

bulletin

The official Member magazine of the **American Academy of Otolaryngology—Head and Neck Surgery**

SEPTEMBER 2016

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*See Holstein N. Ginkgo special extract EGb 761 in tinnitus therapy: An overview of results of completed clinical trials. *Fortschr Med* 2001 Jan 11; 118(4): 157-64. Also: Von Boetticher A. Ginkgo biloba extract in the treatment of tinnitus: a systematic review. *Neuropsychiatr Dis Treat* 2011; 7:441-447.

bulletin features

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New York Head & Neck Institute

A head (& neck) above the rest

Congratulations to Dr. Sujana Chandrasekhar
on her election to president of the AAO-HNSF
and Dr. David Edelstein on his election as
chair of the Board of Governors.

With more than 100 physicians and surgeons across our 12 Centers of Excellence, New York Head & Neck Institute (NYHNI) is a regional leader in the diagnosis and treatment of head and neck conditions. Through a multidisciplinary collaboration with top physicians in otolaryngology and related specialties, NYHNI physicians provide seamless and comprehensive care to address all patient needs.

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Last lines

Preparing for this column, my last as President, I looked back on what has been a truly gratifying year for me to serve this Academy and all of you. One of my key responsibilities is education — educating fellow physicians about the important role the Academy plays in helping them become the best doctors and surgeons they can be, educating lawmakers about our concerns and needs for the future of our profession, and educating patients about making the right care choices. Nelson Mandela said, “Education is the most powerful weapon which you can use to change the world.” As I reflect, I am also appreciative of how much others, especially Academy staff and fellow practitioners, have taught me over this past year.

Most Members come to the AAO-HNSF, either in person or electronically, for education. Knowledge gaps analyses inform targeted educational product development so that Members get the best “bang for their buck.” These are supervised by the Foundation Education Coordinator **Richard V. Smith, MD**, and prepared through the diligent work of volunteer Members who sit on nine Education committees.

High-quality oral papers, Miniseminars and Instruction Courses are culled by the committees led by **Sukgi S. Choi, MD**, and **Eben L. Rosenthal, MD**, (this year), and **Mark K. Wax, MD** (next year). And then the cream of that material makes it into *Otolaryngology–Head & Neck Surgery*, with **John H. Krouse, MD, PhD, MBA**, editor-in-chief.

The Comprehensive Curriculum Task Force, led by **Sonya Malekzadeh, MD**, is streamlining access to education materials. It includes physician representatives from all specialty societies and will coordinate updating of the Otolaryngology Online Study Guide and creation of a single source platform. This exciting new resource will be accessible on www.academyU.org.

The Intraoperative Nerve Monitoring Task Force is developing materials to ensure that all residents and advanced practice providers have the same high level of theory, practice, and trouble-shooting knowledge. The Advanced Practice Providers Education Task Force, comprised of Academy otolaryngologists and SPAO physician assistants, is developing materials useful to practices that employ advanced practice providers.

Another goal of mine this year was champion-

ing diversity, including specialty interests, gender, race, sexual identity, practice location, and practice types. Diverse voices at the table open us up to new ideas, issues, and ways of practicing not previously considered. As Atticus Finch said (pardon my poetic license), “You never really understand a person until you consider things from her point of view... Until you climb inside of her skin and walk around in it.”

When making committee assignments as President-Elect and naming Members to task forces this year, I have been cognizant of including Members from diverse backgrounds and locations.

The second annual Specialty Unity Summit this past spring was a success, reflected in some of the educational developments highlighted above, as well as in Practice Management collaboration.

The Women in Otolaryngology Section’s Leadership Course has provided the impetus for an Academy-wide program to be rolled out later this year.

The Diversity Committee, headed by **Lisa C. Perry-Gilkes, MD**, and **Valerie A. Flanary, MD**, is just completing a very important survey, benefiting Members and patients.

The U.S. had the second-largest country delegation to the Pan American Congress in Havana this June. We have been ably represented at conferences around the world. And, thanks to **Gayle E. Woodson, MD**, and **James E. Saunders, MD**, this year’s Annual Meeting debuts the International Symposium. I hope that this free exchange of ideas breaks down barriers to communication and collaboration.

