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bulletin

American Academy of Otolaryngology—Head and Neck Surgery

APRIL 2015

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bulletin

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Global otolaryngology education

Gayle E. Woodson, MD
AAO-HNS/F President

I recently spent two months teaching ENT residents at a medical center in Tanzania. The experience was very rewarding, and you can imagine how nice it was to operate nearly every day, with no night call! No coding. No precertification issues for surgery. No struggles with getting insurance companies to approve a specific prescription or test.

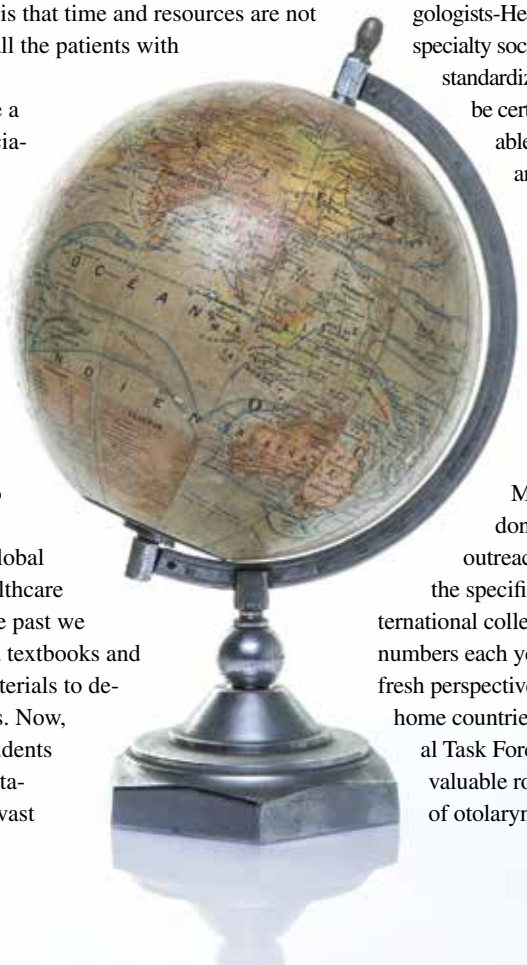
But healthcare in Africa has its own special challenges! Can you imagine that I am actually waxing nostalgic over the EHR system I left in the U.S.? That same system into which I was dragged, kicking and screaming? There, as in most developing countries, the charts are handwritten on paper charts. It is SO difficult to keep track of a patient's health history. Other problems: Patient needs a CT scan, but the nearest scanner is two hours away, and most families struggle to cover the cost, or cannot afford such testing at all. Sometimes a needed medication is not available, no matter how much money the patient can afford to pay. Patients frequently present with very late stage disease. And the saddest challenge is that time and resources are not adequate to treat all the patients with severe problems.

In short, I have a more acute appreciation of healthcare in our country. This is despite all those bureaucratic issues that cause us to depend so heavily on the advocacy work of your Academy.

But I have also become aware of the increasingly global availability of healthcare information. In the past we used to donate old textbooks and other outdated materials to developing countries. Now, physicians and students have nearly instantaneous access to a vast array of up-to-date information over the Internet. At this center, I have witnessed the positive effects of applying newer protocols and guidelines in the management of patients, particularly in the area of perinatal mortality. And in this ENT department, 20 medical students rotate through the clinic each month. Each morning, two students give a presentation on an assigned topic. And they do an amazing job of presenting up-to-date information from resources ranging from Wikipedia to PubMed. What they learn about airway management and tumor surveillance is important and potentially life-saving for their future patients. Cell phones and other wireless devices are so prolific in Africa! Even in remote areas with no electricity or running water, people have wireless modems and their devices are recharged by pedal-powered generators.

Currently **Sonya Malekzadeh, MD**, is leading a Task Force, in collaboration with ABOto, Association of Academic Departments of Otolaryngology (AADO), Otolaryngology Program Directors Organization (OPDO), Society of University Otolaryngologists-Head and Neck Surgeons (SUO), and specialty societies, to explore the feasibility of a standardized otolaryngology curriculum. You can be certain that if this effort succeeds, a valuable product will be accessed by residents and students throughout the world.

These rapid changes in global information exchange should give us pause to consider the role our Academy plays in otolaryngology care throughout the world. And the Ebola crisis has heightened our awareness that we are not isolated. We are increasingly interconnected, even to seemingly remote areas. Many of our Members generously donate time and effort to humanitarian outreach programs. We must also attend to the specific priorities of scholarly activities. International colleagues attend our meetings in greater numbers each year, enriching our conferences with fresh perspectives and taking new knowledge to their home countries. I am confident that our International Task Force will identify ways to strengthen the valuable role that our Academy plays in the care of otolaryngology patients worldwide. ■



> “These rapid changes in global information exchange should give us pause to consider the role our Academy plays in otolaryngology care throughout the world.”

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Spring forward

James C. Denneny III, MD
AAO-HNS/F EVP/CEO

As we transition into the spring of 2015 the AAO-HNS is in the process of unveiling a number of changes that we hope will be of value to our Members.

The AAO-HNS hosted a March 13th "Otolaryngology Strategic Summit" attended by representatives of 16 Societies including the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), American Academy of Otolaryngic Allergy (AAOA), American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), American Broncho-Esophagological Association (ABEA), American Board of Otolaryngology (ABOto), American College of Surgeons, American Head and Neck Society (AHNS), American Laryngological Association (ALA), American Neurotology Society (ANS), American Otological Society (AOS), Otolaryngology Program Directors Organization (OPDO), American Rhinologic Society (ARS), American Society of Geriatric Otolaryngology (ASGO), American Society of Pediatric Otolaryngology (ASPO), Society of University Otolaryngologists–Head and Neck Surgeons (SUO), and The Triological Society (TRIO).

Collegiality was high and discussions were stimulating throughout the day. The overall themes of the meeting were communication, integration, and dissemination, and the mechanisms to accomplish these.

Several areas of collaboration were discussed including exploring an integration of specialty society committees with those of the AAO-HNS, developing and maintaining a list of specialty society committee representatives and preferred lines of communications for each specialty, working toward a true "Annual Otolaryngology Meeting," and defining expectations and roles for all organizations that complement and reinforce each other.

The Specialty Society Advisory Committee (SSAC), chaired by **Richard M. Rosenfeld, MD, MPH**, representing ASPO, will hold a meeting at COSM. Discussions will center around the role and value that this advisory group to the AAO-HNS Boards of Directors should assume as well as ways to increase the group's effectiveness. There was acknowledgement that there will be degrees of interaction among the family of specialty groups.

Post event surveys indicated that the overall satisfaction of the meeting was 4.3 (1 being "poor" and 5 being "excellent") and the value to the specialty was 4.6. There was enthusiasm for continued dialogue and regular events to keep communications open. I want to personally thank all who attended this meeting representing their respective organizations.

This year the AAO-HNS will move to a spring election to be held in May. The Election Review Task Force, chaired by **Richard W. Waguespack, MD**, recommended moving the elections to May to closely follow the Candidate's Forum at the BOG meeting in March. Ideally this schedule will increase voter participation and interest in our elective process. The successful candidates will be oriented and integrated into their respective positions prior to the Annual Meeting so they can be prepared to contribute immediately. Guidelines for the elections were reviewed and campaigning activities more clearly defined. At this year's Candidates Forum **Gregory W. Randolph, MD**, and **Mark K. Wax, MD**, were presented as the outstanding president-elect candidates for 2015.

Our annual meeting coordinators, **Sugki S. Choi, MD**, and **Eben L. Rosenthal, MD**, have unveiled a plan that will expand the learning opportunities in a more flexible co-mingled schedule at our meeting in Dallas. The Foundation will now offer Instruction Courses throughout the day as well as extension of other didactic programming into afternoon timeslots. This should allow our attendees an opportunity to tailor and organize their experience to meet their needs. Educational and social opportunities for our international attendees are also being expanded and stratified in a fashion that can maximize their meeting experience. Drs. Choi and Rosenthal have demonstrated exceptional leadership in moving forward these annual meeting enhancements. They will also be leading the transition from our current dual coordinator role (Coordinators for Scientific Program and Instruction Courses) to a single "Coordinator for Meetings."

The obvious need and benefit of having a unified up-to-date curriculum for otolaryngology has been recognized for some time. **Sonya Malekzadeh, MD**, will be leading the AAO-HNSF MOC/Curricula Task Force to evaluate the feasibility of producing this valuable roadmap for both primary and continuing educational programs. Multiple stakeholders will be represented on this task force including the specialty societies, the ABOto, AADO, OPDO, and SUO. This massive project will benefit not only current trainees but also practicing otolaryngologists as they pursue MOC requirements.

We have experienced significant growth in the amount of international participation at our meetings and with our educational products. We have continued to try to enhance and improve the experience for international attendees. Conversations with our past Coordinators for International Affairs as well as prominent international otolaryngologists have helped shape our offerings to international participants. Our president, **Gayle E. Woodson, MD**, is in the process of selecting a task force to review all aspects of our international program. We value the participation and contributions of our international colleagues and continue to look for ways to improve their experience. **James E. Saunders, MD**, our current Coordinator for International Affairs, has been very active in the humanitarian community as well as helping us gather information on preferences from our international colleagues.

The AAO-HNSF has just released the updated version of our Clinical Practice Guidelines (CPG) on Adult Sinusitis this month. CPG's require a regular update and maintenance process to ensure validity and appropriateness to patient care. This is a very work intensive process and we thank **Richard M. Rosenfeld, MD, MPH**, and **Jay F. Piccarillo, MD**, the chair and co-chair of the workgroup that produced this update. I would also like to thank all of our volunteers at work on the clinical practice guidelines as well as the quality measures that are crucial for our Members as we move forward into quality-based payment reform. ■

BOARD OF GOVERNORS LEGISLATIVE AFFAIRS COMMITTEE

Advocacy: individual or team sport?

Whether physicians like it or not, politics play a significant role in healthcare. It is tempting to ignore this fact, but to do so is a disservice to our patients and our profession. Accepting and embracing the situation allows us the opportunity to ensure that the impact of legislative policies on our patients is understood and that the voice of the physician is heard.

Go, team, go

Though physicians are thought to be independent, in fact we work in teams on a daily basis. Whether we are in the operating room or the office, we work with the anesthesiologists, nurses, techs, medical assistants, and administrative staff to achieve the ultimate goal of high quality, efficient patient care. We could not achieve our goals if we were not working together in a concerted effort. When it comes to advocacy, however, physicians struggle with pulling together, especially when compared to groups such as the trial attorneys or various nonphysician providers.

