.

Rx-only

NASONEB®
NASAL NEBULIZER

MedInvent, LLC | White Bear Lake, MN 55110 | **1-866-960-9833** | **651-236-8545** | **www.nasoneb.com**

1. Manes RP, Tong L, Batra PS.: "Prospective evaluation of aerosol delivery by a powered nasal nebulizer in the cadaver model" *Int Forum Allergy Rhinol*, 2011; 1:366–371
2. Yuri M. Gelfand, MD; Samer Fakhri, MD; Amber Luong, MD, PhD; Seth J. Isaacs, MD & Martin J. Citardi, MD: "A Comparative Study of the Distribution of Normal Saline Delivered by Large Particle Nebulizer vs. Large Volume/Low Pressure Squeeze Bottle" 56th Annual Meeting of the American Rhinologic Society, September 25, 2010, page 38

Women in Otolaryngology Section Poised for another Outstanding Year

Susan R. Cordes, MD
Chair, WIO Section
Erika A. Woodson, MD,
Chair, WIO Communications Committee

The 2012 American Academy of Otolaryngology Annual Meeting & OTO EXPO was a fantastic success and marks the beginning of the second full year of Women in Otolaryngology (WIO) as a section. The WIO section sponsored a number of events that were well attended and well received. There were many relevant mini-seminars, courses, and activities, some highlights follow.

Monday was busy. The miniseminar, "Professional Advancement: Why Gender Differences Matter" immediately preceded the WIO General Assembly. The session was moderated by **Nancy M. Young, MD,** and **Debara L. Tucci, MD,** and featured panelists, **Sujana S. Chandrasekhar, MD, Sonya Malekzadeh, MD,** and **Carol R. Bradford, MD. Drs. Tucci** and **Young** presented data regarding lack of professional advancement by women, and audience polling showed that there was strong agreement. Women had failed to negotiate salary at their first job more than 90 percent of the time. They were also much more likely to believe that their accomplishments should be recognized without their speaking of them. Drs. Bradford, Chandrasekhar, and Malekzadeh related their experiences with mentorship, negotiations, and academic advancement. Stories of failures and successes motivated engagement from the audience, and a lively, detailed question/answer period ensued. Several women congratulated the panel on providing the type of mentorship they needed simply by offering such an honest and soul-searching program.

The marquee event on Monday was the WIO luncheon. It was open to all annual meeting attendees and featured expert medical blogger, Kevin Pho, MD AKA KevinMD. Dr. Pho shared his experience with social media, how it has shaped his practice, and how it has allowed him to influence policy and public attitudes toward medicine and physicians. He encouraged all attendees to have a voice through social media and to not fear taking charge of one's online presence. He shared advice on how to get started in social media, how to protect privacy, set professional boundaries with patients, and shape Google searches to one's advantage. Look for further details in the November edition of the WIO eNews.

After Dr. Pho's excellent presentation, the WIO General Assembly was held and Sujana S. Chandrasekhar, MD was given the **Helen F. Krause, MD Trailblazer Award** for her stellar leadership and mentorship of WIO. A slate of officers for the upcoming year was voted in and includes: Chair-Elect, **Mona M. Abaza, MD;** Information Officer/Secretary, **Marcella R. Bothwell, MD;** Member-at-Large (2-year term), **Liz A. Dunham, MD, MPH;** Member-At-Large (1-year term), **Soha N. Ghossaini, MD;** Financial Officer, **Pell Ann Wardrop, MD.** In addition, **Susan R. Cordes, MD** will move from Chair-Elect to Chair of the WIO section, **Shannon P. Pryor, MD** will stay on the Governing Council (GC) as Immediate Past Chair and Nominating Committee Chair, **Linda S. Brodsky, MD** will continue as Chair of the Council on Committees, and **Kristina E. Hart, MD** will serve as Historian. Nominating Committee members were selected to choose next year's slate of officers; they are **Jean Kim, MD, PhD** and **Phyllis B. Bouvier, MD.** Look for information regarding elections in future WIO e-newsletters. After hearing updates on section activities of the past year, members broke out into committee meetings with the engagement/involvement of many new section participants. As a parting gift, all attendees were treated to a cosmetics bag and makeup, courtesy of Michael Kors/ Estee Lauder.

Tuesday, the WIO section sponsored the "Role of Women in Humanitarian Outreach," which featured **Natasha Mirza, MD, Naseem Salahuddin, MD, Kelly M. Malloy, MD,** and **Jo A. Shapiro, MD** as panelists. This miniseminar demonstrated that women have the power to help families and entire communities. They are at the heart of many community-based efforts to improve education, prevent the spread of disease, and increase access to medical care. The speakers outlined how to create lasting, meaningful humanitarian outreach efforts and related their own personal experiences on multiple continents, including Africa and Asia.

Also on Tuesday, the Section for Residents and Fellows-in-Training sponsored a miniseminar titled, "Finding Balance in a Surgical Career." Moderators were **Ayesha N. Khalid, MD** and **Lawrence M. Simon, MD.** Panelists included **Sujana S. Chandrasekhar, Timothy L. Smith, MD, MPH, Lizabeth F. Clarke, MD** and **Anthony E. Magit, MD.** Dr. Khalid remarked on how wonderful it was to see a mix of young and experienced physicians in the audience, a sign that finding balance is a challenge that we all continuously face. The panelists shared their experiences, both successful and not, in their careers and in their private lives. Dr. Clarke, in particular, has created a unique setup that enables her to practice full office-based ENT, avoid call, take care of her children, and live near her extended family. It is clear that young and old physicians alike are looking for the mentoring and support that comes from others sharing their thoughts and experiences.

The WIO GC met on Tuesday morning to plan the agenda for the upcoming year. The WIO Program Committee Chair, **Lauren S. Zaretsky, MD,** has many exciting lunch speaker and miniseminar plans for the 2013 annual meeting to be held September 29-October 2 in beautiful Vancouver. Awards Committee Chair, **Valerie A. Flanary, MD,** announced plans to expand the number of awards opportunities for WIO. The Leadership Development & Mentorship Committee Chair, Dr. Abaza, will be reaching out to incoming and current resident WIO as well as residency Program Directors.

Under the leadership of Research and Survey Committee Chair, Dr. Brodsky, the WIO is planning to survey residency programs about parental leave policies. Pell Ann Wardrop, MD, Endowment Committee Chair, will continue endeavors to build the WIO Endowment, ensuring future opportunities for scholarship and activities. Lastly, as another new chair of the WIO Communications Committee, I will spearhead enhancement of WIO's social media presence via Facebook, Twitter, LinkedIn and the new WIO website (http://www.entnet.org/Community/wio-home.cfm). We encourage all members of the American Academy of Otolaryngology—Head and Neck Surgery to become WIO Facebook page fans and to use this forum to share interesting articles, insights on work-life balance, women in medicine, and gender issues.

After the annual meeting, pioneering leaders Drs. Sonya Malekzadeh, Sujana S. Chandrasekhar, and Lauren S. Zaretsky, rotated off of the WIO Governing Council. WIO is deeply appreciative of all of the hard work, enthusiasm, and heart these amazing women have contributed to the WIO Section and the council. September 30 marked the conclusion of Dr. Pryor's, term as Section Chair. She has been a great leader through this, our first full year as a section and we thank her for her dedication and countless contributions to WIO. The Governing Council is happy to welcome new members Drs. Bothwell, Dunham, and Ghossaini. Joining Drs. Cordes, Chair and Abaza, Chair-Elect, and Pryor, Immediate Past Chair and Nominating Committee Chair, the other members of the WIO GC include, Drs. Wardrop, Financial Officer, Brodsky, Chair, Council on Committees, and Hart, Historian (ex-officio).

It has been a dynamic and exciting time for WIO as we complete our transition from committee to section. We owe a debt of gratitude to many thoughtful, inspirational people who have laid the groundwork for our success, and we look forward to more progress as we continue to promote an environment in our Academy that fully recognizes and promotes the talents of all its members.

2013 Committee Application Opens November 15

Want to get more involved with your Academy?

Apply to become a committee member! The 2013 application cycle will open November 15. You can join an education committee to become more involved in the Academy's education activities, a BOG committee to become more involved in the grassroots arm of the Academy, or one of our Academy or Foundation committees that fits your area of expertise.

Learn more at http://www.entnet.org/community/committees.cfm.

Dates to Remember

November 15 Committee applications open, closing February 1.

November 16-17 AAO-HNSF Coding & Reimbursement Workshop, Chicago, IL,Wyndham Chicago, http://karen-zupko.com/workshops/otolarngology/index.html.

November 19 AAO-HNS/F and CE-City host an online webinar overview of PQRIWizard, Register www2.gotomeeting.com/register/605041010.

December 1 Bulletin feature: AcademyU Continuing Your Education, read it online too at: www.entnet.org.

December 31 2013 Membership renewals deadline http://www.entnet.org/aboutus/MemberBenefits.cfm.

January 1 Bulletin feature: Head and Neck Cancer; Humanitarian Efforts; read it online too at: www.entnet.org.

January 1 Public and Media Relations Committee Mini-campaign, www.entnet.org/aboutus/PressRoom.

For more Dates to Remember, visit http://aaobulletin-365.ascendeventmedia.com.

Announcing Honored Guest Countries for 2013 Annual Meeting & OTO EXPO

At the International Reception in Washington, DC, Academy President, **James L. Netterville, MD** announced his personal choices to honor four countries for the Vancouver, BC, Canada meeting: Canada, Kenya, Nigeria, and Thailand.

In Washington, DC, he met with representatives from some of these honored countries to discuss ways the Academy will recognize their delegates.

In addition to receiving a $100 guest discount, delegates will be recognized during the Opening Ceremony and the International Reception, where Dr. Netterville will propose a toast to each country.

Academy members are invited to volunteer as greeters to welcome the guest country delegates. Members who speak Thai, Swahili, or Nigerian languages are especially encouraged to volunteer. To learn more or sign up as a greeter, email Catherine R. Lincoln, senior manager, International Affairs at clincoln@entnet.org, or call 1-703-535-3738.

Hal Foster, MD Endowment—From Dream to Reality

Ron Sallerson and Mary McMahon, AAO-HNS Staff

Imagine yourself transported back in time 116 years ago. **Hal Lovelace Foster, MD** calls together the first meeting of ophthalmologists and otolaryngologists. He has the insight to understand the importance of creating a forum to advance professional learning for benefit of quality patient care in the specialty. And his commitment was a personal one. Foster paid for the cost of that meeting in 1896—an estimated $400—himself.

The Vision

Foster said of that initial meeting, "The money I spent in calling those specialists together was the best investment I ever made." Could he have imagined that his early efforts and financial support would result in the AAO-HNS/F of today: a thriving membership of about 12,000 members?

Fast forward 113 years. It is now 2009. The AAO-HNS/F, through the leadership of the Board of Directors, embarks on its first endowment campaign. The choice is made to name this campaign the Hal Foster, MD Endowment to pay tribute to the man who created our organization.

The Present

The next stop on our time travel is the present. When you visit the Foundation's offices you are welcomed by the sight of the Hal Foster, MD Endowment Campaign Wall of Honor showcasing the Founding Donors. We are honored to announce that 45 donors as of December 31, 2011, made a decision to be Founding Members of this monumental effort.