Lastly, I am happy to announce that the Veterans Administration Otolaryngologists Study Group will have its inaugural meeting in San Diego. We have so much to learn from one another.

So, as I say my presidential goodbyes, I want to cry. But there’s no crying in otolaryngology (or baseball). Or crow, “Do you like apples? Well, I got to be president! How do you like them apples?” But, really, I say thank you to my friends and colleagues for entrusting me with your Academy and Foundation. It has been an honor and a privilege. And thank you to my husband, Kris Ramanathan, and our family for putting up with a mostly absent me this year.

But, it ain’t over ’til it’s over, so see you in San Diego for the Annual Meeting. After that, **Gregory W. Randolph, MD**, will take the reins in his more than able hands. Here’s looking at you, kids. ■



Sujana S. Chandrasekhar, MD
AAO-HNS/F President

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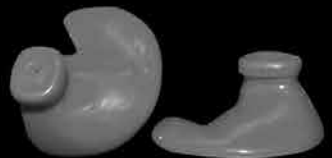


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More is more

As we approach the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM and prepare for this remarkable educational opportunity, I would like to salute another major pillar of our educational offerings designed with you, the Member, in mind. As you recall, last year we launched a new Learning Management System (LMS) and set out to populate it with new and improved content. Content, content, content is our goal! This massive effort is being led by **Richard V. Smith, MD**, the coordinator for Education, and nine hard-working Education Committees—representing nearly 200 physicians in collaboration with our education staff, who are led by Johnnie White, MBA, and Audrey Shively, MSHSE.

We also acknowledge and appreciate the donation from the American Neurotology Society of their incredible collection of operative videos, which are currently being processed for inclusion into AcademyU[®]. In addition, we will be incorporating approximately 200 sessions from the 2014 and 2015 Annual Meetings and more than 300 sessions from this year's Annual Meeting. These recorded sessions will be in place by mid-fall, and ready for consumption by otolaryngologists around the world. As a result of the Education Needs Assessment completed last year, we are unveiling a transition of the Home Study Course to electronic format, while still retaining the option for a print version. In our ongoing quest to provide the most value for our Members, our Education LMS is an "all-responsive format" that accommodates interaction with all devices currently on the market. This feature greatly maximizes participants' choices of when and where to utilize educational products and make the best use of their time. I would encourage all of you to read the in-depth interview of Dr. Smith in this month's *Bulletin*.

I am excited to announce that the Foundation has reached an agreement with SAGE Publishing to create a new open-access publication that will complement our existing "white journal." The new publication, *OTO Open*, will publish in the new year and, as of October 1, will be accepting content through a "cascade system" from the white journal as well as through direct submission or a direct invitation from the editor. We feel this will open significant additional opportunities to disseminate

quality educational publications as well as offer a platform for those with grants requiring this format of publication. **John H. Krouse, MD, PhD, MBA**, our journal editor-in-chief, has generously agreed to act as editor of the open-access publication in addition to his other role. This publication will be supported by our communications staff in a similar fashion to the white journal. Be on the lookout for our submission policy and requirements. Please contact otojournal.org to learn more about submission details.

Preparation of curriculum options for the proposed Leadership Development Program for our Members has afforded us the opportunity to examine several other areas of paramount importance to the Academy and specialty in general. Input from leaders, specialty members, Academy component groups, and senior leadership of our staff suggests that a crucial portion of the program involve education about and understanding of the philosophies, operations, and intricacies of the AAO-HNS/F and its functions. As with all organizations the direction and strategic planning is guided by the "core values," which are of tantamount importance to the identity and purpose for which the entity exists. An organization should be recognizable by its selection of and adherence to core values that drive all that it does. Critical decision-making is made much easier when the culture and expectations defined by the core values permeate throughout those involved in carrying out strategic initiatives. It is, therefore, incumbent on an organization to periodically review and update or reinforce what becomes our true identity. As we put the finishing touches on the Leadership Development Program, we will take the opportunity to fully review not only our core values but also update and strengthen our principles of diversity and cultural competency.

Finally, I would like to recognize the long-standing commitment of **Michael M. Paparella, MD**, in his mission to preserve our ability to study the histopathology of temporal bones through his personal work and generous donations as detailed in this issue of the *Bulletin*. As he has pointed out, the dramatic decline in the number of temporal bone labs not only in the United States, but worldwide is stunning and continued efforts to prevent extinction of this unique opportunity to study human disease processes must be joined by all. ■



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

“Last year we launched a new Learning Management System (LMS) and set out to populate it with new and improved content. Content, content, content is our goal!”