Also, politics is a numbers game, and success is often quantified by who can garner the most signatures, who can raise the most money, or who has the greatest number of supporters. To increase the impact of our specialty's message, we need clout in the form of numbers. To do this, we need to increase Academy member involvement in our legislative and political programs. Members of Congress are increasingly savvy at deciphering the number of otolaryngologists (constituents) represented by a particular initiative. So, every person who gets involved in AAO-HNS' respective legislative or political programs ultimately helps us to achieve our goals. This "head count" is very important! Look for ways to participate in legislative and political advocacy, and show Members of Congress that all otolaryngologists are interested in protecting high-quality patient care.

> "As physicians, we are the bridge between our patients and our legislators, and we owe it to our patients to advocate for their care."

No 'i' in team

Life teaches us that one-to-one interactions make the greatest impressions. By reaching out to a Member of Congress, we have the opportunity to make our message personal. There is also the opportunity to educate. Physicians have the best perspective of the impact governmental policy has on the delivery of healthcare. Our patients may feel the effects, but in most cases, they are not aware of the policies that lead to those outcomes. And though they vote on the policies, most Members of Congress are not intimately aware of the impact those policies have on patients and the practice of medicine. As physicians, we are the bridge between our patients and our legislators, and we owe it to our patients to advocate for their care.

Fortunately, through the In-district Grassroots Outreach (I-GO) program, the Academy has staff dedicated to assisting otolaryngologists with arranging individualized interactions. These events can be tailored to each member's comfort level and range from one-to-one meetings, practice visits, fundraising events, or larger town hall events. There is no "I" in team, but there is an "I" in I-GO!

So, the answer to the question whether advocacy is an individual or team sport is … YES. By combining efforts on an individual basis that make our message personal with a collective voice to make sure we are heard, we can achieve our advocacy and patient care goals. ■

**Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year.*

AAO-HNS and Superior Health agree on credentialing in Texas

■ **James C. Denneny III, MD**, AAO-HNS/F EVP/CEO

Recently, the AAO-HNS was alerted to a credentialing issue in Texas by local Members. The state's largest Medicaid carrier, Superior Health, had some concerns considering the qualifications of otolaryngologists treating allergic disease and had adopted a policy that required otolaryngologists to be individually credentialed to provide allergy services. The American Academy of Otolaryngic Allergy (AAOA), the American Board of Otolaryngology (ABOto), and the AAO-HNS worked together as an effective team to delineate the issues and educate the carrier as to the allergy training and role of otolaryngologists in the treatment of allergic disease. This was done through multiple phone calls and a face-to-face meeting hosted by the AAO-HNS in Alexandria, VA.

At the conclusion of the presentation, Superior Health agreed that board eligible and board certified otolaryngologists would be auto-credentialed to provide allergy services to their patients if they so desired. I want to thank our health policy team led by Danielle Jarchow, Jenna Kappel, and Jean Brereton for their extensive preparation, **John H. Krouse, MD, PhD**, who along with me represented the AAO-HNS as well as **Jamie Lucas (AAOA)** and **Robert H. Miller, MD** (ABOto), for their participation in this effort to maintain our appropriate scope of practice. ■

Correction

An author's name was omitted from a feature story in the February 2015 issue of the *Bulletin*. On page 26, "Kids ENT Health Month: Pediatric Chronic Rhinosinusitis in the Practice" should have listed both Maria T. Pena, MD, and Denise Sherman, MD, in the byline. ■

Peanuts can be dangerous even if you are not allergic

■ **David E. Tunkel, MD**, Chair, AAO-HNS Pediatric Otolaryngology Committee, and Director of Pediatric Otolaryngology, Johns Hopkins Institutions, Baltimore, MD

We have seen a flurry of communication in the media and the medical literature about peanut allergy, specifically the concept that early introduction of peanuts to infants and young children may help prevent development of this serious food allergy. This attention to the peanut gives otolaryngologists the opportunity to emphasize and educate parents and caregivers about another well-known risk of the peanut—choking and aspiration of nuts by infants and young children.

Foreign body aspiration continues to be a danger to young children. A recent review of the Nationwide Inpatient Sample from 2009 to 2011 by Kim, et al., showed more than 1,900 pediatric admissions per year for a diagnosis of bronchial foreign body aspiration. Fifty-six percent of these admitted children had bronchoscopy, and 41.5 percent of those had foreign bodies removed. Even more concerning was the finding of a hospital mortality rate of 1.8 percent for the children admitted with a diagnosis of foreign body aspiration, and 2.2 percent of these children were diagnosed with anoxic brain injury. The average age of the children in this database review was 3.6 years.

A recent review of the "foreign body literature" by Sidell, et al., noted that food foreign bodies were the most frequent aspirated object in 94 percent of the 49 relevant studies. These authors also noted that seeds, nuts, and legumes were the most commonly aspirated food items. Peanuts were the "prime offender," as the peanut was the aspirated object in the majority of the patients in 85 percent of relevant studies. A similar meta-analysis of pooled data by Foltran, et al., showed that nuts were the aspirated item 40 percent of the time, with 67 percent of children age 3 years or younger with a male preponderance.

Tell parents that these young children do not have the molar teeth needed to grind nuts and seeds effectively, and that nuts are not for children under 4 years of age!

Otolaryngologists often see young children with ear, sinus, and tonsillar diseases that can accompany environmental and food allergy. These encounters give us the opportunity to reinforce the efforts of pediatricians and primary care providers to inform parents and other caregivers about the risk of foreign body aspiration in infants and young children. Tell them that these young children do not have the molar teeth needed to grind nuts and seeds effectively, and that nuts are not for children under 4 years of age! If our pediatric colleagues start to recommend early introduction of peanut protein in an attempt to reduce risk of allergy to our young patients, emphasize that this should NOT include peanuts, tree nuts, or nut fragments. ■

References

1. http://www.nytimes.com/aponline/2015/02/23/health/ap-us-med-peanut-allergy.html
2. Kim IA, Shapiro N, Bhattacharyya N. The national cost burden of bronchial foreign body aspiration in children. *Laryngoscope*. 2014; Nov 1. doi: 10.1002/lary.25002. [Epub ahead of print]
3. Sidell DR, Kim IA, Coker TR, Moreno C, Shapiro NL. Food choking hazards in children. *Int J Pediatr Otorhinolaryngol*. 2013; 77:1940-1946.
4. Foltran F, Ballali S, Passali FM, Kern E, Morra B, Passali GC, Berchialla P, Lauriello M, Gregori D. Foreign bodies in the airways: a meta-analysis of published papers. *Int J Pediatr Otorhinolaryngol*. 2012; 76S:S12-S19.
5. Gruchalla RS, Sampson HA. Preventing peanut allergy through early consumption—ready for prime time? *NEJM*. 2015; 372(9):875-877.

Academy advocates to maintain coverage of balloons

As Members know, the Academy supports the use of a balloon as a tool in a standard approach to sinus ostial dilation along with other indicated endoscopic sinus surgery. Over the last few years, the Academy's Health Policy team, with support from the Physician Payment Policy Workgroup (3P) and the Rhinology Paranasal Sinus Committee, has continuously advocated to change payer policies that exclude coverage of balloon sinus ostial dilation. In more recent months, efforts have focused on safeguarding coverage of one of the largest payers in the country.

In July, United Healthcare reached out to the Academy requesting input for its draft balloon sinus ostial dilation medical policy, a policy proposing to revert to non-coverage. Realizing the urgency and potential for our physicians that was inherent in the request, the Academy's Rhinology Paranasal Sinus Committee and Physician Payment Policy workgroup quickly reviewed the draft policy to provide United Healthcare comments by the August deadline.

Following submission of our comments, the Academy hosted a conference call between UHC and Academy leaders, including experts in rhinology, to discuss the proposed policy in greater detail. During the discussion, emphasis was placed on the number of recent studies demonstrating the efficacy of balloon sinus ostial dilation, populations of patients for whom the procedure may be particularly beneficial, and other appropriate criteria for UHC's consideration.

We are pleased to share the resulting determination that UHC has decided to continue coverage for chronic rhinosinusitis in specific adult patients. Our leaders were instrumental in ensuring that the use of a balloon is an appropriate, acceptable therapeutic option for select patients with certain forms of sinusitis. The new policy is effective as of April 1, 2015, and would not have been possible without a respectful, collegial relationship with UHC.

The Health Policy team will continue to advocate on this issue for the benefit of members and patients. If you are experiencing denials of this nature, please consider utilizing the Academy's template appeal letter and advocacy statement for balloon ostial dilation. These member benefit resources can be found on the Practice Management Template Appeal Letters and Advocacy Statements page **http://www.entnet.org/content/template-appeal-letters-and-advocacy-statements**. ■

Australian otolaryngology outreach

■ **John Curotta, FRACS**, Director, Department ENT Surgery, Head of the Discipline ENT Surgery, Sydney University, Australia, Immediate Past President ASOHNS

➔ READ MORE ONLINE

Dr. Curotta, nurse. and happy patient at Baucau, East Timor.

Calling all current and former members of History and Archives Committee and Otolaryngology Historical Society

On behalf of **Marc D. Eisen, MD, PhD**, this is a call for papers for the next meeting of the Otolaryngology Historical Society, held in conjunction with the AAO-HNSF Annual Meeting & OTO EXPO℠, Dallas, TX.

Date: Monday, September 28, 2015
TIme: 6:00 pm
Place: To be announced

The Society encourages submitting your abstract related to the history of otolaryngology by May 26, 2015. Abstracts should be no longer than 300 words. Presentations are 20 minutes long, which includes a five-minute question and comment period. The Society's review board will select the best abstracts for presentation based on originality, applicability, and historical content.

Abstract submission opens: March 9, 2015
Submission deadline: May 26, 2015
Confirmations will be sent: June 29, 2015

Please email your abstract or any questions to **ohs@entnet.org**. ■

Working in Hospital Santo Hermano Pedro in Catacamas, Honduras. Foreground: Mark Varvares MD. Front row (left to right): Nancy Nguyen, AA, Dary Costa, MD, Julie Fitzer, AA. Back row (left to right): Mary Czerny MD, George Saffa, Lisa Schaeg NP, Nathan Hahn MD, Erica Sher, Morgan Crow RN, Haley Medvick PA, Janassa Opichka CRNA.

¿Cómo se dice 'emergent intubation'?