This beautiful installation embodies our tribute to Hal Foster, MD and shows the faces of those who answered the call to fund

List of Hal Foster, MD Endowment Donors

As of October 15, 2012

Centurions

Ronald B. Kuppersmith, MD, MBA, and Nicole Kuppersmith*
Michael M. Paparella, MD, and Treva Paparella

Stewards

Robert W. Bastian, MD, and Janice E. Bastian*
Nikhil J. Bhatt, MD, and Anjali Bhatt, MD*
Neil Bhattacharyya, MD, and Anjini Bhattacharyya, MD*
Andrew Blitzer, MD, DDS*
I David Bough, Jr., MD*
Sujana S. Chandrasekhar, MD, and Krishnan Ramathan*
Sukgi S. Choi, MD, and Charles F. Monk, Jr.*
Noel L. Cohen, MD, and Baukje Cohen*
Lee D. Eisenberg, MD, MPH, and Nancy E. Eisenberg*
Michael E. Glasscock, III, MD*
Steven M. Gold, MD*
Thomas A. Graves, MD*
Barry R. Jacobs, MD, and MaryLynn Jacobs*
Jonas T. Johnson, MD, and Janis Johnson*
David W. Kennedy, MD*
Thomas B. Logan, MD, and Jo Logan*
Rodney P. Lusk, MD, and Constance C. Lusk, BSN, RN*
Phillip L. Massengill, MD*
James L. Netterville, MD*
David R. Nielsen, MD, and Rebecca C. Nielsen, RN*
Richard M. Rosenfeld, MD MPH*
Harlene Ginsberg and Jerry M. Schreibstein, MD*
Gavin Setzen, MD, and Karen Setzen*
James A. Stankiewicz, MD*
J. Pablo Stolovitzky, MD, and Silvia P. Stolovitzky*
Ira David Uretzky, MD, and Beth J. Uretzky*
Jay S. Youngerman, MD, and Toni Youngerman*

Sustainers

Peter J. Abramson, MD, and Cara Abramson, APRN-BC*
Kenneth W. Altman, MD, PhD, and Courtney Altman*
Seilesh Babu, MD, and Abbey Crooks-Babu, MD*
Ron Cannon, MD, and family*
Raghuvir B. Gelot, MD, and Carolyn Gelot, RN, MSN, FNP*
Rebecca D. Golgert, MD*
Stacey L. Ishman, MD, and Jim McCarthy*
Darius Kohan, MD
Alfred Kornblut, CAPT MC USNR-RET*, and Alan David Kornblut, AB, MS, MD
Helen F. Krause, MD*
Spencer C. Payne, MD*
Michael D. Seidman, MD, and Lynn Seidman*
Nancy L. Snyderman, MD*
Duane J. Taylor, MD*
P. Ashley Wackym, MD, and Jeremy Wackym*
David L. Witsell, MD, MHS*
Peak Woo, MD*
Mark E. Zafereo, Jr., MD*

**Indicates founding donor*

Phillip L. Massengill, MD (left), Raghuvir B. Gelot, MD (right)

the endowment. Also displayed are inspiring and compelling messages from each donor describing reasons for supporting the mission of the Academy. The Hal Foster, MD Endowment Donor Wall is one lasting way to convey our gratitude for their generous philanthropy.

Some of the Founding Members share with us their motivations for support:

Sujana S. Chandrasekhar, MD, and Krishnan Ramanathan

"Our contribution to the Foundation is made to honor and sustain its vision for education, research, and patient care. I, like every single ENT resident and surgeon, have benefited greatly from the Foundation's educational products. I have seen the Academy honor my father, Dr. H.K. Chandrasekhar, for his far-reaching public service work, and I have seen it enable me to develop my leadership abilities. The Academy is a place and an idea that welcomes all otolaryngologists, women and men, and all races, as family; and, as family, encourages each to develop his or her own skills and succeed. By donating to the Foundation's fund, we can help this organization – our organization – chart the right course for the best in otolaryngology in the future."

Neil Bhattacharyya, MD, and Anjini Bhattacharyya, MD

"We can help patients one at a time in our day-to-day practice and we can shape current practice through our research and teaching, but through the Hal Foster, MD Endowment we will be able to build and influence the long-term future of our specialty."

Andrew Blitzer, MD, DDS

"I feel very privileged to be an otolaryngologist. I am dedicated to my patients, and feel an obligation to give back to the medical community for the privilege I have. To that end, I teach residents and fellows, perform clinical research to better understand and treat disorders of the head and neck, and work with the Foundation on educational and research endeavors. I feel that the Academy best represents the otolaryngology community as a whole. I have chosen to endow a research grant opportunity in laryngology to let my legacy continue long after my career has ended."

The Future

We continue our journey in time, arriving in the future. Will you follow Dr. Foster's incredible gesture of generosity and leadership? Will you join the Founding Members by supporting the Hal Foster, MD, Endowment? His contributions of time, effort, and resources resulted in the creation of the AAO-HNS/F, the largest organization representing today's otolaryngologist–head and neck surgeons.

Endowments are the financial foundation of an institution. These funds are invested, rather than used for immediate needs. Through this endowment, you help the AAO-HNS/F fulfill Dr. Foster's vision. Those who donate to the Hal Foster, MD, Endowment become an integral component of the history and future of this organization helping to preserve the AAO-HNS/F legacy for many generations to come. The earnings provide a stable, ongoing funding source to sustain excellence in research, lifelong learning, humanitarian missions and aid, evidence-based medicine, international work, and advocacy—all central to our mission. Every day, we are asked to respond to changes in the medical landscape by creating new programs and knowledge for the specialty. However, these efforts can only be sustained in the long term with additional funding.

A gift to the Hal Foster, MD, Endowment enriches the specialty every year.

So, back in the present the Founding Donors phase of the Hal Foster, MD, Endowment was closed in December 2011. However, all contributors to this endowment from now on will be recognized in a special location on the headquarters lobby display. To add your name or for more information about the Hal Foster, MD, Endowment, contact: Mary McMahon at 1-703-535-3717.

For more donor testimonials, visit http://aaobulletin-365.ascendeventmedia.com.

The Millennium Society: More Than 10 Years of Philanthropic Giving

What is the state of support of the Millennium Society during the span of 10 years? Let's consider numbers from two points in time: 2001 and 2012. The total number of Millennium Society donors who created a philanthropic culture of giving at the Foundation by founding the Millennium Society in 2001: 85. The current number of Life Members in the Millennium Society in 2012: 98. You, our Millennium Society donors, include members of the Board of Directors and the Board of Governors, residents, young physicians, retired physicians, committee chair, and AAO-HNS members and staff. With 466 members giving back to their Foundation and being a part of the Millennium Society, we celebrate the healthy and growing state of the philanthropic culture at the Academy.

Millennium Society donors enjoying lunch during the 2012 AAO-HNS/F Annual Meeting & OTO EXPO

Your strong financial support is essential to funding our mission. Due to a growing awareness of giving back to the Foundation, each year we have been able to provide more program funding for education, international visiting scholars along with research, humanitarian and resident travel grants.

The pins, pens, writing tablets, and other items are modest gifts to express our appreciation for your generous support to the Academy. These tokens seen by other members raise the visibility of the Foundation and encourage others to donate. Put simply, your giving motivates others to give. The Donor Acknowledgement Wall outside the Millennium Society Donor Appreciation Lounge at the AAO-HNSF Annual Meeting & OTO EXPO is a powerful visual tool to spotlight the commitment of you and your fellow donors' to the specialty. It is a powerful visual tool illustrating to others that there are many ardent supporters who continue, year after year, to go above and beyond to sustain our mission.

Thank you for belonging to Millennium Society—your continued generosity is essential to our mission to empower all otolaryngologist-head and neck surgeons to deliver the best patient care. Contact: Mary McMahon at 1-703-535-3717 for more information.

Partners for Progress–Practice Colleagues in Collaboration

Each day members face new challenges in providing the best patient care and managing their practices. A growing number of ENT group practices have opted to seize the opportunity to join Partners for Progress and leverage its resources to address the issues confronting our specialty.

Launched in 2010, Partners for Progress now has 27 members that range from solo to mid-sized and large group practices. All corners of the United States and the heartland are represented. In addition, MedStar Georgetown University Hospital is a new category of member and an area of future expansion: the university-based academic setting.

The 2012 Annual Partners for Progress Forum provided partner-directed conversations about the trends and challenges faced in the day-to-day practice of Otolaryngology. Partners for Progress members tap this valuable setting to share knowledge, dialogue, collaborate, and leverage resources toward a stronger specialty. This yearly gathering serves as a helpful communication channel for the practices with the AAO-HNS/F. The forum provided an opportunity for real dialogue on timely, vital topics such as third party payer advocacy efforts, the 2013 Medicare Physician Fee Schedule and quality measures for physician reimbursement. Highlights of new initiatives, programs, products, and accomplishments are presented by members of the AAO-HNS/F senior executive team, including **David R. Nielsen, MD,** AAO-HNS/F EVP/CEO, who facilitated the meeting.

In addition to serving as a forum to discuss key issues to practice physicians, Partners for Progress provides critical philanthropic support. This fundamental mission support continues to open doors for young physicians, facilitate research, and foster innovative programs and services that support otolaryngologist-head and neck surgeons in providing the best patient care. Contact: Mary McMahon at 1-703-535-3717 for more information.

2012 Partners for Progress Members

Investor

Texas Ear, Nose and Throat Specialists

Partner

Advanced ENT
Advanced ENT & Allergy
Arkansas Otolaryngology Center
Augusta ENT
Charlestown ENT
Colorado ENT & Allergy
Ear, Nose and Throat of South Florida PA
ENT & Allergy Associates LLP
Hudson Valley Ear, Nose & Throat
Houston Ear, Nose and Throat & Allergy
MedStar Georgetown University Hospital
Ohio ENT
Otosleep
Otolaryngology Associates of Long Island PC
Peoria ENT
Sacramento ENT
Shea Ear Clinic
Sound Health Services, PC

Associates

Chicago Otolaryngology Associates
Howard S. Kotler, MD

ENT Associates of Alabama
J. Noble Anderson, MD and A. Craig Chapman, MD

Island ENT/NY Facial Plastics
B. Todd Schaeffer, MD and Moshe Ephrat, MD

Long Island ENT Associates, PC*
Jay S. Youngerman, MD and John J. Grosso, MD

Michael A. Rothschild, MD

Michael Setzen, MD Otolaryngology PC

New York Otology
Sujana S. Chandrasekhar, MD

Richard W. Waguespack, MD Ear, Nose, and Throat

*Founding Practice Member As of June 14, 2012

Industry Round Table: An Important Partnership

At this year's Annual Meeting & OTO EXPO, the corporate supporters who make up the Industry Round Table (IRT) conducted their third successful annual meeting to discuss topics important to the corporate community and to advance the specialty. The IRT Program consists of corporate supporters that further the mission of our members through charitable giving to the Foundation. These organizations are leaders in the industry that have an appreciation for the value of a vital partnership between industry and the Academy.