BOARD OF GOVERNORS

Bring home the Academy

■ **David R. Edelstein, MD**, Chair, Board of Governors



When I was a little boy, my grandmother always made sure that

I took something home from the Memorial Day parade and barbecue in East Greenwich, RI. This could be a small flag, a copy of the Gettysburg Address (recited each year at the local cemetery), or a ball to play with. The parade, with its WWI, WWII, and Korean War veterans and the gifts to take home, had a profound effect on me.

When I traveled to my first Academy meeting in 1984, the Academy's principal purpose was education. Since then, the AAO-HNS has added several dimensions to its mission and currently has much more to offer our Members than many realize. The Board of Governors (BOG) is one of these dimensions, having been formed to help link local societies to the national organization.

In keeping with my grandmother's practice of giving me something to take home each Memorial

Day, the theme of my year as BOG Chair has been "Bring Home the Academy," an effort designed to enable each of us to be able to call upon the Academy's resources to support our local needs. This initiative included the development of a slide show for BOG members to use at their local meetings about key Academy and BOG efforts; the creation of new virtual societies to help facilitate state and local meetings; circulation and analysis of two surveys (Affordable Care Act challenges and Emergency Room Call), and the launch of PROJECT 535 to link every Member of Congress with a "key contact" otolaryngologist from their own Congressional district.

As part of my vision, the Spring BOG meeting was devoted to the topic of leadership skills, including how to develop the MBA-type business skills necessary to succeed in today's medicine. For those who have never attended the Spring meeting, you are missing one of the best *free meetings*—an engagement that allows you to meet with Academy leadership and learn what the BOG has to offer with *free CME credits*! This year's meeting included panel discussions on how to produce an effective business plan,

how to market your practice, how to advocate legislatively, and how to maintain your intellectual edge given guideline medicine. There were two inspiring speakers: retired Admiral and current Medical Director of the Federal Employees Health Benefits Program Christine Hunter, MD, who spoke on the challenges of leadership in large organizations, and Richard M. Popovic, MBA, who spoke on developing the key leadership skills taught in MBA programs.

Every year, as I travel to the Foundation meeting, I think of a phrase from the song "Homeward Bound" by Simon and Garfunkel: "Home, where my thought's escaping." The BOG has been a type of home for me to congregate with other otolaryngologists and find common solutions to the problems we all face in our everyday lives and practices.

The BOG meets in San Diego on Saturday, September 17, the day before the AAO-HNSF 2016 Annual Meeting & OTO EXPOSM. Among the many items to "bring home" will be a panel at noon on how to be a more effective board member at your local hospital or medical center. I hope you will join us! ■

AAO-HNS/F committees earn Excellence Awards

The Ethics, the Humanitarian Efforts, and the Rhinology and Allergy Education committees have received the Committee Excellence Awards. We thank these and all the committee participants for the extraordinary contributions made to the specialty.

The Ethics Committee, chaired by **Susan D. McCammon, MD**, was noted for its expertise in research-complicated topics. A highlight of the committee's work was a review of the Expert Witness Testimony Policy. The committee's recommendations, including a comprehensive plan to address education and compliance, were approved by the AAO-HNS/F Board of Directors. The committee also presented a Miniseminar and an Instructional Course at the AAO-HNSF 2015 Annual Meeting & OTO EXPOSM.

The Humanitarian Efforts Committee, chaired by **Susan R. Cordes, MD**, established

a humanitarian forum on ENT Connect, and formed work groups that reviewed resident/fellow travel grant applications and revised the travel grant application and instruction form; focused on soliciting Annual Meeting submissions for the committee and changing the format of the Humanitarian Open Forum; and developed an interactive map and database of the humanitarian efforts of Academy Members.