Mary S. Czerny, MD, Humanitarian Travel Grant Awardee

A team of 20 volunteers, including four otolaryngologists, under the direction of otolaryngologist Alan Wild, MD, performed 167 clinic visits, 55 surgeries, and 21 audiologic evaluations during a five-day stay in Tegucigalpa, Honduras. Surgeries included basic procedures as well as cleft lip and choanal atresia repair, antrochoanal polyp excision, tympanomastoidectomy, thyroidectomy, aural atresia repair, and the removal of an unusual periorbital tumor. The team was funded by a humanitarian grant from the AAO-HNSF, the International Medical Assistance Foundation, and local donations.

READ MORE ONLINE

Academy bylaws

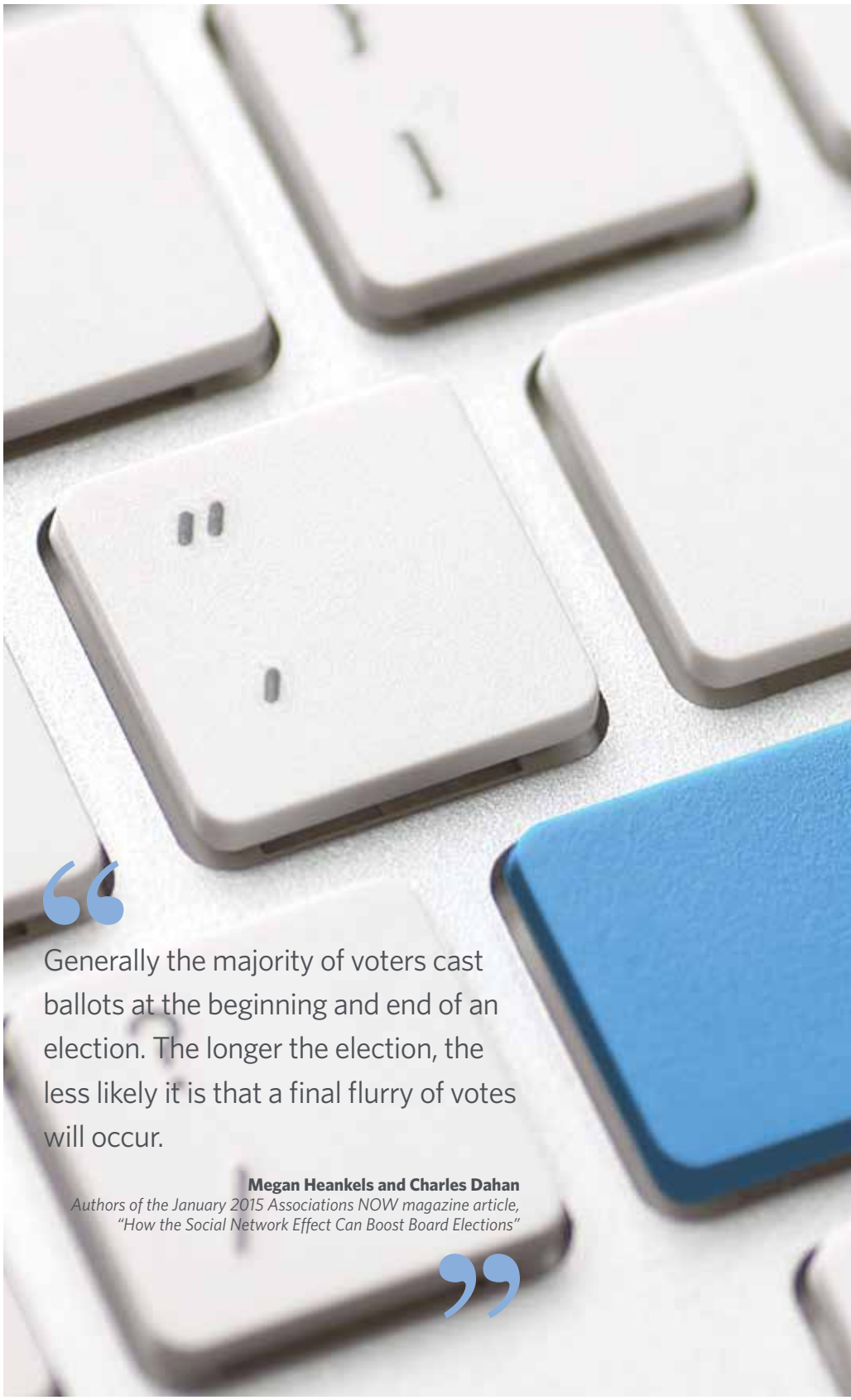
The proposed amendment to these Bylaws is the addition of a Standing Committee of the Board to be included as: Section 6.06. EVP Performance Evaluation and Compensation Committee (within Article VI Committees and Coordinators). For a copy of the full AAO-HNS Bylaws, please contact Executive Operations at **Execsvcsoffice@entnet.org**.

Article VI Committees and Coordinators
Section 6.06. EVP Performance Evaluation and Compensation Committee
The EVP Performance Evaluation and Compensation Committee (EVP PEC) shall consist of the President, the immediate Past President, the President-Elect, and the Secretary/Treasurer. The President shall serve as the Chair of the EVP Performance Evaluation and Compensation Committee. The EVP Performance Evaluation and Compensation Committee shall convene for the transaction of business at the call of the Chair. Items of business to be conducted by this committee shall include any matters as may pertain to the compensation and evaluation of the Executive Vice President/CEO. All actions/motions taken by the EVP Performance Evaluation and Compensation Committee shall be recorded. The EVP Performance Evaluation and Compensation Committee must present all proposed actions and recommendations to the Executive Committee for endorsement. The Board must ratify actions and recommendations proposed by the EVP Performance Evaluation and Compensation Committee and endorsed by the Executive Committee, in accordance with these Bylaws. ■

Election dates

E-BALLOT **OPENS** MAY 6 (Wed morning)
E-BALLOT **CLOSES** JUNE 8 (Mon/midnight)

AAO-HNS has partnered with Survey & Ballot Systems (SBS) to administer the 2015 election of candidates for leadership positions. To ensure your election-specific broadcast email arrives safely in your inbox on May 6, 2015, simply add the following email address as an approved sender: noreply@directvote.net. Those for whom the Academy does not have an individual email address on file, you will receive a personalized letter from Survey & Ballot Systems with information on how to access the ballot. For technical support please call 952-974-2339 or email support@directvote.net. For all other ballot related questions, call Membership at 1-877-722-6467 or email Estella Laguna in Executive Operations at **ELaguna@entnet.org**. ■



“Generally the majority of voters cast ballots at the beginning and end of an election. The longer the election, the less likely it is that a final flurry of votes will occur.”

Megan Heankels and Charles Dahan
Authors of the January 2015 Associations NOW magazine article, “How the Social Network Effect Can Boost Board Elections”

Choosing your leaders

The e-ballot for the AAO-HNS candidate election goes live in May

In October 2014, the AAO-HNS Executive Committee (EC) appointed an Election Review Task Force to conduct a thorough review of the Academy's annual election process for the purpose of determining if there were areas that could be improved upon and, if so, making recommendations to the EC for consideration. What stood out as a key area for improvement was the timing of the annual election (mid-July to late August). Given that most people take vacation in the middle of the summer, it was recommended the election period be moved to mid-May and end in late June. Per the Academy's Bylaws, the election must be held a minimum of 45 days prior to the Academy's annual business meeting, which is held in conjunction with the AAO-HSNF Annual Meeting & OTO EXPO℠.

We hope moving the election to this earlier timeframe will be a welcome change and generate greater participation by eligible voting members of the Academy. The following member categories are eligible to vote in the AAO-HNS annual election of candidates: Fellows, Members, Fellows in Training, Members in Training, First Year Fellows, First Year Members, Scientific Fellows, Life Fellows, Life Members, Retired Fellows, and Retired Members.

Questions concerning the annual election may be directed to **Execsvcsoffice@entnet.org**. ■

Gregory W. Randolph, MD

How would you lead our Academy in adapting to healthcare reform through advocacy, quality initiatives, and member engagement? In what ways could the Academy best empower members to participate and thrive in the evolving healthcare reform landscape?

Every major organization, including the AAO-HNSF, is not perfect and can fail at times in its service to the membership. What would you identify are the major flaws/shortcomings/failures in our Academy? How would you try to correct these issues?

> To move forward we must engage 100 percent of our membership—to expand the cumulative work of our Academy. This will be the focus for my Presidential year if elected—to engage every member of our unified Academy.

It is truly an honor to be considered as President-elect of our Academy. I pledge to work tirelessly to make a difference for you and our Academy. Together we are optimally positioned to lead our Academy, with one voice.

I have served on the Board of Directors for five years and served as the International Coordinator chairing the International Steering Committee, implemented the AAO-HNS International Advisor system, as well as overseeing the AAO Pan-American, Humanitarian, and International Otolaryngology Committees. On the Board of Directors, I became familiar with strategic planning and budgeting processes that facilitate the Academy's allocation of limited resources with competing missions of research, education, and advocacy. Experiences outside of the AAO-HNS working to expand otolaryngology in thyroid surgery through leadership roles in the American Thyroid Association, American Head and Neck Society, American Association of Clinic Endocrinology, and Harvard Medical School have taught me how to work with divergent groups to accomplish common goals.

The relentless trend of decreasing reimbursement, increasing practice expenses, administrative burdens, implementation of EMR/meaningful use, ICD-10, as well as practice pressures from non-physician providers, and MOC affect us all.

As President, I will empower our members by:

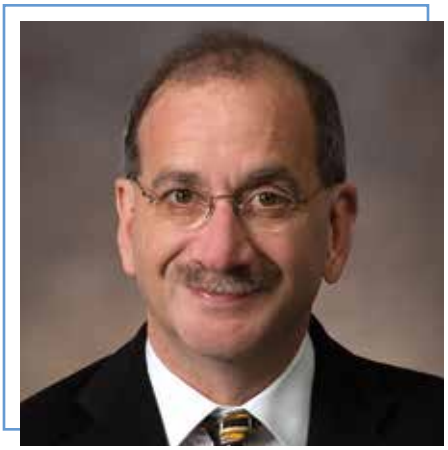
- Exploring new models of care and reimbursement
- Developing specialty-specific care quality metrics and initiatives targeting patient safety
- Engaging Congress, regulatory agencies, and payers on issues specific to otolaryngology, and supporting otolaryngologists participating in ACOs
- Engaging the medical community through our Guideline initiatives
- Continuing to support research in our field
- Continuing to improve and grow our Annual Meeting
- Renewing the Academy's work in the AMA CPT editorial panel and ongoing work with CMS reviewing reimbursement policies of private payers.