The IRT Round Table discussion is the forum for this partnership—providing critical, timely, and substantive content focused on a gamut of issues relating to education, research, health policy, and the future of our specialty. Participation in the IRT program is achieved through annual charitable gifts in support of our mission, Continuing Medical Education (CME) grants, and/or through corporate support for the Annual Meeting & OTO EXPO. There are three levels of participation in the IRT program. The levels of partnership are IRT Leader, IRT Member, and IRT Associate. The program year runs from annual meeting to annual meeting. Through collaborative

IRT Leaders
Acclarent; LifeStyle Lift

IRT Members
Alcon; Teva Respiratory

IRT Associates
Bristol – Myers Squibb; Entellus; Intuitive Surgical; Medtronic; Olympus; Stryker

relationships with industry, both the Academy and corporate supporters can leverage the important work to further shared goals and thus better serve and communicate with the otolaryngology specialty, its practitioners, and patients.

The quality of our partnership with IRT corporate supporters is best demonstrated during the meeting that takes place during the AAO-HNSF Annual Meeting & OTO EXPO, and is attended by Academy and Foundation board leadership, staff leadership, and IRT representatives. Topics of discussion include our strategic initiatives and a discussion of how to best continue to strengthen the partnership. The conversation ranged from discussing new educational opportunities, such as AcademyQ, to research related endeavors addressing quality improvement and reporting.

As we continue to strive for increased quality of patient outcomes through knowledgeable, competent, and professional healthcare providers, we appreciate and recognize our corporate partners whose sponsorships make a difference in advancing our specialty. Thank you 2011-2012 IRT partners for your insights. We look forward to continuing our collaborations while we navigate in a new and ever-changing healthcare environment! Contact: Mary McMahon at 1-703-535-3717 for more information.

David R. Nielsen, MD, speaking about the value and strategic importance of industry partnership with board leadership, staff leadership, and industry representatives in attendance.

Academy Advantage–Our Strength in Numbers Brings Benefits to You

The Academy provides the specialist physician in otolaryngology–head and neck surgery with many benefits. The choice of benefits you most value and use frequently may vary from year to year or differ during your career. The Academy Advantage offers an array that serves you as your needs shift. From our "strength in numbers" and shared focus on the specialty, partnerships have been formed that allow members to receive discounts. If you have not yet discovered these gems, don't miss out on everything provided to you through the Academy Advantage Program. This affinity program entails partnerships with "non-endemic" companies—those that are not medical device or pharmaceutical companies. See two highlighted below.

In the busy pace of life you may have not realized what kind of savings and resources these program partners offer. Looking closely at the offerings may be an excellent investment of your time. Although not all the offerings may interest you today, there are many practical, direct benefits to be found. For example, all members have a need for medical liability insurance. You are encouraged to examine the solution provider that has been a longtime Academy Advantage Premier Partner, The Doctors Company. Assess premium discounts and dividends when loss ratios are low. Evaluate the savings available through this medical liability insurance provider. For more details, visit www.thedoctors.com/aaohns.

Excellent medical professional talent is vital to every practice. The Academy Advantage program includes a program offering that may greatly assist you if you face recruitment needs. HEALTHeCAREERS provides you a dynamic, online job board through ENT Careers. This is yet another instance of technology supporting our specialty. Job candidates can search for ENT job openings, and employers are able to post positions that target job seekers based on their specialty requirement needs. These resources are free to AAO-HNS members and job-posting rates are highly competitive, with volume discounts to employers placing job announcements on ENT Careers. Learn more by visiting www.healthecareers.com/aaohns.

These are just a few of the companies participating in the Academy Advantage program. For further information contact Mary McMahon at 703-535-3717 or mmcmahon@entnet.org.

Triological Society Research Grants

The Triological Society continues to promote research into the causes of and treatments for otolaryngic diseases by providing financial support for the research efforts of young otolaryngologists. Since 1974, the Society has awarded more than $3 million to otolaryngologists-head and neck surgeons in support of clinical and basic research. The Society's two competitive research grant programs are described here.

Triological Society Research Career Development Awards

Research Career Development Awards are available to otolaryngologists who hold full-time, part-time and contributed service medical school faculty appointments. These awards provide support for the research career development of otolaryngologists-head and neck surgeons who have made a commitment to focus their research endeavors on patient-oriented research such as clinical trials, translational research, outcomes research and health services research. Five awards are available for up to $40,000 each to be expended over a one or two year period.

Letters of intent are due December 17, 2012 (midnight ET) and applications are due January 15, 2013 (midnight ET) through the CORE grant program.

Guidelines and additional information are available at http://www.triological.org/researchgrants.htm. Questions may be referred to Gail Binderup at info@triological.org or 402-346-5500.

Triological Society/American College of Surgeons Clinical Scientist Development Award

This award provides supplemental funding to otolaryngologists-head and neck surgeons who receive a new NIH Mentored Clinical Scientist Development Award (K08/K23) in 2011/2012 or have an existing award with a minimum of 3 years remaining in the funding period as of June 1, 2013. This award is being offered as a means to facilitate the research career development of otolaryngologists-head and neck surgeons, with the expectation that the awardee will have sufficient pilot data to submit a competitive R01 proposal prior to the conclusion of the K award. This award will provide financial support in the amount of $80,000 per year for up to five years, or for the remainder of the term of existing grants, to supplement the K08/K23 award. Funding is dependent upon receipt of meritorious applications.

The application deadline is May 5, 2013.

Details are available at http://www.triological.org/researchgrants.htm. Questions may be referred to Gail Binderup at info@triological.org or 402-346-5500.

Call for Proposals

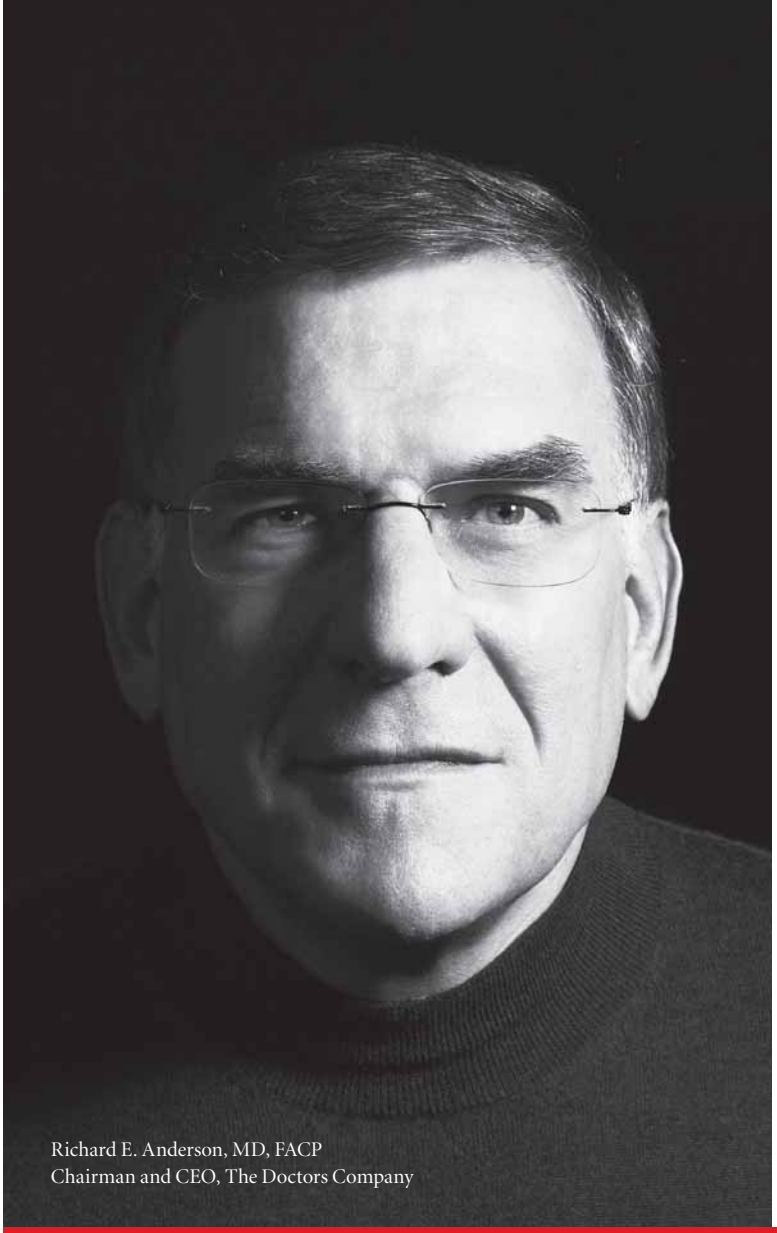
Bookmark the AAO-HNS Legislative and Political Affairs Webpage

Do you want to be one of the first to know the status of healthcare bills moving through Congress or your state? Bookmark the Legislative and Political Affairs webpage today. By visiting the webpage, you can learn more about the issues affecting the specialty, including the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, Graduate Medical Education (GME) funding, truth-in-advertising initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Visit www.entnet.org/advocacy.

Election Results are In!

We all know who won the Presidential election, but do you know who controls your state legislature or the two chambers of the U.S. Congress? The AAO-HNS Government Affairs team has compiled this information and more on the AAO-HNS 2012 Federal Elections Center webpage, www.entnet.org/politics. Academy members are encouraged to visit the site to see this year's election results.

Also, for 2012 ENT PAC Investors, check out the new PAC website, www.entpac.org, to see how your investment in the PAC helped to ensure pro-otolaryngology candidates were elected.



Richard E. Anderson, MD, FACP
Chairman and CEO, The Doctors Company

We do what no other medical liability insurer does. We reward loyalty at a level that is entirely unmatched. We honor years spent practicing good medicine with the Tribute® Plan. We salute a great career with an unrivaled monetary award. We give a standing ovation. We are your biggest fans. We are The Doctors Company.

Tribute® Plan
5
YEAR ANNIVERSARY

We created the Tribute Plan to provide doctors with more than just a little gratitude for a career spent practicing good medicine. Now, the Tribute Plan has reached its five-year anniversary, and over 22,700 member physicians have qualified for a monetary award when they retire from the practice of medicine. More than 1,300 Tribute awards have already been distributed. So if you want an insurer that's just as committed to honoring your career as it is to relentlessly defending your reputation, request more information today. To learn more about our medical professional liability program for AAO-HNS members, including the Tribute Plan, call us at (800) 352-0320, or visit www.thedoctors.com/tribute.

Sponsored by

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

THE DOCTORS COMPANY

www.thedoctors.com

Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.

3P Workgroup Update: Recognition and Appreciation for Incoming and Outgoing Leaders

James Denneny, MD
Coordinator for Socioeconomic Affairs
Michael Setzen, MD
Coordinator for Practice Affairs, and
Co-chairs of 3P

The Physician Payment Policy (3P) Workgroup is the senior advisory body to Academy leadership and staff on issues related to socioeconomic advocacy, regulatory activity, coding or reimbursement, and practice services or management. 3P is co-chaired by the coordinator for socioeconomic affairs and the coordinator for practice affairs. As you may recall, there was an extensive search during the spring of 2012 for coordinators-elect for the positions of Coordinator for Socioeconomic Affairs and the Coordinator for Practice Affairs. There were several highly esteemed applicants who submitted letters of intent and CVs to the Search Committee for review. Many thanks to the time and effort taken by the Search Committee for the coordinator for socioeconomic affairs, led by **Michael Seidman, MD,** and the Search Committee for the coordinator for practice affairs, led by **Gavin Setzen, MD,** during the review process. After careful consideration of all applicants' CVs and letters of intent, each Search Committee narrowed down the applicants to the finalists who were interviewed during the May 2012 Board of Governors meeting.