The Rhinology and Allergy Education Committee, chaired by **Brent A. Senior, MD**, is credited with developing 47 rhinology and allergy education activities for AcademyU[®], which were the result of 12 separate projects and developed out of the gaps analysis completed last year. The committee also contributed to the Home Study Course, Rhinology and Allergy Review Instruction Course and Faculty Development courses. ■

American Otolaryngologists of Indian Heritage

The president and Board of Directors of the American Association of Otolaryngologists of Indian Heritage Inc. cordially invite you to attend AAOIH 39th Annual Dinner Meeting scheduled from 7:00 to 10:00 pm on Sunday, September 18, at Aqua EF room in the Hilton San Diego Bayfront Hotel.

Invited guest Mark Mehle, MD, will present topics on "Management of Difficult Problems of Sinonasal Disease" to the membership for interactive discussions.

The AAOIH Board Meeting will be on Sunday, September 18, at 4:30 pm in global connection meeting rooms of the San Diego Convention Center.

For more information please visit www.aaoih.com. AAOIH looks forward to welcoming you to the meeting with colleagues, friends, fellows, and residents. Reserve your dinner in advance by contacting **Rajesh Kakani, MD**, at rajkakani@yahoo.com or 516-222-1105, as these seats are limited. ■



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OTIPRIO is indicated for the treatment of pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement.

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

OTIPRIO is contraindicated in patients with a history of hypersensitivity to ciprofloxacin, to other quinolones, or to any of the components of OTIPRIO.

WARNINGS AND PRECAUTIONS

Potential for Microbial Overgrowth: OTIPRIO may result in overgrowth of nonsusceptible bacteria and fungi. If such infections occur, institute alternative therapy.

ADVERSE REACTIONS

Adverse reactions (incidence at least 3%) that occurred in two Phase 3 trials with OTIPRIO vs sham were: nasopharyngitis (5% vs 4%), irritability (5% vs 3%), and rhinorrhea (3% vs 2%).

USE IN SPECIFIC POPULATIONS

Pediatric Use: The safety and effectiveness of OTIPRIO in infants below six months of age have not been established.

Please see adjacent page for Brief Summary of the Prescribing Information for OTIPRIO.



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BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR OTIPRIO

INDICATIONS AND USAGE

OTIPRIO is a fluoroquinolone antibacterial indicated for the treatment of pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement.

DOSAGE AND ADMINISTRATION

Dosage and Important Administration Instructions

- OTIPRIO is for intratympanic administration only.
- OTIPRIO is intended for single-patient use, discard unused portion.
- Administer OTIPRIO as a single intratympanic administration of one 0.1 mL (6 mg) dose into each affected ear, following suctioning of middle ear effusion.

Preparation of OTIPRIO

Directions for OTIPRIO dose preparation and handling is illustrated in Figure 1 of the full prescribing information.

DOSAGE FORMS AND STRENGTHS

Otic Suspension: Each 1 mL of OTIPRIO contains a white, preservative-free, sterile otic suspension consisting of 6% (60 mg/mL) ciprofloxacin in a single-patient use glass vial.

CONTRAINDICATIONS

OTIPRIO is contraindicated in patients with a history of hypersensitivity to ciprofloxacin, to other quinolones, or to any of the components of OTIPRIO.

WARNINGS AND PRECAUTIONS

Potential for Microbial Overgrowth

OTIPRIO may result in overgrowth of nonsusceptible bacteria and fungi. If such infections occur, institute alternative therapy.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice.

In two randomized, sham-controlled Phase 3 clinical trials, 530 pediatric patients with bilateral otitis media with effusion undergoing tympanostomy tube placement were treated with OTIPRIO or sham administered intra-operatively as a single dose. The median age of the pediatric patients enrolled in the clinical trials was 1.5 years; 62% of patients were 6 months through 2 years of age and 38% of patients were greater than 2 years of age.

Adverse reactions that occurred in at least 3% of OTIPRIO patients and at an incidence greater than sham are presented in Table 1.

Table 1: Adverse Reactions in Phase 3 Trials

Adverse Reactions	OTIPRIO (N=357)	Sham (N=173)
Nasopharyngitis	5%	4%
Irritability	5%	3%
Rhinorrhea	3%	2%

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

Animal reproduction studies have not been conducted with OTIPRIO. No adequate and well-controlled studies have been performed in pregnant women. Because of the negligible systemic exposure associated with clinical administration of OTIPRIO, this product is expected to be of minimal risk for maternal and fetal toxicity when administered to pregnant women.