A weakness of the AAO-HNSF is its many competing and diverse missions. We must balance resources. I believe our leadership has obtained a good balance turning these competing missions into a strength by linking research, advocacy, and educational efforts.

To move forward we must engage 100 percent of our membership—to expand the cumulative work of our Academy. This will be the focus for my Presidential year if elected—to engage every member of our unified Academy. Important areas of membership engagement include:

- Continuing efforts at specialty unity through the Specialty Society Advisory Council (SSAC)
- Grassroots involvement with Congress, regulatory agencies, and private payers and through the ENT PAC
- ENTConnect and social media to optimize and network Academy constituencies including the Board of Governors, Women in Otolaryngology, the Diversity Committee, Young Physicians, and Residents.

I believe in otolaryngology and the AAO. As your President, I would be calling on each of you to serve. Our Academy's diversity and breadth of the talent optimally positions our Academy as a dynamic organization capable of meeting the challenges we face. I will ask for your help and you may count on me to work tirelessly to lead our Academy and to continue to build this great institution with pride and commitment to our Academy. The Academy needs you. ■



Mark K. Wax, MD

How would you lead our Academy in adapting to healthcare reform through advocacy, quality initiatives, and member engagement? In what ways could the Academy best empower members to participate and thrive in the evolving healthcare reform landscape?

Every major organization, including the AAO-HNSF, is not perfect and can fail at times in its service to the membership. What would you identify are the major flaws/shortcomings/failures in our Academy? How would you try to correct these issues?

> “Our leadership in development of quality initiatives, clinical indicators, and evidence-based medicine will be instrumental in demonstrating the credibility and commitment to healthcare reform at a national level.”

The strength of the AAO-HNS/Foundation lies in the active engagement of its Members. Our organization is a major representative of otolaryngology on the national level. What makes us strong is the widespread participation by the majority of otolaryngologists in this country. Our ability to unify the diverse subspecialty interests and maintain lines of communication with these groups is another fundamental basis of our strength. These groups each have expertise in many aspects of healthcare reform. My experience as treasurer, president, and executive member in many of these organizations will help to maintain the lines of communication and the collaboration within our specialty. I will continue to foster open communication and collaboration with all the specialty societies, utilizing their expertise to build consensus.

The continued evolution of healthcare reform is going to affect all aspects of otolaryngology practice. Utilizing our network of knowledgeable colleagues who are actively involved on local, state, or national levels, I think I can increase our political know-how to advocate in the best interest of our patients and Members. We must advocate for the best care for all, all the time.

When it comes to participation in the evolving healthcare reform landscape, we must be seen as competent to sit at the table. Our leadership in development of quality initiatives, clinical indicators, and evidence-based medicine will be instrumental in demonstrating the credibility and commitment to healthcare reform at a national level. By being in the forefront and having the information available, we will be leading the discussion as opposed to just participating. Already the AAO-HNS/Foundation involves as many Members of the Academy as possible in this program. My experience in the educational activities of the AAO-HNS/Foundation will allow me to navigate the process. I intend to bring in the best leaders from private practice, academia, administration, and the general Membership to form a strong front that can represent our patients and our interests.

Like all large organizations, we must adapt to keep resources and strategic goals of the Academy in alignment with the contemporary desires of our diverse Membership. Although data from electronic survey tools can be valuable, it has limitations and often face-to-face meetings of key stake holders is the best way to successfully steer major change within in the organization. While the Academy has wonderful leadership and dedicated staff it is important to engage the expertise of the Membership in a more direct fashion. I intend to convene forums where interested individuals can pursue and voice their opinion. Having sessions at the Annual Meeting or at state level meetings to garner opinions and feedback will allow us to apply the Academy resources in a way that will have the greatest impact on our Membership. Adding this important aspect to our meetings will allow us to correct deficiencies and keep abreast of evolving events. We must not remain static but evolve with the changing horizons of education, healthcare reform, and clinical practice. ■

Steven W. Cheung, MD, MBA

What is your particular experience or interest that would make you an effective member of the Audit Committee of the Academy?

I am seeking re-election to serve on the Audit Committee. During my period of service (2012-2015), I leveraged an MBA in finance from the Berkeley Haas Business School to examine financial representations of our organization's activities and to exercise internal control best practices. I have analyzed nearly a decade of our Academy's financial statements, and understand its organizational structure, debt obligations, revenue and expense trends, and related operations. I have been actively engaged, providing independent-minded, critical, and constructive feedback to committee members and liaisons to Academy senior leadership. I would very much enjoy another opportunity to serve the membership in this capacity. ■

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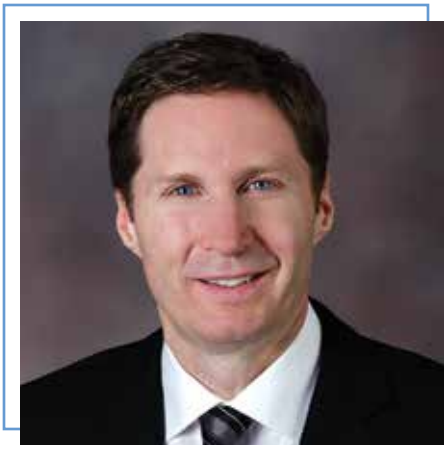
Cherie-Ann O. Nathan, MD

Given the uncertainty of today's healthcare environment, what do you perceive as challenges and possible solutions to implementing the Academy's strategic plan?

Never before in the history of our profession have so many healthcare changes occurred in so short a time. The looming perfect storm of ICD-10, pay for performance, changes in reimbursement models, privatization of hospitals in academic centers, challenging EMRs, and increasing costs of technology could affect quality care and education of our future trainees.

It is important to recognize that no matter what setting our members practice in, the universal themes are the need to be data-driven, integrated, and most importantly patient- centered. The focus on best practice guidelines, consensus statements, and performance measures to meet the increasing demands of CMS and PQRS, while maintaining research and educational efforts, will guide our members to deliver value-based medicine while providing exceptional care.

Our Academy has maintained a collective voice at Capitol Hill and empowered our members at the state level and if I am elected, we will strive together to strengthen this voice and adapt to the changing landscape through ENTConnect and other platforms, which have allowed us to share ideas. I am convinced the Academy will rise to the challenge and provide visionary leadership for the transformation needed during this period of dramatic sea-changes facing our diverse membership. ■



Timothy L. Smith, MD, MPH

Given the uncertainty of today's healthcare environment, what do you perceive as challenges and possible solutions to implementing the Academy's strategic plan?

The AAO-HNS strategic plan outlines priorities and specific goals including advocacy, research and quality, education and knowledge, member engagement and unity, and sustainability. Clearly, each of these is essential to our specialty's ongoing health. Limited by 200 words, I'd like to focus on challenges and opportunities in membership engagement and unity. This priority is imperative for the others to succeed.

The broad scope of our relatively small specialty makes it ripe for fragmentation, which can lead not only to disengagement, but also to internal competition and a vicious cycle with predictable consequences. We are increasingly pulled in different directions; consistent involvement in our Academy's mission and strategic plan is challenging. Therefore, the Academy must strive to be a central unifying force for our specialty. But that alone is insufficient; membership in the Academy must add substantial value to our professional lives. ENTConnect, the electronic open forum digest, is one excellent example of recent Academy efforts to consistently engage the membership through an interactive medium. If given the opportunity to serve, my term on the Board would be dedicated to continually advancing efforts toward membership engagement, increasing the value of membership, and specialty unity. Thank you. ■

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AOA by the Numbers

50+
Webinars offered yearly

>6,300
Physicians represented by our membership

1,200
Members strong

12
AOA University training modules to train staff in your office

>105
Practice administrators certified through the Certification in Otolaryngology Practice Management (COPM) program

65%
Members with at least a bachelor's degree

48
States represented

15%
Members who have both a physician and administrator members of AOA

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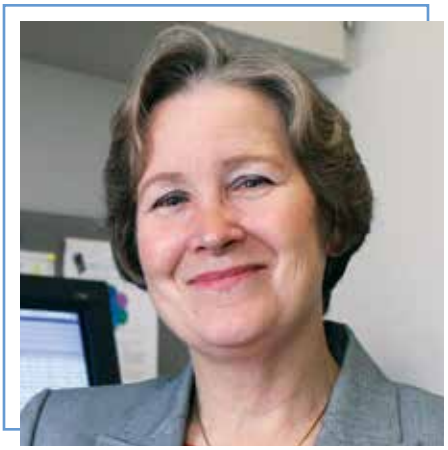
Seth R. Schwartz, MD, MPH

Given the uncertainty of today's healthcare environment, what do you perceive as challenges and possible solutions to implementing the Academy's strategic plan?

The Academy has been a powerful voice and has provided exceptional value to our membership for many years. The current environment creates challenges for our Academy as financial pressures mount and our specialty becomes increasingly splintered among subspecialties. Our advocacy efforts have created a loud voice for a small specialty, but there are constant threats to reimbursement and scope of practice that will require a strong political presence to ensure that the interests of our specialty are heard. By providing a unified voice for our specialty, the Academy has an opportunity to remain relevant to our membership. Maintaining that voice requires our membership to recognize the value of the Academy and remain engaged. The Academy has an opportunity to demonstrate value to our members through the research and quality efforts and through the educational products. The quality products demonstrate the value of our work and lay the foundation for quality metrics to ensure continued reimbursement. Our educational efforts are another opportunity to provide value through CME and dissemination of information. The Academy can work with the subspecialty societies to ensure that the educational efforts and Annual Meeting remain of interest to our broader membership. ■