Congratulations to the finalists for each position: **James D. Denneny, III, MD,** selected for the coordinator-elect for socioeconomic affairs and **Jane Dillon, MD,** selected for coordinator-elect for practice affairs (CPA) position. Both of these positions are non-voting members of the Academy's Board of Directors. The coordinators work together in concert to coordinate the socioeconomic activities of the Academy and develop and maintain programs that support and provide practice management related answers to health policy issues (CPA position). Typically, these positions are both five-year commitments that include one year of shadowing the current coordinator for socioeconomic affairs, **Richard Waguespack, MD,** and the current coordinator for practice affairs, **Michael Setzen, MD,** and four years in the position. However, with Dr. Waguespack's new leadership role as president-elect, he resigned his coordinator position and Dr. Denneny's term began effective immediately following the annual meeting.

In reflection of his past years of service, Dr. Waguespack said, "My job as CSA was extraordinarily enhanced by the efforts of my colleagues serving on 3P, within our committees, and subspecialty societies, and by the exemplary work of Academy staff. The challenge now is to identify and mentor those in the next generation to carry on dealing with these never-ending challenges."

Interestingly, a similar occurrence took place in 2007 when Dr. Waguespack took over as coordinator for Socioeconomic Affairs for Dr. Denneny when Dr. Denneny became president of the Academy. Dr. Denneny served two terms in this capacity and is fully aware of the responsibilities and requirements of the position. Besides these prior Academy leadership roles, Dr. Denneny has served as RUC advisor so he has deep experience with coding and reimbursement issues and socioeconomic policy. He was in private practice, and has recently returned to a full-time academic practice at the University of Missouri, which affords him the time and resources to perform the duties at a high level. He is familiar with the CPT/RUC activities having been the RUC advisor and alternate representative. Dr. Denneny is currently on the Socioeconomics Committee and the Executive Committee of the Board of Governors of the American College of Surgeons (ACS).

These positions would open synergistic opportunities to increase cooperation and build coalitions among the surgical societies as we try to make our way through an increasingly hostile landscape for physicians, particularly surgeons. Dr. Denneny's goal for 3P moving forward is to be less reactive and to focus more on payment and quality, and the future of medicine, including bundled payment/episodes of care, and he stresses the importance of joining with the American College of Surgeons (ACS) or House of Medicine for help with leading advocacy efforts that affect all surgical societies, such as the value-based payment modifier.

The Search Committee, Executive Committee, and Board of Directors are confident that the partnership of Dr. Denneny and Dr. Dillon will be an excellent one for providing leadership and coordinating socioeconomic and practice affairs in upcoming years. Dr. Dillon has been a member of the Physician Payment Policy (3P) workgroup for the past six years. She is current CPT/RVU Committee Chair, the Academy's RUC Panel Member Alternate as well as immediate-past RUC Advisor. She is currently pursuing a MBA, which will be completed in 2012. The ACS nominated Dr. Dillon who was appointed to the AMA Payment and Delivery Reform Innovator's Committee last year. She also serves on the CPT/RUC Chronic Care Coordination Workgroup. She is a leader in her practice in Illinois and also of a large Physician Health Organization (PHO) in that area. These roles have kept her extremely current in what is happening in new physician reimbursement and care delivery models from both from the government and private payer perspectives. Dr. Dillon's goal for 3P/the Academy is to provide members with resources to assist them in advocacy efforts with public and private payers in the areas of payment, including adoption of payment guidelines that enable our members to best serve their patients. Also, Dr. Dillon is in agreement with Dr. Denneny's goal for 3P stressing the importance of the continued efforts for advocating for our specialty in areas related to health care payment and delivery reform.

Thank You!

The Academy would like to extend its heartfelt appreciation to Richard Waguespack, MD, for his role as Coordinator for Socioeconomic Affairs (CSA) during the past five years. Dr. Waguespack has worked tirelessly to advocate for appropriate reimbursement for otolaryngology services at the federal, state, and local levels. His diplomacy and inclusiveness of any subgroup that may be affected by a regulatory or reimbursement change is truly extraordinary. The Academy looks forward to his continued expert input as a member of the Physician Payment Policy Workgroup, (3P).

Richard Waguespack, MD

We would also like to sincerely thank Bill Moran, MD, for his 12 years of service on the American Medical Association (AMA)/Specialty Society Relative Value Update Committee's (RUC) Practice Expense Advisory Committee, which concluded earlier this year. Please join us in thanking Dr. Moran for his tireless work to prepare for the RUC meetings, spending time away from his practice and family to advocate for appropriate and fair valuation of the otolaryngology-head and neck services you provide to your patients.

Bill Moran, MD

Coordinator Search Task Force Groups

*(As Determined by **Rodney P. Lusk, MD**, 2012 AAO-HNS/F president January 10, 2012)*

Socioeconomic Affairs Task Force
Michael Seidman, MD, Chair

Members
Sandy Archer, MD
Sujana Chandrasekhar, MD
Duane Taylor, MD
Lauren Zaretsky, MD
Jim Netterville, MD
Richard Waguespack, MD (advisor with no vote)

Practice Affairs Task Force
Gavin Setzen, MD, Chair

Members
Linda Brodsky, MD
Lisa Perry-Gilkes, MD
Shannon Pryor, MD
Wendy Stern, MD
Pablo Stolovitzky, MD
Jim Netterville, MD
Michael Setzen, MD (advisor with no vote)

Systematic Review Training

2013 Cochrane Colloquium, Quebec City, Canada
September 19-23, 2013

2013 Cochrane Scholars

The AAO-HNS/F leadership and SAGE, publisher of *Otolaryngology–Head and Neck Surgery,* have identified a need to train otolaryngologists in the conduct and publication of systematic literature reviews. Systematic reviews have a high citation impact, and serve as the foundation for evidence-based practice guidelines, clinical performance measures, and maintenance of specialty certification.

Four travel grants of up to $2,500 will be offered for the 2013 Colloquium in Quebec City, Canada, September 19-23, 2013. The Colloquium features a full scientific program and nearly 60 training and discussion workshops related to systematic review. In return for a travel grant to attend the meeting, grant recipients must agree to initiate and submit a systematic review to *Otolaryngology–Head and Neck Surgery* for publication consideration within 12 months (by September 23, 2014).

Attendees will be introduced to the Cochrane Collaboration, the world leader in evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses. The AAO-HNS/F has partnered with the staff and editors of the Cochrane ENT Disorders Group to create this unique educational opportunity.*

Apply by January 1, 2013

To learn more about how to apply, visit http://www.entnet.org/EducationAndResearch/Cochrane.cfm.

Questions? Contact Caitlin Murray at cmurray@entnet.org or 703-535-3748.

Residents and previous G-I-N or Cochrane Scholar recipients are not eligible to apply

DOC'S PROPLUGS
THE ULTIMATE IN EAR PROTECTION SINCE 1977

800.521.2982

and not a summer lost... even with ventilation tubes

proplugs.com

Please consider **DOC'S PROPLUGS** for all your child's swimming and bathing needs

pink, non-vented

blue, non-vented

International Aquatic Trades, Inc. ~ 719 Swift Street, Suite 56 ~ Santa Cruz, CA 95060 ~ phone: 831.425.5920

AAO-HNS Summary of CY 2013 Outpatient Prospective Payment System and Ambulatory Surgical Center Payment Proposed Rule

On July 6, the Centers for Medicare and Medicaid Services (CMS) released its proposed rule for Medicare's hospital outpatient prospective payment system (OPPS) and ambulatory surgical center (ASC) payment system. The Academy submitted comments to CMS on the OPPS and ASC proposed rule on August 29.

Academy staff summarized the sections of the rule we believe are most relevant to members in response to an increased number of members who indicate they practice in hospital outpatient or ASC setting. Below, in summary, are the key provisions from the rule that we believe Academy members should consider.

Hospital Outpatient Prospective Payment System (OPPS) Key Provisions

Background on the OPPS

OPPS payments cover facility resources including equipment, supplies, and hospital staff, but do not pay for the services of physicians and nonphysician practitioners who are paid separately under the Medicare Physician Fee Schedule (MPFS). All services under the OPPS are technical and are classified into groups called Ambulatory Payment Classifications (APCs). Services in each APC are grouped by clinically similar services that require the use of similar resources. A payment rate is established for each APC using two-year-old hospital claims data adjusted by individual hospitals cost to charge ratios. The APC national payment rates are adjusted for geographic cost differences, and payment rates and policies are updated annually through rulemaking.

OPPS 2013 Proposed Payment Rates

For CY 2013, CMS proposed a hospital outpatient department (HOPD) conversion factor to calculate the increase of 2.1 percent. CMS has also proposed to continue implementing the statutory two percent reduction in payments for hospitals that fail to meet the hospital outpatient quality reporting (OQR) requirements.

Updates Affecting OPPS Payments

In CY 2013, CMS also proposed using the geometric mean to calculate the cost of services within an APC to determine relative payment weights for services. This is a drastic change from the former methodology, used since the inception of the OPPS in 2000, which relied on the median costs of services to establish relative weights for services. CMS states this change is in response to commenters' persistent concerns regarding the degree to which payment rates reflect the costs associated with providing a service, year-to-year variation, and whether packaged items are appropriately reflected in payment weights. In addition, the Agency felt that the mean better encompasses the variation in costs and the range of costs associated with providing services. It also will allow earlier detection of changes in the cost of services and may promote better stability in the payment system. Further, this brings the OPPS in line with the inpatient methodology, which uses mean costs to calculate the diagnosis related group (DRG) weights. Lastly, CMS believes this will improve its ability to identify resource distinctions between previously homogeneous services.

Observation Status

Under current policy, when a Medicare beneficiary presents to the hospital for care the physician must decide whether to admit them as an inpatient or treat them as an outpatient. Inpatient services are paid under Medicare Part A, while outpatient services are paid under Medicare Part B. Occasionally, when a physician admits the patient for hospital care, a reviewing body such as a MAC, RAC, or CERT will review the claim and deny it as not reasonable and necessary under the Social Security Act (SSA). In these cases, hospitals may rebill a new inpatient claim for a limited set of Part B services that were furnished to the patient and refer to it as "Inpatient Part B" or "Part B Only" services.

Once the patient is discharged, however, the hospital cannot change their status to outpatient in order to submit an outpatient claim. If the hospital wishes to change the status, it must be done prior to discharge and the patient, provider, and utilization review committee must agree with the status change decision. The reason for this restriction is due to potential liability for the beneficiary. Specifically, beneficiaries that are admitted as inpatients pay a onetime deductible for all services provided during their first 60 days in the hospital. They are not asked to pay for self-administered drugs and post-acute skilled nursing facility (SNF) care that may be required by Medicare, so long as the beneficiary was in the hospital as an inpatient for three days. Outpatients, however, are required to pay a copayment for each outpatient service, and self-administered drugs and SNF care are not covered by Medicare Part B.

In its proposed rule, CMS requested public comment on ways to address areas of concern regarding these policies. In response, the Academy provided specific feedback to the following CMS inquiries:

- How CMS might improve current instructions on when a patient should be admitted as an inpatient;
- Whether it is permissible for CMS to redefine "inpatient" using length of stay or other variables as the

parameters in conjunction with medical necessity;
- Whether it is appropriate or useful to establish a point in time after which an encounter becomes an inpatient stay;
- Whether CMS should cap the amount of time a beneficiary can receive observation services as an outpatient; and
- Whether the use of clinical measures or prior authorization would be useful requirements for payment of an admission.