Lactation

Risk Summary

Ciprofloxacin is excreted in human milk with systemic administration. However, because of the negligible systemic exposure after otic application, nursing infants of mothers receiving OTIPRIO should not be affected.

Pediatric Use

The safety and effectiveness of OTIPRIO in infants below six months of age have not been established.

The safety and effectiveness of OTIPRIO was established in approximately 530 pediatric patients with bilateral otitis media with middle ear effusion undergoing myringotomy with tympanostomy tube placement. The median age of patients enrolled in the clinical trials was 1.5 years; 62% of patients were 6 months through 2 years of age and 38% of patients were greater than 2 years of age.

For more detailed information, please read the full Prescribing Information.

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Foundation launches open access journal, resident reviewer program

The landscape of scholarly publishing is evolving quickly, with new delivery mechanisms for research, innovative peer review models, and increasing integration of multimedia for a rich reader experience. In light of these changes, the AAO-HNSF is excited to announce the launch of *OTO Open*, the Official Open Access Journal of the American Academy of Otolaryngology—Head and Neck Surgery Foundation.

With the volume of valuable research studies exceeding the capacity of traditional scholarly journals, open access is a publication model rapidly gaining prominence. Unlike traditional subscription-based journals, open access journals are published online only and provide their content free to readers without a subscription.

OTO Open will begin accepting submissions in October, with the goal of publishing its first content in January 2017. Initially, *OTO Open* will share the editorial board of *Otolaryngology—Head and Neck Surgery*. **John H. Krouse, MD, PhD, MBA**, will serve as editor-in-chief of both journals.

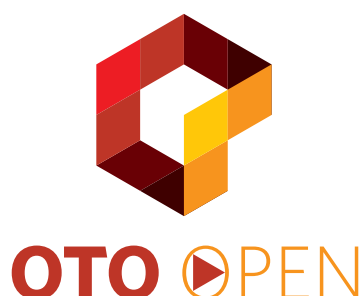
“I am thrilled that we are rolling out *OTO Open* for our authors and readers,” Dr. Krouse said. “The submission volume for our flagship publication, *Otolaryngology—Head and Neck Surgery*, continues to grow, and there are a number of worthy manuscripts that simply cannot be accommodated in this traditional format. *OTO Open* will allow us to rapidly share impactful research and clinical papers with the otolaryngology community and will offer an alternative for authors to publish in a highly respected, peer-reviewed journal with the oversight of the AAO-HNSF, its editorial staff, and its reviewers.”

Resident Reviewer Development Program

The influx of more and more research

challenges not only the capacity of existing journals, but the finite pool of journal peer reviewers, as well. To address this, *Otolaryngology—Head and Neck Surgery* launched its Resident Reviewer Development

Program on July 1. The program, spearheaded by *Otolaryngology—Head and Neck Surgery*’s Deputy Editor, **Cecelia E. Schmalbach, MD**, pairs residents (PGY-2 and above) with experienced peer reviewer mentors, providing guidance



and practice for the next generation of peer reviewers.

“The peer review process is imperative to advancing our field of otolaryngology-head and neck surgery,” Dr. Schmalbach said. “Similar to residency training, learning the peer review process warrants both didactics and hands-on training. I am excited that *Otolaryngology—Head and Neck Surgery* can provide this unique educational opportunity. By completing journal reviews alongside a seasoned mentor, participants will gain the required skills to master the peer review process—a first step which often leads to journal editorial board and associate editor invitations.”

For more information on *OTO Open* and the Resident Reviewer Development Program, please contact the AAO-HNSF’s Editorial Office at otomanager@entnet.org. ■

RegentSM and clinical practice improvement

As Regent’s data grows and new measures are added, the registry will become an excellent resource for Members seeking to engage in quality improvement within their practices. Regent’s Executive Dashboard enables clinicians and practices to track their performance, identify gaps in care, implement interventions to improve care, and then track improvements over time. Furthermore, the dashboard is customizable and allows clinicians to drill down to patient-level data, which can be used for analyzing patient outcomes over time. If you want to see the Regent Executive Dashboard at work, stop by the Regent Booth in the Sails Pavilion of the San Diego convention center during the AAO-HNSF Annual Meeting & OTO ExpoSM.