Pell Ann Wardrop, MD

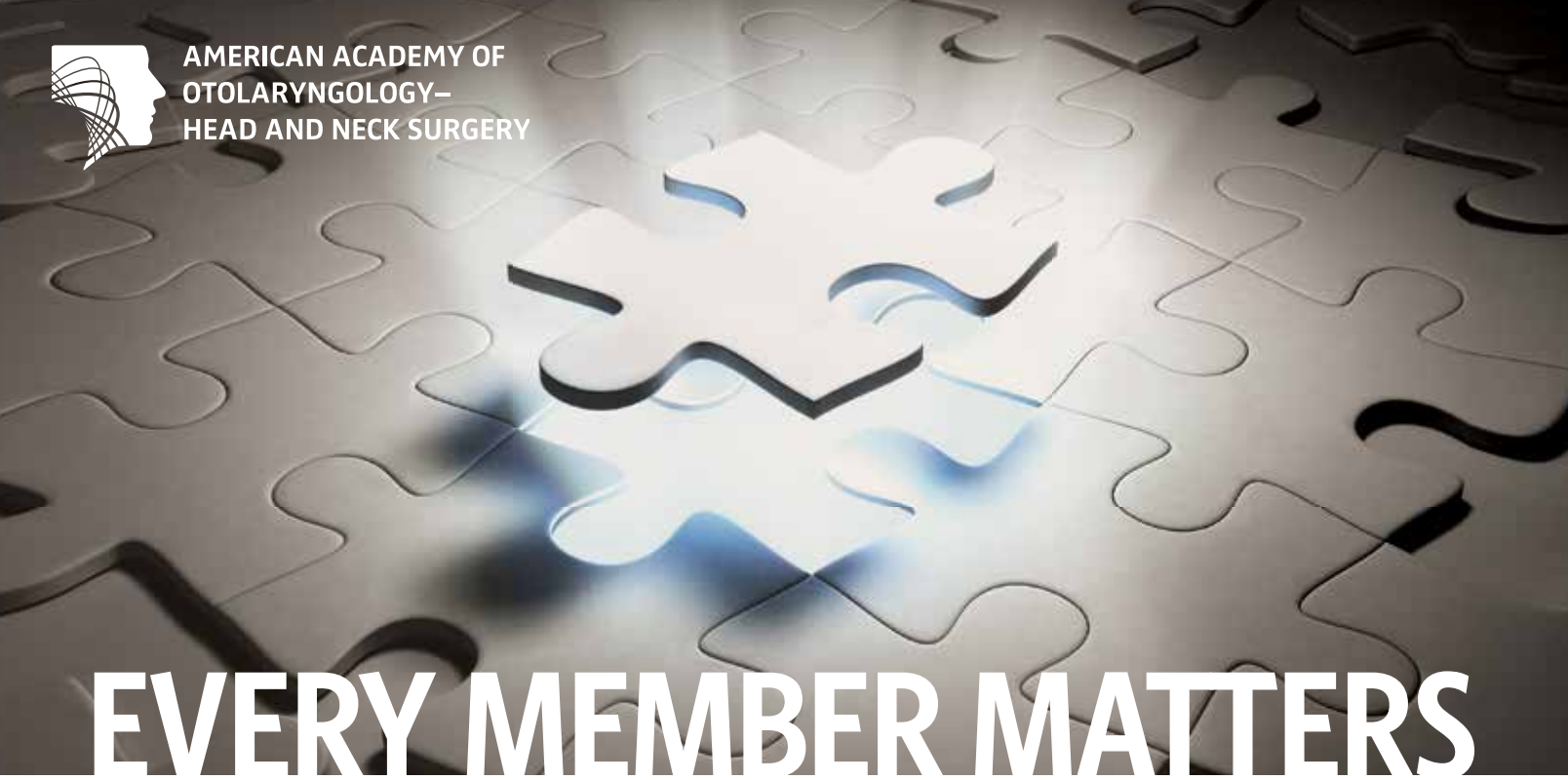
Given the uncertainty of today's healthcare environment, what do you perceive as challenges and possible solutions to implementing the Academy's strategic plan?

As otolaryngologists, we face a future that will challenge our scope and style of practice and the ability to continue to provide quality care to our patients. The AAO-HNS is, fortunately, comprised of a highly diverse and talented group of physicians. Our diversity can be a challenge if we allow our differences to overshadow our many shared strengths. We need to capitalize on our diversity and celebrate the specialization within otolaryngology without allowing this to result in fragmentation. Aristotle noted that, "The whole is greater than the sum of its parts," and that is certainly true for otolaryngology.

For many of us, our interest lies with our patients, with limited interest in governmental regulation that can impact both our patients and our practice. To succeed as a specialty and protect our patients' welfare, we must be active and involved in the regulatory and policy aspects of our practice.

Our committed Academy staff and our membership with its unparalleled volunteerism will help us overcome the challenges ahead. I welcome the opportunity to participate as a member of the AAO-HNS Board of Directors and as it paves the way for its membership to continue to thrive and excel in the years ahead. ■

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY



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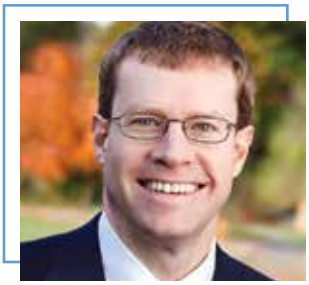
The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is the world's largest organization representing specialists who treat the ear, nose, throat and related structures of the head and neck.

What do you see as the priorities of the Nominating Committee in selecting the future leaders of our Academy?

Soha N. Ghossaini, MD

Our Academy plays a major role in the future of our specialty mainly by helping us succeed professionally, helping us provide the best care to our patients, and by advocating on our behalf. This in itself has been my motivation to get involved in the Academy throughout my years as an otolaryngologist.

During my one-year leadership training at the AAO-HNS Leadership Institute Endowed Scholars Program I learned that our best strategic plans are the ones which account for any anticipated changes in the future of our specialty. This lesson is even more relevant today in view of the ever-changing field of practicing medicine and its resultant new challenges. Such challenges may include scope of practice concerns, work force issues, alternative payment models, the pressure to be more productive in academics and its effect on residency training, and many others. Therefore I believe that the priority of the Nominating Committee is to select leaders who recognize such challenges and have the expertise to tackle them. It is equally important for our future leaders to continue involving the Members and listening to their concerns. If selected, I would be honored to serve on the Nominating Committee. ■



Bradley W. Kesser, MD

It's a maelstrom out there. In the turbulent seas of medicine, our Academy must be vigilant, responsive, and anticipatory to the ever-changing winds of medical and surgical practice. Insurance reimbursement, scope of practice, MOC, CMS mandates, ICD-10, practice guidelines, and closing educational gaps are the issues the AAO-HNSF faces, and we must "stand on the bow" of many important advocacy and practice "ships."

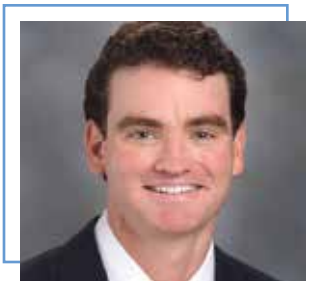
Identifying leaders in our field to navigate the Foundation in these brackish and often tempestuous waters is the top priority of the Nominating Committee. In selecting future captains, the Nominating Committee must recruit honest, committed, knowledgeable, and sea-worthy individuals who are as comfortable in the operating room as they are in a meeting room. These shipmasters must have a vision for the Foundation and be able to help chart a course, not from the stars, but from data, outcomes, and experience for our Academy and our specialty. These leaders must distill complex issues—physician reimbursement, healthcare reform, prescription prior authorization—into clear explanations and position statements. These leaders must be our advocates, and the Nominating Committee's top directive is to find and enlist them. ■

Spencer C. Payne, MD

The issues that face us as otolaryngologists are as diverse as our constituency. Changing paradigms in healthcare reimbursement, development, and reporting of quality measures and routine encroachments on scopes of practice threaten our delivery of care. Depending on one's vantage point, these obstacles take on different significance. The successful leader will need to see these obstacles as opportunities and address them from all angles.

We must strive to raise up a diverse set of individuals who have both broad and unique perspectives in order to face these challenges. As we have seen in the changing face of healthcare delivery, a team-based approach has become essential in order to optimize outcome. Our specialty is no different and we should promote the impassioned, who not only provide the energy and diligence, but also recognize their role in the context of a larger unit, functioning in a more "holistic" sense. It is crucial that in order to affect this we acknowledge and support those of a variety of backgrounds and perspectives.

Through my experiences on the SRF governing council, Young Physicians Section, and Board of Governors, I am uniquely poised to help identify and inspire our future generation of leaders. ■

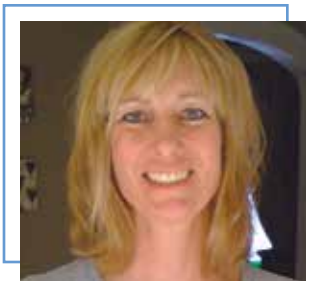


Mark E. Zafereo, Jr., MD

The Academy should continue to expect leaders with commitment to service within and beyond the specialty; integrity to uphold basic human values such as honesty and fairness; humility to build consensus and foster unity; vision to anticipate and respond appropriately to challenges and climate changes within the specialty and the broader landscape of medicine; and the grace and strength of character to inspire others to seek unity in a common purpose, even amid differences in opinion and interests.

The strength of the Academy is its membership, both the talent of its individual members and the broad representation of the specialty. Some have particular gifts to understand the economics of health policy and payment reform; others to mobilize grassroots efforts to influence legislation; some to push the frontiers of research; others to improve evidence-based clinical care guidelines. While any one person cannot possess all, effective leaders of the Academy will harness and inspire the wealth of gifts and diversity within Academy membership, so that the Academy will continue to be true to its mission: to empower otolaryngologists to deliver the best patient care. ■

What do you see as the priorities of the Nominating Committee in selecting the future leaders of our Academy?



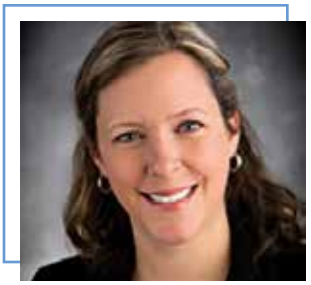
Susan R. Cordes, MD

The Nominating Committee must select candidates with knowledge and experience in all aspects of otolaryngology including education, research, advocacy, and socioeconomic/grassroots issues. Individuals who have demonstrated commitment to the Academy and served in various capacities will be best positioned to advance the objectives of Academy members. There is a wealth of talent within our membership, and the Nominating Committee must search for reliable, inspiring, honest, and forward-thinking members to unite our membership and tackle the challenges facing otolaryngology. Our future leaders must be able to appreciate diverse perspectives and make sound decisions that will promote the advancement of the specialty and ultimately the care of our patients.