Conditions of Payment for Therapy Services in Hospitals and CAHs

In response to concerns expressed in past years' Medicare Physician Fee Schedule (MPFS) public comments, CMS clarifies that it does not intend to establish different supervision requirements for hospitals and critical access hospitals (CAHs) under §410.27 of the regulations for physical therapy, speech language pathology, and occupational therapy services provided in the outpatient setting when furnished under a certified therapy plan of care. CMS notes that if the services are billed by the hospital or CAH as therapy services, the supervision requirements do not apply. However, CMS notes that policies, covered by §410.27 of the Medicare coverage manual, regarding supervision and other requirements do apply to physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services when those services are not furnished under a certified therapy plan of care (referred to as "sometimes therapy" services).

Hospital Outpatient Quality Reporting (OQR) Program

As established in previous rules, hospitals will continue to face a 2 percentage point reduction to their OPD fee schedule update for failure to report on quality measures in the OQR Program. Program measures can be accessed at www.QualityNet.org.

Ambulatory Surgical Center (ASC) Key Provisions

Background on ASCs

Covered surgical procedures in the ASC setting are defined as procedures that would not be expected to pose a significant risk to beneficiaries safety when performed in an ASC and that would not be expected to require active medical monitoring and care at midnight following the procedure. CMS reviews the ASC payment system to implement applicable statutory requirements and changes arising from continuing experience with this system on an annual basis. In the proposed rule, CMS proposes relative payment weights and payment amounts for services furnished in ASCs, and other rate setting information for the CY 2012 ASC payment system.

ASC 2013 Proposed Payment Rates

For CY 2013, CMS proposes a 1.3 percent increase to the ASC conversion factor in CY 2013. This results in a proposed increase in the conversion factor from $42.627 in 2012 to $43.190 in 2013.

Surgical Procedures Designated as Office-Based

Annually, CMS proposes to update payments for office-based procedures and device-intensive procedures using its previously established methodology. Office-based procedures are defined as surgical procedures, which are utilized more than 50 percent in the physicians' office. For CY 2013, CMS is proposing, based on their review of CY 2011 utilization data, to permanently designate six covered surgical procedures as "office-based" within the ASC setting. Most notably, three of those codes are nasal/sinus endoscopy procedures (CPT codes 31295, 31296, and 31297). This means that CMS will pay for these procedures at the lesser of the proposed 2013 MPFS nonfacility Practice Expense

(PE) RVU amount, or the proposed 2013 ASC payment amount.

ASC Quality Reporting Program

In 2012, CMS finalized the implementation of an ASC quality-reporting program (ASCQR), which will begin October 2012. Quality measures have been adopted for the calendar years (2014-2016) and payment penalties will take effect in 2014, using 2012 data. ASCs must submit data on the claims-based quality measures by including the appropriate Quality Data Code (QDC) on their Medicare claims. ASC's that fail to properly report their data will receive a two percent payment penalty. Quality measures can be found at www.Qualitynet.org.

To access the Academy's full summary of the proposed requirements for the programs highlighted above, visit the Academy's CMS Regulations and Comment letter page at http://www.entnet.org/Practice/Summaries-of-Regulations-and-Comment-Letters.cfm#CL or email Academy staff at HealthPolicy@entnet.org.

Evidence-Based Guidelines Affecting Policy, Practice, and Stakeholders (E-GAPPS) Conference

The E-GAPPS Conference is a two-day meeting co-sponsored by the Guidelines International Network North America (G-I-N NA) and the Section on Evidence Based Health Care (SEBHC) of the New York Academy of Medicine. The E-GAPPS mission focuses on constructive dialogue and collaboration; best practices in guideline development, dissemination, and implementation; and perspectives, processes, values, and principles that affect healthcare policy.

To register or learn more about the confirmed plenary speakers, conference themes, or breakout sessions, visit http://www.nyam.org/events/2012/evidence-based-guidelines-conference.html.

2012 E-GAPPS Conference
New York, NY
Monday, December 10 to Tuesday, December 11

2013 CORE GRANT FUNDING OPPORTUNITIES

| www.entnet.org/CORE

CORE

CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS

Submission Deadlines

Letter of Intent (LOI) to be submitted electronically by **December 17, 2012 midnight ET**
Application to be submitted electronically by **January 15, 2013 midnight ET**

THE ALCON FOUNDATION

The Alcon Foundation/AAO-HNSF Resident Research Grant $10,000, non-renewable, one year to complete project. One available annually.

AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY (AAOA) FOUNDATION

AAOA Foundation Research Grant $45,000, non-renewable, one to two years to complete project. One available in 2013.

AMERICAN ACADEMY OF OTOLARYNGOLOGY —HEAD AND NECK SURGERY (AAO-HNSF)

AAO-HNSF Resident Research Award $10,000, non-renewable, one year to complete project. Up to eight available annually.

AAO-HNSF Maureen Hannley Research Grant $50,000, renewable, one to two years to complete project. One available annually.

AAO-HNSF Percy Memorial Research Award $25,000, non-renewable, one year to complete project. One available annually.

AAO-HNSF Health Services Research Grant $10,000, non-renewable, one year to complete project. Up to two available annually.

NEARLY $750,000 AWARDED BY THE CORE SPECIALTY SOCIETIES, FOUNDATIONS AND INDUSTRY SUPPORTERS IN 2012!

AMERICAN HEAD AND NECK SOCIETY (AHNS)

AHNS Pilot Grant $10,000, non-renewable, one year to complete project. One available annually.

AHNS Alando J. Ballantyne Resident Research Pilot Grant $10,000, non-renewable, one year to complete project. One available annually.

AHNS/AAO-HNSF Young Investigator Combined Award $40,000 ($20,000 per year), non-renewable, two years to complete project. One available annually.

AHNS/AAO-HNSF Translational Innovator Combined Award $80,000 ($40,000 per year), non-renewable, two years to complete project. One available annually.

AMERICAN HEARING RESEARCH FOUNDATION (AHRF) AHRF Wiley H. Harrison, MD Grant $25,000, non-renewable, one year to complete project. One available annually.

AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)

ALA Award, $10,000, non-renewable, one year to complete project. One available annually.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY, INC., AKA THE TRIOLOGICAL SOCIETY

The Triological Career Development Award $40,000, non-renewable, one to two years to complete project. Five awarded annually.

AMERICAN RHINOLOGIC SOCIETY (ARS) ARS New Investigator Award $25,000 ($12,500 per year), non-renewable, two years to complete project. One available annually.

ARS Resident Research Grant $8,000, non-renewable, one year to complete project. Two available annually.

AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)

ASPO Research Grant $20,000, non-renewable, one year to complete project. Two available annually.

COOK MEDICAL

Cook Medical/AAO-HNSF Resident Research Grant $10,000, non-renewable, one year to complete project. One available annually.

THE DOCTORS COMPANY FOUNDATION

The Doctors Company Foundation/AAO-HNSF Resident Research Grant $10,000, non-renewable, one year to complete project. One available annually.

THE EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)

AAFPRS Leslie Bernstein Grant $25,000, non-renewable, up to three years in which to complete project. One available annually.

AAFPRS Leslie Bernstein Resident Research Grant $5,000, non-renewable, up to two years to complete project. Two available annually.

AAFPRS Leslie Bernstein Investigator Development Grant $15,000, non-renewable, up to three years to complete project. One available annually.

HEARING HEALTH FOUNDATION (HHF)

Hearing Health Foundation Centurion Clinical Research Award $7,500, non-renewable, one year to complete project. One available annually.

KNOWLES HEARING CENTER AT NORTHWESTERN UNIVERSITY

Knowles Center Collaborative Grant $30,000, non-renewable, one year to complete project. One available annually.

THE OTICON FOUNDATION

The Oticon Foundation/AAO-HNSF Resident Research Grant $10,000, non-renewable, one year to complete project. One available annually.

THE PLASTIC SURGERY FOUNDATION (PSF)

PSF/AAO-HNSF Combined Grant $20,000, non-renewable, one year to complete project. One available in odd numbered years.

For more information about these grants and the application process visit: www.entnet.org/CORE.
Questions? Contact Stephanie L. Jones sljones@entnet.org or Sarah O'Connor soconnor@entnet.org

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

Summer in Libya: A Chance to Help Rebuild

Ilaaf Darrat, MD
Ford Health System
Detroit, MI

Ilaaf Darrat, MD

February 17, 2011, is not a particularly important date to most people in the United States. For Libyans, this date signifies freedom from 42 years of dictatorship and oppression, as the start of the uprising that finally toppled the Gaddafi regime.

However, for many Libyans, the revolution started long before February 17 of last year. My own family actively opposed the regime for decades, being forced to live in exile for more than 30 years. Despite the many years we spent away from our home, we have always believed the regime's time would come and we should take advantage of the opportunities we have in the United States to prepare ourselves to one day contribute to the betterment of our homeland.

Well, that day finally came, and I was grateful to have the opportunity to do my part. The revolution was over, the regime had collapsed, and Libya's first free elections in more than four decades took place—a happy occasion marked by huge celebrations in the streets.

And I was there to witness it and to be a part of the change for which everyone was hoping. With the help of **Khalid Eljallah, MD,** a Canadian-trained Libyan otolaryngologist, I volunteered at El Khadra Hospital in Tripoli, Libya, in July. El Khadra is one of three government-run hospitals in Tripoli that provide medical care at no cost to Libyan citizens.

I worked with a group of eager residents who were interested in increasing their knowledge base and skill level. I covered the clinic, gave grand rounds, and taught in the operative theater. In the clinic, we discussed the clinical scenarios, and we saw dozens of patients in the mornings. I was impressed by the knowledge of the trainees, who wanted to know what treatments U.S. physicians typically administered for specific diagnoses. We realized that there were more similarities in treatments than differences.

The evident difference was that despite the trainees' sound medical knowledge, their training in the operative theater was limited. Even the most senior residents (including one who had been in training for more than eight years) did not possess the requisite skills to perform a parotidectomy or a FESS using the microdebrider. Only Dr. Eljallah, the ENT consultant at El Khadra Hospital, performed those cases. There is a huge demand for training opportunities to really bring out the residents' potential and commitment to learning.

Working with the residents was a real joy. You could feel their excitement and see their hopes for the future. They were hungry for more training, particularly from overseas physicians. However, they face many challenges practicing medicine in Libya, including a general lack of confidence in physicians trained there. Among the general population, many do not believe doctors in Libya can deal with complicated medical cases. As a result, many Libyans will strain their limited budgets to travel to neighboring countries for medical care.

Despite having more talent and skill than is often assumed of them, many residents are hoping to "match" in residencies overseas to strengthen the reputation of Libyan doctors and, more importantly, to develop themselves and provide the world-class care their fellow citizens need.

Many other exiles, like me, have returned to Libya to develop relationships with physicians there, to treat patients in the country, and to encourage young residents to continue to dream big and work hard. I plan to return to Libya at least once a year to continue to educate and train Libya's future otolaryngologists. There is much work to be done, but we are hopeful and ready for the task.

Members of the El Khadra ENT Department (r. to l.): Dr. Nureddin Ben Sabaan; Dr. Abdulmotaleb Shamam; Dr. Hiethem Khlatt; Mr. Aziz Abushaala FRCS (Gl.), ORL-HN Surgeon; Dr. Khaled Eljallah, MD, FRCSC, Head of ENT Department El Khadra Hospital; Dr. Murad Elhuderi; Dr. Seraj Oun; and Dr. Khaled Mohsen.