In late April, the Centers for Medicare & Medicaid Services (CMS) released its proposed rule for the Merit-based

Incentive Payment System (MIPS) and made Clinical Practice Improvement Activities (CPIA) one of the four reporting categories required in MIPS. According to the proposed rule, “CPIA is an activity that stakeholders identify as improving clinical practice or care delivery and that the Secretary of HHS [Health and Human Services] determines will likely result in improved outcomes.”

It is apparent from the proposed rule that providers participating in a registry, such as Regent, will have a significant advantage in meeting the reporting requirements described in the proposed 2017 MIPS system, including CPIA. CMS continues to encourage clinicians and practice groups to use Qualified Clinical Data Registries (QCDRs) like Regent to submit the necessary data. The AAO-HNSF is working with our vendor, FIGmd, to assure Regent is ready for the new reporting paradigm under MIPS. ■



Support valuable HTB research

■ Sujana S. Chandrasekhar, MD

Dr. Michael Paparella has put his money where his mouth is as is outlined in his plea in the third column. He has begun a fund of \$500,000 at the AAO-HNS/F dedicated to furthering HTB research. But even that apparently large sum is not enough to maintain the labs that we need. Additionally, a group that includes him, **Richard A. Chole, MD, PhD**, and **Michael J. McKenna, MD**, as well as Academy leadership have been engaging Congress to encourage the National Institutes of Health (NIH) to fund ongoing HTB labs.

We were very fortunate in the response from U.S. Sen. Bill Cassidy, MD, (R-LA), who facilitated the inclusion of the following “Report Language” to accompany the Senate Labor, HHS, and Education Appropriations bill that was passed by the full Senate Appropriations Committee on June 9, 2016: “The Committee is concerned that research in the study of human temporal bone tissues may be jeopardized by the loss of technical and pathological expertise in this field. Active temporal bone laboratories are largely responsible for the pathologic characterizations of many of the diseases that are

treated on a frequent basis, including otosclerosis, Meniere’s disease and chronic otitis media. However, there are other disorders for which the pathology has not been well characterized and the need remains for the active participation of multiple laboratories to develop new techniques to allow for molecular investigations that have not been possible in the past. The Committee urges NIDCD to work with the otolaryngology community to facilitate new and innovative therapies that examine the pathology of the ear and to ensure that hypothesis driven research is retained in pathology centers.”

Temporal bone labs that focus on the pathology of genetic and other disorders that impact hearing and balance are needed now more than ever. We have merely scratched the surface in understanding pathology of various ear diseases and much more needs to be done.

What can you do?

1. Please be aware of this crisis, inform your colleagues, and contact your Congressional representative and senators, asking them to communicate with NIH regarding this crisis. An example letter is accessible

at www.entnet.org/advocacy.

2. Please consider making a financial contribution now, or in your estate plan, and contribute to the Academy’s Paparella Fund for Human Temporal Bone Research. Contact development@entnet.org for information. ■

Temporal bone histopathology labs in danger of extinction

■ Michael M. Paparella, MD

The *Bulletin* is devoted to current topics and action items. Why then, might you say, is there a piece on the oldest of old things: human temporal bone histopathology research? Well, the answer is that from a height of 25 active labs in the United States in the 1980s, we have fallen to three current labs, with two about to close due to funding concerns.¹ You might ask: “So what?” But, human temporal bone (HTB) research is not what it was a generation ago. Yes, it can still help us define otologic and skull base disease as well as predict its course and complications better than any other modality. But with advancements in molecular biology, electron microscopy, and immunogenetics, temporal bone specimens can give us more information now than ever before.

It costs \$3,000 to prepare and study a pair of human temporal bones. In addition, it requires unique technical training to acquire, process, and study HTB pathology, as well as a dedicated research laboratory for doing so. It is difficult, very expensive, and yet more important than ever that we resurrect and support this research. ■

Reference

1. Chole RA., Labs in crisis: protecting the science—and art—of otopathology. *Otol Neurotol*. 2010. 31(4):554-556.

Temporal bone lab brings hearing hope to Africa

➔ READ MORE ONLINE
Longer article available



Samuel Adoga, MD, otolaryngologist at Jos University Teaching Hospital, Jos, Nigeria, in the new temporal bone laboratory. The lab is dedicated to the late Academy Member **Jack Van Doren Hough, MD**.