In my Academy experience, I have learned to identify and appreciate the characteristics of good leaders. My service to the Academy includes involvement in the Board of Governors as Member-At-Large, Chair of the Legislative Affairs Committee, and five years on the Executive Committee. I am a member of multiple committees, vice chair of the Humanitarian Efforts Committee, and I chaired the Women in Otolaryngology Section. I will welcome the opportunity to utilize my experience and knowledge as a member of the Nominating Committee. ■

Steven T. Kmucha, MD, JD

The AAO-HNSF represents an extremely diverse group of otolaryngologists in a wide range of practice environments including rural/urban, academic/non-academic, solo/small group/large group, employed/self-employed modes of practice. The organization also provides an extensive array of services to this diverse membership. As a candidate for the Nominating Committee I believe that it is the committee's role to seek out the best otolaryngologists who can 1) determine the unique needs of this diverse membership, 2) direct the AAO-HNSF to develop and provide the array of services required by these members, and 3) represent our membership within the many regulatory, policy, and organized medicine bodies that govern and control the practice of medicine, while simultaneously fulfilling the legal and fiduciary requirements of the organization. It would be an honor to serve in this capacity. ■



Catherine R. Lintzenich, MD

The healthcare landscape is morphing rapidly, and the future leaders of the Academy must be motivated to stay ahead of the changes. These leaders should represent all facets of otolaryngology care, and should be eager to stand up for the rights of patients and physicians. Recent survey indicates that the Academy is not currently meeting the needs of the early career otolaryngologists, and increased engagement of this demographic is essential to the future success of AAO-HNS endeavors. This means the Academy leaders must continue strong efforts to become the primary educational resource for otolaryngologists and their patients. Particular emphasis should be placed on the development of cohesive educational programs that are mobile and accessible. ■

Joseph C. Sniezek, MD

It should be the first priority of the Nominating Committee to select and motivate innovative and creative leaders capable of navigating this very turbulent time in medicine. These leaders should see opportunities where others perceive obstacles and be able to communicate a vision for action despite uncertainty and risk. Second, we must strive to identify consensus builders capable of unifying our peers and creating commonality in our eclectic specialty, where patients range from pediatrics to geriatrics and where our procedures include a wide spectrum, from outpatient allergy testing to complex skull base reconstruction.

Finally, leaders within the American Academy of Otolaryngology—Head and Neck Surgery must possess the commitment to preserve the balance between the educational mission of the Academy and the practical issues of advancing our specialty. This will require an appreciation and understanding of the dual role that our Academy serves: teaching and educating healthcare providers while ensuring optimal care for our patients and a favorable care environment for our members. Quality physician-leaders will recognize that outstanding care and outstanding practices are, and must be, synonymous. ■

Two posters about adult sinusitis are included with this issue of the *Bulletin*. Patient information has also been updated.

UPDATED CLINICAL PRACTICE GUIDELINE

Adult Sinusitis

Adapted from the April 2015 Supplement to ***Otolaryngology–Head and Neck Surgery***. Read the guideline at **otojournal.org**.

When the AAO-HNSF first released "Clinical Practice Guideline: Adult Sinusitis" in 2007, it was "the first to outline a clear, evidence-based strategy for watchful waiting (without antibiotics) for acute bacterial rhinosinusitis," said **Richard M. Rosenfeld, MD, MPH**, who chaired both the 2007 guideline and the 2015 update, released this month as a supplement to *Otolaryngology–Head and Neck Surgery*.

"In the previous guideline, watchful waiting was suggested as an 'option.' We now have substantial new evidence that allows us to 'recommend' watchful waiting or antibiotic therapy for mild, moderate, or even severe acute bacterial rhinosinusitis," said Dr. Rosenfeld. "This empowers patients and clinicians to use antibiotics judiciously, reserving them for cases that don't improve after waiting or that begin to worsen."

Other differences between the 2007 guideline and the 2015 update include:

- more explicit details about the role of analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of acute bacterial rhinosinusitis;
- a recommendation of amoxicillin with or without clavulanate when antibiotics are prescribed, whereas the prior guideline recommended amoxicillin alone;
- several statements about chronic rhinosinusitis, the management of which was not discussed at all in the 2007 guideline.

"Overall, the updated guideline has a greater focus on patient education and shared decision-making among patients and physicians," Dr. Rosenfeld said.

Sinusitis affects about one in eight adults in the United States, resulting in more than 30 million annual diagnoses. This updated multidisciplinary guideline identifies quality improvement opportunities in managing adult rhinosinusitis and includes explicit, actionable recommendations to implement in clinical practice. The full guideline and patient information, as well as other resources, are available at **www.entnet.org/AdultSinusitisCPG**.

Guideline recommendations

Differential diagnosis of acute rhinosinusitis

Clinicians should distinguish presumed acute bacterial rhinosinusitis (ABRS) from acute

rhinosinusitis (ARS) caused by viral upper respiratory infections and noninfectious conditions. A clinician should diagnose ABRS when (a) symptoms or signs of ARS (purulent nasal drainage accompanied by nasal obstruction, facial pain-pressure-fullness, or both) persist without evidence of improvement for at least 10 days beyond the onset of upper respiratory symptoms, or (b) symptoms or signs of ARS worsen within 10 days after an initial improvement (double worsening).

Radiographic imaging and acute rhinosinusitis

Clinicians **should not** obtain radiographic imaging for patients who meet diagnostic criteria for ARS, unless a complication or alternative diagnosis is suspected.

Symptomatic relief of viral rhinosinusitis (VRS)

Clinicians **may** recommend analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of VRS.

Symptomatic relief of acute bacterial rhinosinusitis

Clinicians **may** recommend analgesics, topical intranasal steroids, and/or nasal saline irrigation for symptomatic relief of ABRS.

Initial management of acute bacterial rhinosinusitis

Clinicians **should** either offer watchful waiting (without antibiotics) or prescribe initial antibiotic therapy for adults with uncomplicated ABRS. Watchful waiting should be offered only when there is assurance of follow-up, such that antibiotic therapy is started if the patient's condition fails to improve by seven days after ABRS diagnosis or if it worsens at any time.

Choice of antibiotic for acute bacterial rhinosinusitis

If a decision is made to treat ABRS with an antibiotic agent, the clinician should prescribe amoxicillin with or without clavulanate as first-line therapy for five to 10 days for most adults.

Treatment failure for acute bacterial rhinosinusitis

If the patient fails to improve with the initial management option by seven days after diagnosis, or worsens during the initial management, the clinician **should** reassess the patient to confirm ABRS, exclude other causes of illness, and detect complications. If ABRS is confirmed in the patient initially managed with observation, the clinician should begin antibiotic therapy. If the patient was initially managed with an antibiotic, the clinician should change the antibiotic.

Diagnosis of chronic rhinosinusitis (CRS) or recurrent acute rhinosinusitis

Clinicians **should** distinguish chronic rhinosinusitis and recurrent acute

rhinosinusitis from isolated episodes of acute bacterial rhinosinusitis and other causes of sinonasal symptoms.

Objective confirmation of a diagnosis of chronic rhinosinusitis

The clinician **should** confirm a clinical diagnosis of CRS with objective documentation of sinonasal inflammation, which may be accomplished using anterior rhinoscopy, nasal endoscopy, or computed tomography.

Modifying factors

Clinicians **should** assess the patient with CRS or recurrent acute rhinosinusitis for multiple chronic conditions that would modify management such as asthma, cystic fibrosis, immunocompromised state, and ciliary dyskinesia.

Testing for allergy and immune function

The clinician **may** obtain testing for allergy and immune function in evaluating a patient with chronic rhinosinusitis or recurrent acute rhinosinusitis.

Chronic rhinosinusitis with polyps

The clinician **should** confirm the presence or absence of nasal polyps in a patient with CRS.

Topical intranasal therapy for chronic rhinosinuisitis

Clinicians **should** recommend saline nasal irrigation, topical intranasal corticosteroids, or both, for symptom relief of CRS.

Antifungal therapy for chronic rhinosinuisitis

Clinicians **should not** prescribe topical or systemic antifungal therapy for patients with CRS.

Guideline authors

Richard M. Rosenfeld, MD, MPH; Jay F. Piccirillo, MD; Sujana S. Chandrasekhar, MD; Itzhak Brook, MD, MSc; Kaparaboyna Ashok Kumar, MD, FRCS; Maggie Kramper, RN, FNP; Richard R. Orlandi, MD; James N. Palmer, MD; Zara M. Patel, MD; Anju Peters, MD; Sandra A. Walsh, BS (MdT); and Maureen D. Corrigan, BA. ■



Biochemopreventive strategies

Retinoids, COX-2 inhibitors, curcumin, green tea, and other natural compounds have been studied for their chemopreventive potential in head and neck squamous cell cancer

By **Marilene B. Wang, MD**, Chair, Complementary/Integrative Medicine Committee

The incidence of head and neck squamous cell cancer (HNSCC) is rising in a population of younger patients who may not have the typical risk factors of heavy smoking and alcohol use, but have HPV infection. This has made biochemopreventive strategies an increasingly desirable yet elusive goal. With a growing awareness of the significant morbidity associated with treatment of HNSCC, patients are increasingly interested in approaches to prevent development or recurrence of disease. Much has been written in the lay press regarding natural remedies, dietary supplements, and other preventive tactics for cancer, and it is essential for otolaryngologists to understand and critically appraise these various agents. In this article, some of the historic chemopreventive agents will be reviewed, and promising newer therapies will be discussed.

The retinoid compounds were the first agents studied for chemoprevention of cancers of the upper aerodigestive tract. 13-cis-retinoic acid (13-cRA or isotretinoin) has been studied extensively in cancer chemoprevention. It is a naturally occurring retinoid that has potent anti-tumor activity through conversion to its more active isomers such as all-trans-retinoic acid (ATRA) and 9-cis-retinoic acid (9 c-RA). Early studies demonstrated that high dose 13-cRA treatment for one year significantly reduced the incidence of second primary tumors in stage I-IV HNSCC patients.[1] Unfortunately, a subsequent large-scale phase III clinical trial of low-dose 13-cRA in randomized stage I and II HNSCC patients failed to demonstrate a significant reduction in the development of second primary or recurrent tumors.[2] Although combinations of multiple compounds such as 13-cRA, alpha-interferon, and alpha-tocopherol appeared to be promising in delaying disease recurrence, it was difficult to enroll patients in clinical trials, due to refusal of subjects to be randomized. Because of the challenges of these clinical trials, retinoids are no longer being utilized as chemopreventive agents for HNSCC, although a recent



for head and neck cancer

study of genetic variations from the Retinoid Second Primary Trial indicated that patients with certain genotypes had a more favorable response to 13-cRA and that stratification of patients with HNSCC may lead to more effective chemoprevention measures.[3] Future trials targeting patients with specific genotypes who may exhibit a greater response to retinoids will support a personalized pharmocogenetic approach to chemoprevention.