Head and Neck
SURGERY
ASSOCIATES, PSC

Greater Cincinnati/Northern Kentucky
Ten Doctor, Single Specialty, General ENT Practice
Seeking BC/BE Otolaryngologist to replace retiring physician

- Busy, Successful, Established 34-year-old growing practice
- Competitive compensation and vacation package
- Two-year partnership potential
- Four-day work week for all doctors (including future associate)
- Private ambulatory surgery center with two operating rooms, AAAHC certified, Medicaid/Medicare approved and state licensed
- Large Allergy Department
- Busy Hearing Aid business with five audiologists
- Electronic Medical Records
- In-office CT Scanner
- Three upscale offices owned by the Practice
- Greater Cincinnati/Northern Kentucky living area offers cosmopolitan/urban, suburban or country lifestyles as well as award winning school systems

For consideration, send your cover letter and CV to:
Sarah Gosney, Administrative Services,
Head and Neck Surgery Associates, P.S.C.
40 N. Grand Avenue, Suite 103, Fort Thomas, KY 41075
Phone: (859) 572-3046, Fax: (859) 572-3045, Email: sarahg@nkyent.com

Amazing Otolaryngology Opportunity
Get to know New York like never before!

Samaritan Medical Center, a 287 bed, not-for-profit hospital in Northern NY, is offering an excellent employed opportunity for an Otolaryngologist.

- **$400,000 Salary Guarantee with WRVU incentive program, $35,000 Signing Bonus, $10,000 Relocation & $10,000 Annual Educational Loan Repayment, Full Medical Liability Coverage.**
- **CME Annual allowance, Call is 1:4, Paid Immigration Assistance.**
- **Join highly respected providers in an unopposed practice with a catchment population of 250,000.**

Explore the beauty of NNY, from the shores of Lake Ontario to the magical St. Lawrence River, home of the 1000 Islands, to the foothills of the Adirondack Mountains. Small Town Feeling with Big City Amenities. Excellent school systems.

Contact: **Jennifer Haley Saiff - 315-779-5184** or
jsaiff@shsny.com -www.samaritanhealth.com
830 Washington Street, Watertown, NY 13601

ENT AND ALLERGY ASSOCIATES, LLP
ENTANDALLERGY.COM

PENTA · Advanced Facial Plastics · VOICE & SWALLOWING · EAR & DIZZINESS
HEARING SERVICES · CT SCAN SERVICES · NIGHT & DAY · CLINICAL RESEARCH

Career decisions are tough to make.

At **ENT and Allergy Associates (ENTA)**, we are well aware that the move from residency or fellowship program to the practice of medicine is both an extremely important one, and an extremely challenging one.

So year after year, we strive to provide answers to young men and women confronting the choices you now face. In fact, we invite you to download our "Answers to Recruitment Questions" booklet (*www.entandallergy.com/enta_arq.pdf*), and reach out to colleagues who have recently joined ENT and Allergy Associates themselves.

Our 36 state-of-the-art clinical sites are located in growing communities across NY and NJ, where smart young medical minds are both needed, and appreciated. At present, we have a select number of openings for general otolaryngologists as well as otologists, laryngologists, rhinologists, and other sub-specialists.

Wayne Eisman, MD, FACS
President, ENT and Allergy Associates
(914-333 5809/weisman@entandallergy.com)

Bob Glazer
CEO, ENT and Allergy Associates
(914-490-8880/rglazer@entandallergy.com)

ENT and Allergy Associates...superior medical care, one patient at a time.

You've got questions. We can help with answers.

BERGER HENRY ENT SPECIALTY GROUP

Live the dream!

Dynamic, energetic ENT group offers you the opportunity like no other to practice and live in beautiful suburban Philadelphia. This multi office practice requires minimum on call schedule and offers predominantly outpatient ENT care with high earnings, top of the line benefits and partnership. Enjoy your daily practice, be home with your family for dinner and reap the benefits of your hard work.

For a unique lifestyle opportunity…

Call Deborah Bovee for further details
610-279-1414 x104

West Virginia University.

The Department of Otolaryngology at West Virginia University is seeking a fellowship-trained head and neck surgeon to join a well established head and neck oncology service in the summer of 2013. Expertise with both ablative and reconstructive procedures is desired. Responsibilities include education of residents and medical students and patient care. Opportunities are available for those interested in clinical/basic research.

The department currently has ten physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD members.

West Virginia University is located in beautiful Morgantown, which is rated one of the best small towns in America in regard to quality of life. Located 80 miles south of Pittsburgh and three hours from Washington, DC, Morgantown has an excellent public school system and offers culturally diverse, large-city amenities in a safe, family setting.

The position will remain opened until filled. Please send a CV with three professional references to:

Laura Blake
Director, Physician Recruitment
Fax: 304-293-0230
blakel@wvuhealthcare.com
http://www.hsc.wvu.edu/som/otolaryngology/

West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.

UIC UNIVERSITY OF ILLINOIS AT CHICAGO

Department of Otolaryngology–Head and Neck Surgery


Aspen at Night Photo: Hal Williams


Photo: Paul Morrison

37th Midwinter Symposium on Practical Surgical Challenges in Otolaryngology

February 18-22, 2013
Snowmass Village, Colorado

The University of Illinois at Chicago (UIC) College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Illinois at Chicago (UIC) College of Medicine designates this educational activity for a maximum of *21 AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

SYMPOSIUM CO-CHAIRMEN

UIC Department of Otolaryngology-Head and Neck Surgery

J. Regan Thomas, MD
Francis L. Lederer Professor and Chairman

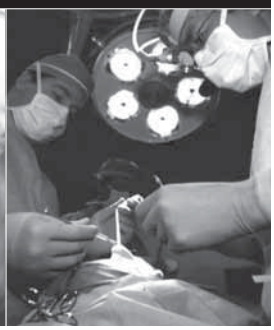
Robert M. Meyers, MD
Professor

CONTACT
Jane Whitener, Program Coordinator
Email: snowmass@uic.edu
Phone: 773-271-0223

www.uicentskimeeting.org

SYMPOSIUM FACULTY

Cemal Cingi, MD, Eskisehir, Turkey
Martin J. Citardi, MD, Houston, TX
Calhoun D. Cunningham, III, MD, Raleigh, NC
M. Jennifer Derebery, MD, Los Angeles, CA
Stephanie A. Joe, MD, Chicago, IL
R. James Koch, MD, Montara, CA
Raymond J. Konior, MD, Maywood, IL
Rodney P. Lusk, MD, Omaha, NE
Charles M. Myer, III, MD, Cincinnati, OH
John F. Pallanch, MD, MS, Rochester, MN
Stephen W. Perkins, MD, Indianapolis, IN
Miriam Saadia-Redleaf, MD, Chicago, IL
Mike Yao, MD, Ardsley, NY
Karen A. Zupko, Chicago, IL



The Department of Otolaryngology at the University of Connecticut School of Medicine has an immediate openings for a fellowship trained **Rhinologist** and a **Neurotologist** on our faculty.

The positions are available for a recent fellowship trained or an experienced Practitioner. Candidates must be board eligible and actively working toward certification. The positions require a majority of clinical work and will have some protected time for research and teaching purposes. UConn has an active Otolaryngology residency training program consisting of 10 residents. Call is filtered by the residents.

The University of Connecticut pays a highly competitive salary and productivity based compensation package. A benefits package includes health and dental benefits, life and disability insurances, tax-deferred retirement compensation plans with paid vacation and opportunities for continuing medical education.

Please send your CV in confidence to recruiting@uconnmedicalrecruiting.com.
UConn is an equal opportunity Employer

Pediatric Otolaryngologist Faculty Advertisement

The Department of Otolaryngology - Head and Neck Surgery at Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care and service is seeking applications for a Fellowship Trained Pediatric Otolaryngologist beginning summer 2013. The position is based at the Sisters of St. Mary Cardinal Glennon Children's Medical Center. Appointment in Pediatric Otolaryngology is available at the level of Assistant/ Associate Professor. Candidates must be Board Certified in Otolaryngology - Head and Neck Surgery.

SSM Cardinal Glennon Children's Medical Center is a 160-bed free-standing hospital located in midtown Saint Louis, adjacent to Saint Louis University and Saint Louis University Hospital. The Hospital serves a diverse population from the inner city, the metropolitan area and a 200-mile referral radius. St. Louis is an urban center with a population of 2½ million and ample cultural, sports and entertainment opportunities.

Interested candidates must submit a cover letter, application and current curriculum vitae to: https://jobs.slu.edu. Review of applications begins immediately and continues until the position is filled.

For further information contact:
Mark A Varvares, M.D., Chairman
Department of Otolaryngology – Head and Neck Surgery
Saint Louis University School of Medicine
3635 Vista at Grand Boulevard
6th fl, FDT
St. Louis, MO 63110-0360
varvares@slu.edu

Saint Louis University is an affirmative action, equal opportunity employer and encourages nominations and applications of women and minorities.

The University of Kansas Department of Otolaryngology-Head & Neck Surgery is seeking a laryngologist, a head and neck surgeon, and a rhinologist/skull base surgeon who are interested in full-time academic positions.

The successful candidate will have fellowship training with expertise in their specialty and is BC/BE. The candidate will join as an Assistant or Associate Professor and will be involved with resident and medical student education while developing a strong clinical practice and research interests.

Laryngologist
Position Number M0204650
Join a busy voice and swallow team with a state-of-the-art laryngeal lab and experienced speech pathology support.

Head and Neck Surgeon
Position Number M0203642
Join a division of four head and neck surgeons. Fellowship in microvascular surgery, surgical oncology and an interest in oncologic research preferred.

Veterans Affair Clinician/Scientist
The Department is looking for a full-time VA position with potential for VA research funding. Ideally this position will allow 50% protected time for research.

Head and Neck Fellowship
Clinical Focus: Head and Neck Surgical Oncology, Skull Base Surgery, Endoscopic Laser Surgery, Minimally Invasive Endocrine Surgery, Microvascular Reconstructive Surgery and Robotic Surgery.

Applications are accepted through the American Head and Neck Society: **www.ahns.info**.

KU UNIVERSITY of KANSAS
Department of
Otolaryngology
Head & Neck Surgery

To view position online, go to http://jobs.kumc.edu
(Search by position number.)

Letters of inquiry and CV may be mailed to:
Douglas Girod, MD, FACS, Professor and Chairman
The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
3901 Rainbow Blvd. MS 3010, Kansas City, KS 66160

The University of Kansas School of Medicine is an Equal Opportunity/Affirmative Action employer.