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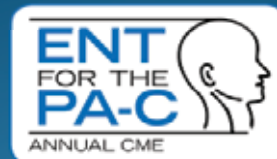
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FROM THE OREBM COMMITTEE

Publications that may change your practice

■ David Wang, MD, with Greg E. Davis, MD, Melissa A. Pynnonen, MD, Vikas Mehta, MD, MPH, Giri Venkattraman, MD, MBA, and Jennifer J. Shin, MD, SM

This month the Outcomes Research and Evidence-Based Medicine Committee focuses on key publications highlighting data regarding management of uncomplicated acute rhinosinusitis (ARS) and recurrent acute rhinosinusitis (RARS) in adults.

Lemiengre MB, et al. Antibiotics for clinically diagnosed acute rhinosinusitis in adults. *Cochrane Database Syst Rev.* 2012;10:CD006089.

This systematic review and meta-analysis of randomized controlled trials compared the efficacy of antibiotics versus placebo in participants with clinically diagnosed ARS (diagnosis was based on signs and symptoms of purulent nasal discharge, complaints for more than seven days, double worsening, and/or pain in the maxillary region, teeth, or when leaning forward). This review focused on patients 18 years of age or older who had clinical complaints of 30 days or fewer. The primary outcomes of interest were the percentages of patients cured at seven, 10, and 14 days. Secondary outcomes included 1) subjective ratings of overall well-being, 2) severity or duration of other clinical symptoms, 3) use of concomitant medications, 4) adverse effects, and 5) clinical failure and serious adverse events. Included studies utilized a variety of antibiotics: amoxicillin, penicillin, doxycycline, azithromycin, or pivampicillin.

Among eight randomized controlled trials enrolling 1,687 patients, 47 percent of all patients had “cure” (symptom resolution) after one week and 71 percent after 14 days. The estimated odds ratio (OR) of cure for antibiotics relative to placebo was 1.25 (95 percent CI 1.02-1.52), with a number needed to treat for benefit (NNTB) of 18.0 patients (95 percent CI 9.7-114.9). No studies found significant differences in overall well-being, clinical symptoms of pain, duration of illness, activity restriction, and use of analgesics or nasal decongestants when comparing antibiotics and placebo. The OR for resolution of purulent discharge for antibiotics versus placebo was 1.58 (95 percent CI 1.13 to 2.22), NNTB 10.8 (95 percent CI 6.1

to 50.8). Of participants who experienced adverse effects, 27.3 percent received antibiotics and 15.0 percent received placebo: OR 2.10 (95 percent CI 1.60 to 2.7). The number needed to treat to harm (NNTH) was 8.1 (95 percent CI 6.0 to 12.5). Of the eight studies included in the primary outcome, one study indicated a 90 percent power to avoid a type II error, three studies indicated an 80 percent power, and the four remaining studies did not describe a power analysis.

This meta-analysis showed that there was a small benefit of antibiotics in patients with clinically diagnosed ARS. Five more patients per 100 that were treated achieved a cure more quickly if they received antibiotics instead of placebo. However, the benefits should be weighed against the risks of adverse effects with antibiotic use (i.e., gastrointestinal manifestations, resistance, secondary infection, increased costs, allergic reaction, etc.). Given the high antibiotic administration rates for ARS and growing antibiotic resistance, the review concluded that antibiotics should be used sparingly for uncomplicated ARS patients during the initial one to two weeks of symptoms. The authors caution against applying these results to children, immunosuppressed patients, and patients with severe disease.

Costa ML, Psaltis AJ, Nayak JV, Hwang PH. Medical therapy vs surgery for recurrent acute rhinosinusitis. *Int Forum Allergy Rhinol.* 2015 Aug;5(8):667-673.