Curcumin (diferuloylmethane) is a polyphenol and the chief component of the spice turmeric, which is derived from the rhizome of the East Indian plant *Curcuma longa*. In addition to being employed as a flavoring and coloring agent in food, turmeric has also been widely utilized for thousands of years in Ayurvedic medicine for its antioxidant, antiseptic, analgesic, antimalarial, and anti-inflammatory properties.

Curcumin has been shown to suppress the activation of NFκB, an inducible transcription factor that regulates the expression of genes involved in inflammation, as well as the control of cell proliferation and survival.[4] Activation of NFκB is increased in many cancers, and is associated with various steps in the development of malignancy, such as expression of anti-apoptotic genes, angiogenesis, tumor promotion, and metastasis.[5] Studies have demonstrated constitutive expression of NFκB in HNSCC.[6]

Curcumin has been studied in multiple human carcinomas including melanoma, head and neck, breast, colon, pancreatic, prostate, and ovarian cancers. The mechanisms by which curcumin exerts its anti-cancer effects are diverse, targeting many levels of regulation in the processes of cellular growth and apoptosis. Because of the multiple targets of curcumin on cell growth regulatory processes, it holds much promise as a potential chemotherapeutic agent for many human cancers. Curcumin's inhibitory effect on carcinogenesis has been demonstrated in several animal models of various tumor types including oral cancer, mammary carcinoma, and intestinal tumors. A pilot study demonstrated inhibition of IKKβ kinase activity, a component of the NFκB cascade, as well as inhibition of proinflammatory cytokines in the saliva of oral cancer patients after treatment with curcumin.[7] Further trials are necessary in head and neck cancer patients to establish the value and feasibility of curcumin as a chemopreventive agent.

Cyclooxygenase-1 and -2 (COX-1 and COX-2) play important roles in prostaglandin synthesis and chronic inflammation. COX-2 is induced by growth factors, tumor promoters, oncogenes, and carcinogens and is frequently overexpressed in HNSCC. Although preclinical studies in animal models supported the effectiveness of COX-2 inhibitors in preventing carcinogenesis, a recent randomized phase II study of celecoxib in oral premalignant lesions did not find statistically significant differences between the response

rates of the different arms of the study (including placebo and differing doses of COX-2 inhibitors).[8] The combination of a COX-2 inhibitor with erlotinib, a small molecule EGFR tyrosine kinase inhibitor, has shown promise in a Phase 1b clinical study, demonstrating a high rate of histologic response in patients with advanced premalignant oral lesions.[9] Further clinical trials will be needed to demonstrate feasibility and efficacy of COX-2 inhibitors as chemopreventive agents for HNSCC.

Green tea contains several polyphenols, which have been shown to function as antioxidants and to mediate signaling transduction pathways which inhibit cell proliferation, angiogenesis, and invasion. A pilot study using green tea extracts in doses of 2,000 to 2,500 mg/day demonstrated reduced smoking-induced DNA damage and aneuploidy, as well as increased apoptosis, in oral cells of smokers.[10] In vivo studies of the combination of EGCG, the major polyphenol in green tea, and the EGFR tyrosine kinase inhibitor erlotinib demonstrated a synergistic inhibition of head and neck tumor growth in an animal model.[11] This combination treatment regimen may have potential as a chemopreventive protocol for HNSCC.

Other promising compounds containing high levels of antioxidants have shown some efficacy in oral cancer chemoprevention. Black raspberry extracts contain ellagic acid, an antioxidant with antiproliferative properties, and have been used in clinical trials for patients at high risk of developing esophageal and colon cancers. A recent multicenter study of a freeze-dried black raspberry gel used to treat oral premalignant lesions demonstrated statistically significant reduction in lesion sizes, histologic grade, and loss of heterozygosity events, indicating the potential for the use of black raspberry gel as a chemopreventive agent.[12] Bowman-Birk inhibitor (BBI), a soybean-derived serine protease inhibitor with chymotrypsin and trypsin inhibitory activity, has been studied for its anticancer activity and found to suppress radiation-induced transformation in cell lines. Although a phase IIa chemoprevention trial of patients with oral leukoplakia treated for one month with BBI as a troche demonstrated a 24 percent decrease in total lesion areas, a follow-up randomized phase IIb trial comparing a six-month treatment course of placebo vs. BBI did not demonstrate significant differences in lesion size, clinical response, or histologic change between the study arms.[13]

In addition to tobacco use, heavy alcohol consumption, and HPV infection, other factors such as poor dietary practices and nutritional deficiencies have also been linked to development of oral cancer. A recent meta-analysis examined 16 studies describing the association between consumption of fruits and vegetables and oral cancer. A multivariate meta-regression analysis was performed and found that each portion of fruit consumed per day reduced the risk of oral cancer by 49 percent and vegetable consumption reduced the overall risk of oral cancer by 50 percent. There was no significantly different effect for green vegetable consumption compared with overall vegetable consumption, while greater protection against oral cancer was associated with citrus fruit consumption compared with overall fruit consumption.[14] This is not surprising, given the putative anticancer properties of the abundant polyphenols and flavonoids in fruits and vegetables.

Summary

Retinoids, COX-2 inhibitors, curcumin, green tea, and other natural compounds have all been studied for their chemopreventive potential in HNSCC. While some data is promising, caution must be exercised in recommending any specific agent for chemoprevention. Clinical trials do point to the significant role of dietary and lifestyle influences in cancer prevention. Smoking cessation remains the most important chemopreventive measure for patients with HNSCC, to prevent development of second primary tumors. In addition, encouragement of a healthy diet, including multiple daily servings of fruits and vegetables, as well as avoidance of alcohol, second-hand smoke, and chewing tobacco, should be emphasized for HNSCC prevention. Discussion with patients should also include careful differentiation between chemopreventive and chemotherapeutic agents for HNSCC. Sometimes promising pre-clinical data is reported in the press, and patients mistakenly believe that a new treatment for head and neck cancer has been found. While chemoprevention with natural compounds is desirable, once a cancer is diagnosed, patients should be directed toward established standard treatment protocols and clinical trials. ■

References

1. Hong WK, Lippman SM, Itri LM, et al. Prevention of second primary tumors with isotretinoin in squamous cell carcinoma of the head and neck. *N Engl J Med.* 1990;323:795-801.
2. Khuri FR, LeeJJ, Lippman SM, Kim ES, Cooper JS, Benner SE, et al. Randomized phase III trial of low-dose isotretinoin for prevention of second primary tumors in stage I and II head and neck cancer patients. *J Natl Cancer Inst.* 2006;98:441-50.
3. Lee JJ, Wu X, Hildebrandt MAT, Yang H, Khuri F, Kim E, et al. Global assessment of genetic variation influencing response to retinoid chemoprevention in head and neck cancer patients. *Cancer Prev Res.* 2011; 4:185-93.
4. Singh S, Aggarwal BB. Activation of transcription factor NFκB is suppressed by curcumin (diferuloylmethane). *J Biol Chem.* 1995; 270 (42): 24995-25000.
5. Garg A, Aggarwal BB. Nuclear transcription factor- κB as a target for cancer drug development. *Leukemia.* 2002;16:1053-68.
6. Wang D, Veena MS, Stevenson K, et al. Liposome-encapsulated curcumin suppresses growth of head and neck squamous cell carcinoma in vitro and in xenografts through the inhibition of nuclear factor kappaB by an AKT-independent pathway. *Clin Cancer Res.* 2008;14(19):6228-6236.
7. Kim SG, Veena MS, Basak SK, et al. Curcumin treatment suppresses IKKβ kinase activity of salivary cells of patients with head and neck cancer: a pilot study. *Clin Cancer Res.* 2011 Sep 15;17(18):5953-61.
8. Bertagnolli MM. Chemoprevention of colorectal cancer with cyclooxygenase-2 inhibitors: two steps forward, one step back. *Lancet Oncol.* 2007;8:439-43.
9. Saba NF, Hurwitz SJ, Kono SA, et al. Chemoprevention of head and neck cancer with celecoxib and erlotinib: results of a phase ib and pharmacokinetic study. *Cancer Prev Res.* (Phila) 2014 Mar;7(3):283-91.
10. Schwartz JL, Baker V, Larios E, et al. Molecular and cellular effects of green tea on oral cells of smokers: A pilot study. *Mol Nutr Food Res.* 2005; 49:43-51.
11. Zhang X, Zhng H, Tighiouart M, et al. Synergistic inhibition of head and neck tumor growth by green tea (-)-epigallocatechin-3-gallate and EGFR tyrosine kinase inhibitor *Int J Cancer.* 2008; 123:1005-1014.
12. Mallery SR, Tong M, Shumway BS, et al. Topical application of a mucoadhesive freeze-dried black raspberry gel induces clinical and histologic regression and reduces loss of heterozygosity events in premalignant oral intraepithelial lesions: results from a multicentered, placebo-controlled clinical trial. *Clin Cancer Res.* 2014 Apr 1;20(7):1910-24.
13. Armstrong WB, Taylor TH, Kennedy AR, et al. Bowman birk inhibitor concentrate and oral leukoplakia: a randomized phase IIb trial. *Cancer Prev Res.* (Phila) 2013 May;6(5):410-8.
14. Paiva M, Pileggi C, Nobile CGA, Angelillo IF. Association between fruit and vegetable consumption and oral cancer: a meta-analysis of observational studies. *Am J Clin Nutr.* 2006;83:1126-34.

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The University of Kansas School of Medicine
Department of Otolaryngology-Head & Neck Surgery
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Pediatric Otolaryngology

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Interested applicants must apply for this position via UNMJobs website, unmjobs.unm.edu/, Posting# 0824589. Please attach electronic copies of a current CV and a letter of interest to the application.

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The Department of Otolaryngology-Head and Neck Surgery of the LSU Health Sciences Center is actively seeking an experienced, board certified Pediatric Otolaryngologist to serve as Director of its growing Pediatric Otolaryngology division. This position will carry a full-time university faculty appointment at the rank of Assistant Professor, Associate Professor, or Professor (non-tenure, clinical track); appointment rank will be made commensurate with academic achievements and experience.

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Our faculty members benefit from cross-coverage arrangements 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 for complex patients.