THE UNIVERSITY OF UTAH

Sleep Apnea Surgeon

University of Utah Otolaryngology–Head & Neck Surgery seeks a BC/BE Fellowship trained Sleep Apnea Surgeon at the Assistant or Associate Professor level for a full-time faculty tenure track position. A dental background is desirable but not required. Responsibilities will include patient care, medical student and resident education, and clinically oriented research. Position available July 2013.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16535
For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. A Faculty opportunity at all academic levels (Assistant/Associate Professor or Professor or Clinical Assistant/ Associate Professor or Clinical Professor) is available in **Head and Neck Surgical Oncology**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
- Research interests encouraged and supported
- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:
Robert P. Zitsch, III, M.D.
William E. Davis Professor and Chair
Department of Otolaryngology—Head and Neck Surgery
University of Missouri—School of Medicine
One Hospital Dr, MA314, DC027.00
Columbia, MO 65212
zitschr@health.missouri.edu

To apply for this position, please visit the MU web site at hrs.missouri.edu/find-a-job/academic/

The University of Missouri is an Equal Opportunity/Affirmative Action Employer and complies with the guidelines of the Americans with Disabilities Act of 1990. To request ADA accommodations, please contact (573) 884-7282 (V/TTY).

Assistant Professor or Associate Professor (full-time clinical, non-tenure track)
The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center (New Orleans) is seeking a fellowship trained, BC/BE Laryngologist for a full-time faculty position at the rank of Assistant or Associate Professor (non-tenure track).

The selected candidate will practice primarily at the Our Lady of the Lake Medical Center Voice Center in Baton Rouge; this facility is a well established treatment resource for patients with voice, swallowing, and airway disorders serving Louisiana and the Gulf Coast. There is a collaborative clinical team established for patient evaluation and management, including laryngology, speech pathology and basic science support. The clinical practice encompasses all areas of laryngology with excellent departmental subspecialty coverage in neurotology, rhinology, head and neck oncology, facial plastic and reconstructive surgery and pediatric otolaryngology. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. The candidate will assume a dedicated laryngology position in a busy clinical practice in a state of the art facility. Extensive collaborative research opportunities are available.

Reference PCN12-205

Assistant Professor, Associate Professor, or Professor (non-tenure, full-time clinical track)
The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking a fellowship trained, BC/BE Pediatric Otolaryngologist for a full-time faculty position at the rank of Assistant Professor, Associate Professor or Professor (non-tenure track).

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education. Extensive collaborative research opportunities are also available. The candidate will assume a dedicated pediatric otolaryngologist position in a busy clinical practice in a state of the art, free standing Children's Hospital. An interest in airway reconstruction and/or sinus surgery is a plus.

Our Children's Hospital is a 247-bed, not-for-profit medical center offering the most advanced pediatric care for children from birth to 21 years. It is the only full-service hospital exclusively for children in Louisiana and the Gulf South. Critical care is provided in the hospital's 36-bed NICU, 24-bed PICU, and 20-bed CICU.

Our faculty team members enjoy liberal cross-coverage for weekend and holiday on-call responsibilities and share the benefit of subspecialty support in otology, laryngology, head and neck oncology, and plastic/reconstructive surgery.

We live in one of the most culturally diverse and fastest growing cities in the country, and residents can easily enjoy the outdoor and coastal lifestyle. New Orleans offers many of the amenities of larger cities but continues to maintain a small town family oriented atmosphere.

Reference Pediatric Otolaryngologist

LSUHealthNewOrleans HEALTH SCIENCES CENTER

LSUHSC

Department of Otolaryngology

Head and Neck Surgery

Salary and rank will be commensurate with the knowledge, education and experience of the individual. Candidates interested in working within a dynamic and stimulating setting combined with a generous package of related benefits are encouraged to provide a cover letter with clinical and research interests and current Curriculum Vitae to ctorre@lsuhsc.edu; LSUHSC is an AA/EEO employer.

Children's Hospital LOS ANGELES
DIVISION OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

Division of Otolaryngology-Head and Neck Surgery Children's Hospital Los Angeles

Department of Otolaryngology Keck School of Medicine University of Southern California

Full-Time Pediatric Otolaryngologist at the Assistant/Associate Professor level.

The candidate must be fellowship trained and either board eligible or certified. Specialty interest and/or training in otology or laryngology would be preferred. The candidate must obtain a California medical license.

CHLA is one of the largest tertiary care centers for children in Southern California. Our new "state-of-the-art" 317 bed hospital building with 85% private rooms opened July 2011. Our group has a nice mix of academic and private practice. Both clinical and basic science research opportunities are available and supported.

Excellent benefits available through USC.
USC values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups are encouraged to apply.

Please forward a current CV and three letters of recommendation to:
Jeffrey Koempel, MD, MBA
Chief, Division of Otolaryngology - Head and Neck Surgery
Children's Hospital Los Angeles
4650 Sunset Boulevard MS# 58
Los Angeles, CA 90027

jkoempel@chla.usc.edu
(323) 361-5959

Otolaryngologist
Expanding Practice in York, PA

YORK ENT associates

A well established, busy four physician group in York, Pennsylvania is looking to add a fifth, full time Board Eligible/Board Certified Otolaryngologist. Our services include Allergy, Audiology and Hearing Aid Sales. Our office has been running on an EMR system since 2006. On-Call rotation with five physicians. Your first year includes an excellent salary and a production bonus. Partnership available after your first year with our practice.

York is a fast growing community with excellent schools and a very comfortable cost of living. It is convenient to Baltimore, Washington and Philadelphia.

Local inpatient hospital is well run and state-of-the-art. Surgical Center is well equipped, and partnership in the Surgical Center is available.

We are looking for a dynamic, motivated individual for partnership track. Income potential in the 90th percentile.

Contact Renee Gohn
Office- 717-843-9089
Email- yorkent@comcast.net

PRESBYTERIAN HEALTHCARE SERVICES
Albuquerque, NM

Presbyterian Medical Group is seeking two BC/BE otolaryngologists to join our outstanding, well-established group of ENT providers. Have a satisfying full-spectrum ENT practice with a large built-in referral base while at the same time enjoying a great quality of life in the beautiful Southwest. ER call 4 days/month. Practice call shared equally among group. Our medical group employs more than 600 primary care and specialty providers and is the fastest growing employed physician group in New Mexico.

In addition to a competitive guaranteed base salary, plus productivity bonus, we offer a generous sign-on bonus, quality bonus, malpractice, relocation, house hunting trip, health, dental, vision, life ins, 403(b) w/contribution and match from employer, 457(b), short & long term disability, CME allowance, etc.

Albuquerque thrives as New Mexico's largest metropolitan center and has been listed as one of the best places to live in the United States by several major publications. A truly diverse and multicultural city, Albuquerque offers you and your family a wide variety of experiences, outdoor activities and entertainment. It is also home to the University of New Mexico, a world renowned institution.

Contact Michael Criddle, MD at mcriddle@phs.org or Kay Kernaghan, Physician Recruiter, kkernagh@phs.org or 505-823-8770 for more information or to forward CV. Please visit our website at www.phs.org

ENT/Otolaryngologist

MaineGeneral Medical Center in Augusta, Maine is seeking a BC/BE ENT/Otolaryngologist. You will join an established practice with a strong referral base with opportunity to specialize. This state-of-the-art office space has been completely renovated and is located beside our Allergy and Audiology departments. We offer excellent benefits including three pension plans, relocation assistance, loan forgiveness, and competitive salary. We are located in scenic central Maine, just a short drive away from ski resorts, lakes and rivers, award-winning golf courses, abundant hiking trails, and the beautiful Maine coast. We are just an hour north of Portland, Maine's largest city, and three hours from Boston. MaineGeneral is currently building a new, state-of-the-art, 192-bed regional hospital to open in late 2013 that will consolidate inpatient hospital services in Augusta. Visit ournewhospital.org for details!

Please send CV to Lisa Nutter, Physician Recruiter at lisa.nutter@mainegeneral.org, call 1-800-344-6662, or visit mainegeneral.org for more information.

THE UNIVERSITY OF UTAH

Rhinologist

University of Utah Otolaryngology–Head & Neck Surgery seeks a BC/BE fellowship-trained Rhinologist at the Assistant or Associate Professor level for a full-time faculty tenure track position. Responsibilities will include patient care, medical student and resident education, and research. Position available immediately.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16550
For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

Central Maine Medical Group

Otolaryngology at its best in scenic Maine

If you are interested in walking into a busy practice from day one and becoming part of a forward-thinking organization, please consider this opportunity to join Central Maine Medical Group (CMMG). CMMG is part of Central Maine Healthcare, an integrated delivery system comprised of 350 physicians, three hospitals, and long term and residential care. We seek a BC/BE otolaryngologist for Central Maine ENT Head & Neck Surgery, a high volume practice located in the medical building attached to Central Maine Medical Center. CMMC is a 250 bed hospital and accredited Level II trauma center. A sophisticated EMR and strong support from a proactive administration make this an opportunity that you do not want to pass up.

Central Maine Medical Group offers top compensation and comprehensive benefits including nose and tail insurance coverage

Central Maine offers spectacular coastline and lush mountains, progressive schools, affordable housing, and a rich cultural and sports oriented environment.

For more information, please contact:

Molly Alderson
800-678-7858 x64507 • malderson@cejkasearch.com

ID#146125AD cejkasearch.com

THE UNIVERSITY OF UTAH

Head and Neck Oncology Surgeon/Scientist

University of Utah Otolaryngology–Head & Neck Surgery seeks BC/BE faculty with fellowship training in head and neck oncology. This is a full-time tenure track position. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available immediately.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: http://www.regulations.utah.edu/humanResources/5-106.html.

Applicants must apply at:
http://utah.peopleadmin.com/postings/16564
For additional information, contact:
Clough Shelton, MD, FACS, Professor and Chief
University of Utah School of Medicine
50 North Medical Drive 3C120
Salt Lake City, Utah 84132
Phone: (801) 585-1626
Fax: (801) 585-5744
E-mail: clough.shelton@hsc.utah.edu

OTOLARYNGOLOGIST OPPORTUNITY

Geisinger Wyoming Valley (GWV) Medical Center, Wilkes-Barre, Pa., is seeking a BC/BE Otolaryngologist.

Geisinger's otolaryngology specialists treat a wide range of conditions of the head and neck by providing the latest technologies in diagnostic, medical, surgical and rehabilitative techniques. We have board-certified and fellowship-trained specialists who collaborate to ensure the most comprehensive care.

About the Position

- Take part in the growth of this dynamic department
- Pursue research in your area of interest

Geisinger Wyoming Valley (GWV) Medical Center, Wilkes-Barre, Pa., is an acute care hospital that is licensed for 243 beds and houses the only Level II Trauma center in Luzerne County. The campus includes the Frank M. and Dorothea Henry Cancer Center, The Richard and Marion Pearsall Heart Hospital, the Janet Weis Children's Hospital Pediatric Unit, a transplant program and the Brain & Spine Tumor Institute. Geisinger South Wilkes-Barre (GSWB) is GWV's ambulatory campus.

Discover for yourself why Geisinger has been nationally recognized as a visionary model of integrated healthcare.

For more information or to apply for this position, please contact:

Autum Ellis, Department of Professional Staffing, at 1-800-845-7112 or amellis1@geisinger.edu

Learn more at Join-Geisinger.org

GEISINGER HEALTH SYSTEM
REDEFINING THE BOUNDARIES OF MEDICINE.

NORTHWEST HOUSTON OTOLARYNGOLOGIST

Busy, stable general otolaryngology private practice in NW Houston seeks a board certified or board eligible Otolaryngologist to join our group. All facets of otolaryngology are covered at this facility, including an allergy lab, hearing aid lab, VNG and sleep lab. Practice consists of three otolaryngologists (two full time board certified with one subspecialty board certified in sleep medicine & one part-time) and two audiologists. Practice has two locations in medical professional buildings. Demographic base of more than two hundred thousand patients in vicinity of nearby hospital and half a million patients in general NW Houston area.

Interested physicians should contact
Hugh Shannonhouse at **281-381-9713**
or email at **hugh@prevahealthus.com**

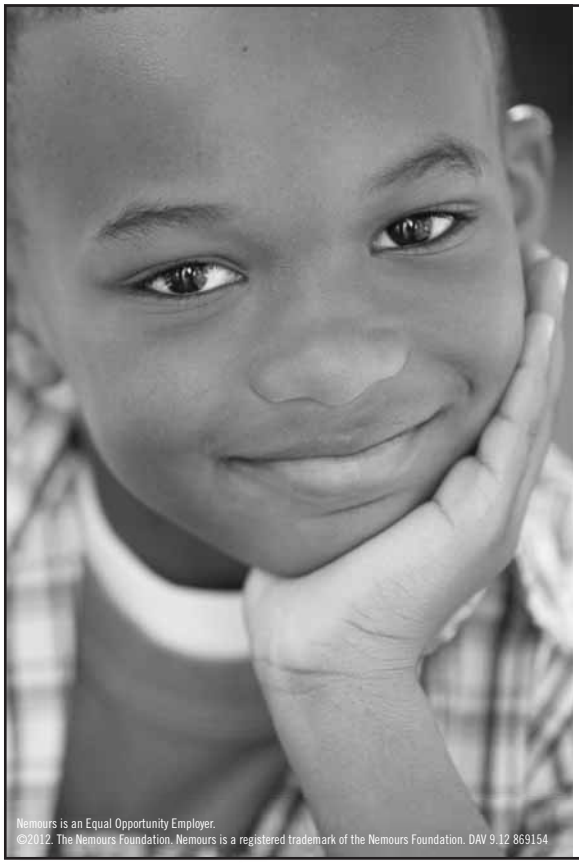
PEDIATRIC OTOLARYNGOLOGY FELLOWSHIP

July 1, 2014 – June 30, 2015
(with optional second year)
BOSTON CHILDREN'S HOSPITAL
HARVARD MEDICAL SCHOOL
Boston, Massachusetts

Address inquiries to:
Reza Rahbar, DMD, M.D.
Associate Chief in Otolaryngology
Director of Education – Fellowship Program
Department of Otolaryngology & Communication Enhancement
Boston Children's Hospital
300 Longwood Avenue, LO-367
Boston, MA 02115
617.355.5064 (Phone)
617.730.0611 (Fax)

email inquiries to: Alanna.boyson@childrens.harvard.edu

Participants in the San Francisco Matching Program (www.sfmatch.org)



Dedicated to physicians who are dedicated to children.

Join our Pediatric Otolaryngology team in Jacksonville, FL.

As part of one of the premier pediatric health care systems in the nation, the Nemours Children's Clinic, Jacksonville is an 80+ physician pediatric subspecialty practice. Currently, we're looking for a full-time Pediatric Otolaryngologist to join our established 6-physician division with complete speech and audiology services. Ancillary services are available on site. Candidates must be fellowship-trained in Pediatric Otolaryngology, be BC/BE in Otolaryngology, and have a strong interest in clinical care, education and research.

Our opening for a Pediatric Otolaryngologist offers:

- A 100% pediatric case mix
- Excellent benefits and relocation packages
- Opportunity for academic appointment to the Mayo Medical School
- A beautiful Florida lifestyle – urban, suburban or coastal

For information, contact:
Robert C. Sprecher, M.D., F.A.C.S., F.A.A.P., Chief, Division of Pediatric Otolaryngology, Office: 904-697-3690, Cell: 904-226-1748 or rspreche@nemours.org

Learn more at Nemours.org.

Nemours®

Academic Head and Neck Otolaryngologist
Eastern Virginia Medical School
Norfolk, Virginia

The Department of Otolaryngology/Head and Neck Surgery/Eastern Virginia Medical School is recruiting a third fellowship-trained Head and Neck Surgeon to complement our practice. Experience in Head and Neck Oncologic Research is strongly desired. This position provides up to 0.5 FTE protected research time as part of our new multidisciplinary Cancer Research Center. The successful applicant will join a very busy Head and Neck division, providing extensive experience in head and neck cancer, endocrine, and microvascular reconstruction. Salary and benefits are outstanding, along with graduated administrative responsibilities.

CONTACT:
Barry Strasnick, MD, FACS
Professor and Chairman
Department of Otolaryngology/Head and Neck Surgery
Sentara Norfolk General Hospital/River Pavilion
600 Gresham Drive, Suite 1100
Norfolk, Virginia 23507
757-388-6280
strasnb@evms.edu

Children's Mercy HOSPITALS & CLINICS | Kansas City

Children's Mercy Hospitals and Clinics – Kansas City is seeking fellowship trained Pediatric Otolaryngologists to join our professional staff at the assistant or associate professor level. The position would entail clinical care, research, and teaching of medical students, and pediatric and otolaryngology residents.

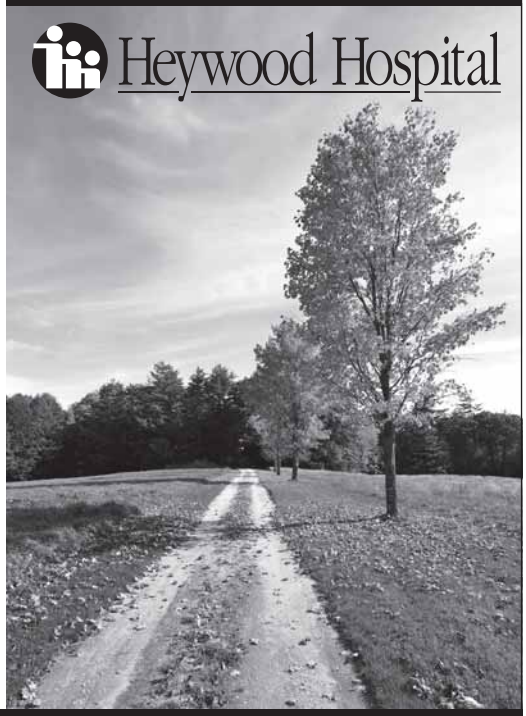
Our active Pediatric Otolaryngology Section provides comprehensive tertiary patient care in a family-centered environment. There are currently 7 pediatric otolaryngologists on staff, as well as 3 neurotologists. In addition, our ACGME-accredited pediatric otolaryngology fellowship welcomed our 4th fellow this July, 2012. Children's Mercy Hospitals & Clinics is a large pediatric health care system that is affiliated with the University of Missouri-Kansas City School of Medicine. The main hospital is growing to nearly 400 beds this year with plans to expand to 41 PICU beds and 80 NICU beds.

Kansas City is a bi-state community with close to 2 million residents who enjoy an excellent quality of life. There is a robust offering of arts and entertainment, with a number of new venues having just opened within the past few years. The Kansas City metroplex contains a wide selection of highly rated public and private schools. We are also the regional home to several major colleges and universities. Salary and academic range are commensurate with experience. EOE/AAP

Robert A. Weatherly, MD
Section Chief, Ear, Nose, and Throat
rweatherly@cmh.edu
Phone: 866-CMH-IN-KC/866-264-4652
www.childrensmercy.org

Tremendous ENT Practice Near Boston
NOW INTERVIEWING

Heywood Hospital



Come to the scenic area of North-central Massachusetts and experience an exquisite blend of a busy private practice and fulfilling personal lifestyle. Heywood Hospital and Health Alliance Hospital, located just a short drive from Boston, are collaborating in an effort to bring an additional ENT physician to join an existing practice within their service area. The combination of a manageable call arrangement and definitive need for additional general otolaryngology care for the area communities makes this a wonderful career choice for anyone seeking a practice opportunity in New England. No concern for sufficient patient volumes exists here!

This established practice, located between Gardner and Leominster, MA, has been in existence for over 10 years and is poised and prepared for growth. Recent renovation and expansion of office space will accommodate this new ENT physician in a very comfortable layout. Both hospitals offer state-of-the-art OR suites, with Heywood Hospital unveiling a brand-new OR platform in 2014. This provides all surgeons on staff with the opportunity to provide input into final details of this new surgical facility.

A very competitive starting income and benefits package awaits you, as does an opportunity for an exceedingly successful practice, both financially and personally. If this is what you have been seeking as it relates to the future of your medical career, this opportunity in Massachusetts will not disappoint.

Central Massachusetts, located in the Heart of New England is a hidden gem of culture, arts, special events and wonder waiting to be discovered. New England is a dynamic area rich in culture and natural beauty. Central Massachusetts in particular, including the communities of Gardner and Leominster, is an area that fully exhibits the character of New England. Rolling hills and deep woodlands create a landscape that has been the centerpiece of countless works of art. Country towns with smiling locals and rising metropolitan areas come together to form the heart of New England. Few areas in the Northeast offer so much so close!

For more information, please contact:
Michelle Kraft
800-678-7858 x64457 | mkraft@cejkasearch.com

ID#145978AD

cejkasearch.com

Tenth Annual

Temporal Bone Dissection and Otology Update

February 8-9, 2013

Presented by
Department of Otolaryngology
and Division of Continuing Education
Georgia Health Sciences University

Refresh your surgical skills and sharpen your decision-making in otologic surgery. Learn the latest techniques and technology. This conference will include a comprehensive lecture and hands-on cadaver dissection. Enrollment is limited.

Honored Guest Speaker

John Emmett, M.D.
Shea Ear Clinic
Memphis, Tennessee

Course Directors

Sarah E. Mowry, M.D.
Assistant Professor, Neurotology/Otology
Department of Otolaryngology
GHSU Skull Base Center

George F. Harris, IV, M.D.
Assistant Professor, Pediatric Otolaryngology
Department of Otolaryngology
GHS Children's Medical Center

Register early. Participation in the lab is limited.

FOR QUESTIONS:
Division of Continuing Education
Georgia Health Sciences University
Augusta, GA 30912
Phone: 800-221-6437 or 706-721-3967
Fax: 706-721-4642
E-mail: mquarles@georgiahealth.edu
Internet: georgiahealth.edu/ce

Georgia Health Sciences University
1828

AAO-HNSF ANNUAL MEETING & OTO EXPO

CALL FOR PAPERS

2013 DEADLINES:

Instruction Course
Submission Open: November 5, 2012
Submission Closes: December 3, 2012
Notifications Sent: Late March 2013

Miniseminar
Submission Open: November 5, 2012
Submission Closes: December 3, 2012
Notifications Sent: Late March 2013

Scientific (Oral & Poster)
Submission Open: January 21, 2013
Submission Closes: February 18, 2013
Notifications Sent: Late April 2013

VISIT
WWW.ENTNET.ORG/ANNUAL_MEETING
TO SUBMIT YOUR ABSTRACT.

AAO-HNSF ANNUAL MEETING & OTO EXPO 2013 CANADA
VANCOUVER BC
SEPTEMBER 29 - OCTOBER 2

SEE YOU NEXT YEAR IN
VANCOUVER

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY
FOUNDATION

1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.
1-703-836-4444 1-703-683-5100 fax www.entnet.org

Mack's® Fab 5

ultimate hearing protection for your patients

The #1 selling and #1 ENT Doctor recommended brand of earplugs.*
Available at all pharmacies.

www.macksearplugs.com

** Independent research completed 11/08 by Kelton Research*