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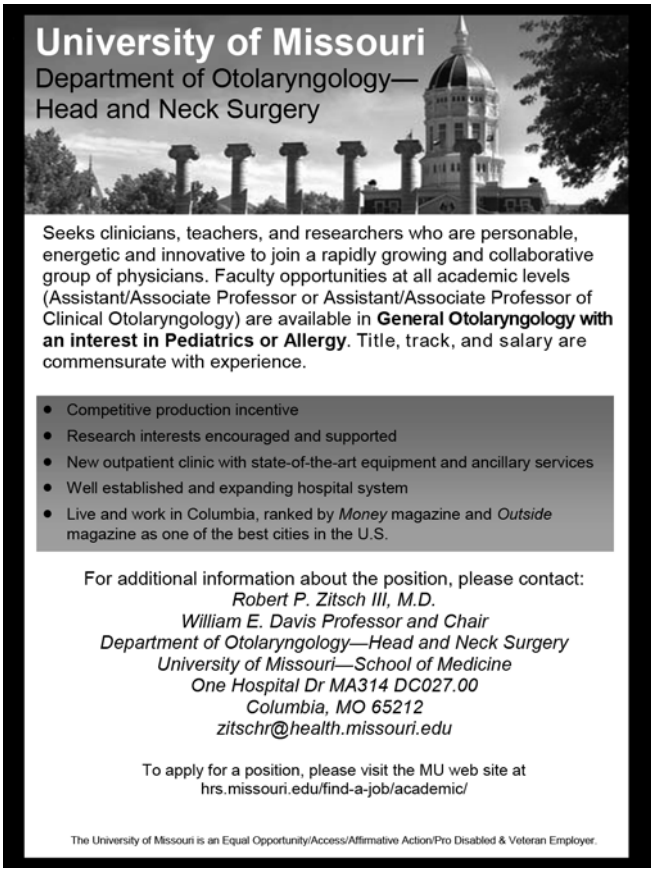

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Assistant, Associate or Full Professor of Comprehensive Otolaryngology Division
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The predominant criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine and institutional service appropriate to the programmatic need the individual is expected to fulfill. The major criteria for appointment for faculty in the Clinician Educator Line shall be excellence in clinical care and clinical teaching.

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We expect the successful candidate to develop an active clinical practice in general otolaryngology, be an active teacher of medical students and residents, oversee the clinical program, and (for MCL) maintain an excellent clinical and/or translational research program.

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Pediatric Otolaryngologist

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The Division of Pediatric Otolaryngology at the Children's Hospital of San Antonio-Baylor College of Medicine seeks an energetic, fellowship-trained **Pediatric Otolaryngologist** interested in building an academic program in a community-hospital setting. The qualified applicant will join three fellowship-trained Pediatric Otolarygologists at the only free standing children's hospital in San Antonio and will serve an intregal role in developing clinical programs, teaching residents, and providing exceptional care to the children of South Texas.
Assistant and Associate Professor levels preferred, and any area of pediatric otolaryngology subspecialty interests are encouraged.

Interested applicants should send CV and letter of intent to:

Lisa Buckmiller MD, Chief Pediatric Otolaryngology
Children's Hospital of San Antonio
315 N. San Sabe, Suite 1003
San Antonio, TX. 78207
(210) 704-3391
Lisa.Buckmiller@christushealth.org

UNIVERSITY OF Cincinnati

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
Department of Otolaryngology-Head & Neck Surgery

The Department of Otolaryngology-Head & Neck Surgery and Myles L. Pensak, MD, FACS, H.B. Broidy Professor and Chairman, are expanding its clinical/academic programs and recruiting a full-time board certified Neurotologist. Candidates interested in pursuit of a combination clinical/research track are preferred.

This position requires a strong interest and commitment to the education of residents, fellows and medical students. This position includes an academic appointment as an Assistant/Associate Professor of Otolaryngology-Head and Neck Surgery. Academic appointment will be commensurate with experience/qualifications. MD degree and the obtainment of a permanent Ohio medical licensure required.

Interested candidates should send letter of interest and curriculum vitae for review by Myles L. Pensak, MD to:
barbarag.huber@uc.edu

The University of Cincinnati is an equal opportunity and affirmative action employer. UC is a smoke-free work environment.

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Email: **licensing@entnet.org**
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The AAO-HNS line of patient information is second to none when it comes to helping educate your patients about diseases and treatments in otolaryngology—head and neck surgery. Currently there are **40 titles available in the library**, with titles ranging from *Tonsils & Adenoids*, to *Tinnitus*, to *Sinusitis*. The patient education information is created and reviewed regularly by your peers within the AAO-HNS/F committees.

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AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

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Pediatric Otolaryngologist

FULL-TIME BC/BE FACULTY

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for a full-time position. This job entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. UTMB Health is undergoing rapid growth as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country. Clinical research is encouraged but not mandatory.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS
Chair, Department of Otolaryngology
The University of Texas Medical Branch,
301 University Boulevard, Galveston, TX 77555-0521
Email: varesto@utmb.edu
Phone: 409-772-2701 Fax: 409-772-1715

utmb Health

UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Are you more interested in building a legacy than just finding a job?

The Department of Otolaryngology at West Virginia University is seeking a pediatric otolaryngologist to join a thriving academic practice. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

You'll join a highly skilled team making an extraordinary difference in the lives of patients across our entire state. Ours is a collaborative atmosphere that encourages you to grow and evolve as you practice advanced medicine in a highly satisfying academic setting.

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

U.S. News & World Report ranked West Virginia University Hospitals in Morgantown #1 in the state for the last two years. Forbes recently ranked Morgantown as one of the Best Small Metros in America. Our area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Build your legacy as you serve, teach, learn and make a difference from day one. To learn more, visit http://medicine.hsc.wvu.edu/otolaryngology/Home or submit your CV directly to Laura Blake, Director of Physician Recruitment, at blakel@wvuhealthcare.com.

WestVirginiaUniversity.

WVU is an AA/EO employer and is the recipient of an NSF ADVANCE award for gender equity. Position will remain open until filled.

Chief, Otolaryngology

An MHS representative will be attending the 2015 Combined Otolaryngology Spring Meetings. Visit us at booth #619.

OPPORTUNITY IN SOUTH FLORIDA

Memorial Healthcare System is seeking a Chief for the Division of Otolaryngology. The Memorial Physician Group currently employs two otolaryngologists supporting an established otolaryngology outpatient practice, inpatient hospital consults and emergency room call.

Successful candidates will meet the following criteria:

- Fellowship trained in head and neck surgery
- Minimum of five (5) years leadership experience
- Board certified in otolaryngology
- Experienced in evidence-based medicine
- Excellent communication, interpersonal and team-leadership skills
- Demonstrated success in new program development and the establishment of policies and guidelines to monitor patient progress, evidence-based clinical outcomes and the effectiveness of medical care

This is a full-time employed position with the multi-specialty Memorial Physician Group. The position offers a highly competitive and desirable compensation/benefits package that is commensurate with training, experience and market demand. Professional malpractice and medical liability are covered under sovereign immunity.

ABOUT MEMORIAL HEALTHCARE SYSTEM

Memorial Healthcare System is the third-largest public healthcare system in the country. It is a national leader in quality care and patient satisfaction and has been ranked on *Modern Healthcare* magazine's list of Best Places to Work in Healthcare. Memorial Healthcare System's facilities include Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Miramar, Memorial Hospital Pembroke and Memorial Manor nursing home. Our facilities are located throughout South Florida, a region known for its high quality of life. In addition, Florida has no state income tax. For more information, visit mhs.net.

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memorialphysician.com

UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM
UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

The University of Miami, Department of Otolaryngology, is searching for a recent BC/BE fellowship trained head and neck surgeon-scientist who is interested in developing an independent translational laboratory in collaboration with our established academic head and neck group. We have developed a competitive support package in collaboration with the Sylvester Comprehensive Cancer Center and the Miami VA hospital that will provide significant protected research time, mentorship, as well as equipment, supplies, and lab space to ensure that the candidate will have every opportunity to develop an independent laboratory over the course of 5 years.

We are specifically interested in individuals with a focus on head and neck cancer genomics, human papillomavirus (HPV), cancer stem cells, immunology, or early detection/disparities who work well with others and have the potential to become leaders in their field. Must possess or be eligible for Florida medical license.

Please send Curriculum Vitae to:

Mr. Tony Etzel, Vice Chair for Administration
Department of Otolaryngology
1120 NW 14th Street, CRB #571
Miami, FL 33136

ACGME Approved
Otology Neurotology and
Skull Base Surgery Fellowship

Michigan Ear Institute
Providence Hospital

An ACGME approved Neurotology Fellowship is offered by the Michigan Ear Institute in conjunction with Providence Hospital, Southfield, Michigan, and Wayne State University. Two positions are available, commencing July 1, 2016, for a period of two years.

A strong otology residency training experience is required. The candidate must be board eligible or certified and be able to obtain a license to practice medicine in the State of Michigan.

Contact:
Michael J. LaRouere, MD
Fellowship Program Director
Michigan Ear Institute
30055 Northwestern Hwy., #101
Farmington Hills, MI 48334
Phone (248) 865-4444
Fax (248) 865-6161

LSUHSC
Department of Otolaryngology – Head and Neck Surgery
Assistant Professor or Associate Professor
(non-tenure, full-time clinical track)

The Department of Otolaryngology-Head and Neck Surgery of LSU Health Sciences Center is actively seeking applications for a full-time faculty position at the rank of Assistant or Associate Professor (non-tenure track). Qualified applicants must be BC/BE in Otolaryngology, fellowship trained in Otology/Neurotology and licensed or eligible for licensure to practiced medicine in Louisiana.

This is an excellent opportunity to join our growing practice. Responsibilities include patient care, resident and medical student education, and the pursuit of clinical research. Extensive collaborative research opportunities are available. 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, pediatric otolaryngology, and plastic/reconstructive surgery.

Salary and rank will be commensurate with the knowledge, education and experience of the individual.

Interested candidates should provide a cover letter and current Curriculum Vitae to: **SOM-Jobs@lsuhsc.edu**; reference Otology/Neurotology position.

LSUHealthNewOrleans
School of Medicine

The School of Medicine does not participate in sponsoring faculty candidates for the Department of Health and Hospitals' Conrad 30 Program.

LSUHSC-NO is an Equal Opportunity Employer for females, minorities, individuals with disabilities, and protected veterans.

The Ohio State University

Department of Otolaryngology – Head and Neck Surgery

The Ohio State University Department of Otolaryngology is accepting applications for the following faculty positions:

General Otolaryngologists to work in Community Practices

Chief of Facial Plastics

Otolaryngologist with Experience in Surgical Quality and Comparative Effectiveness Studies

Hearing Scientist (PhD)

Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

Ted Teknos, MD
Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212
E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470

The Ohio State University
WEXNER MEDICAL CENTER

The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply

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