Whereas for ARS we have the luxury of multiple randomized controlled trials, comparative reports regarding recurrent acute rhinosinusitis (RARS) are far less frequent—even less frequent than for chronic rhinosinusitis. This publication describes an observational study of 220 patients with RARS, who had four to eight episodes per year. Among those treated with oral antibiotics, nasal steroids, and saline irrigations for acute flares, medical therapy alone resulted in improvement in SNOT-22 (sino-nasal outcome test) scores from 48 to 24 ($p<0.0001$). In this retrospective cohort, those treated with surgery (maxillary antrostomy, partial ethmoidectomy) had even larger improvements at 12 months; SNOT-22 scores improved from 49 to 7 ($p<0.0001$). Thus, the sur-

gical cohort improved significantly more than the medical cohort ($p<0.0001$) did, despite similar characteristics at the outset and observed improvement in both groups. The subset of patients that crossed over from the medical group to the surgical group worsened by 15 on their SNOT-22 scores prior to sinus surgery, but subsequently improved postoperatively ($p<0.0001$).

As this study was a retrospective observational study, there were limitations. The treatment selection was neither randomized nor blinded. Patients’ prior medical treatments were not standardized and could have affected the chosen treatment arm, resulting in the selection bias often inherent to observational studies. In addition, the inclusion criteria were not highly selective; patients were required to have at least four episodes of documented acute rhinosinusitis, but it is unclear if physician documentation of patient-reported infections were included. Patients were required to have at least one infection confirmed by endoscopy or CT. However, the CT criterion was a Lund-McKay score of 1. Considering that a Lund McKay score of 4 is generally considered normal, this is not a restrictive criterion. The report did not detail the type and frequency of medication use in patients at the outset, nor a measure of variance surrounding the mean SNOT-22 scores. Thus, these data have more limitations than the randomized controlled trials included in the Cochrane meta-analysis. RARS has traditionally been a less well-defined entity with more limited data, but it still affects patient productivity¹ and quality of life.² Prospective studies are needed to define the optimal management for patients affected by RARS, which poses unique diagnostic and therapeutic challenges as outlined above. This study highlights these challenges and should engender future studies. ■

Additional References

1. Steele TO, Detwiler KY, Mace JC, Strong EB, Smith TL, Alt JA. Productivity outcomes following endoscopic sinus surgery for recurrent acute rhinosinusitis. *Laryngoscope.* 2016 May;126(5):1046-1053.
2. Poetker DM, Litvack JR, Mace JC, Smith TL. Recurrent acute rhinosinusitis: presentation and outcomes of sinus surgery. *Am J Rhinol.* 2008 May-Jun;22(3):329-333. doi: 10.2500/ajr.2008.22.3177.



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Service and leadership awards presented at Annual Meeting

2016 Arnold P. Gold Foundation Award for Humanism in Medicine

The Gold Foundation Humanism in Medicine Award recognizes

Members committed to practicing otolaryngology with compassionate, patient-centered care.



The 2016 awardee is **Susan D. McCammon, MD**. Dr. McCammon, associate professor, University of Texas Medical Branch, has served as the medical director of the only non-profit hospice care center in Galveston County, TX, for the last three years. She is also the faculty sponsor of the Hospice and Palliative Care Organization (HPCO), an interprofessional student interest group. As such, she has the added responsibilities that include leading their annual training event.

Not only does Dr. McCammon exhibit dedication to being a leader and mentor, working to advance her area of specialty, but her commitment to underserved populations reveals her incredible passion for assisting those that would otherwise go without. In fact, after Hurricane Ike, she logged more than 400 hours of hospice and palliative care while volunteering to assist marginalized patients affected in the aftermath of this natural disaster. Her service in this capacity not only ensured that medically underinsured patients received proper care, through this work she became board certified in hospice and palliative care in 2012. Since then, she has penned multiple publications and presentations. She serves the AAO-HNS/F coherently as Ethics Committee chair.

In observation of her ongoing work over the years, the Academy agrees that Dr. McCammon is humanism personified, exemplifying the qualities that are celebrated in the Gold Foundation Humanism in Medicine Award.

2016 Distinguished Award for Humanitarian Service

The Distinguished Award for Humanitarian Service is awarded

to a Member who is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love, and devotion to humanity and a self-giving spirit.



Each year, the Academy identifies a Member who strives to be a model to emulate a life dedicated to a nobler, more generous, and more productive existence on this earth. **Wayne M. Koch, MD**, embodies all of the credentials celebrated by this award.

In his career, Dr. Koch has gone on as many as 25 medical missions to various countries around the world, including 13 trips to Mbingo Baptist Hospital in Cameroon where Dr. Koch has worked to create and support a training program for African surgeons. Working in partnership with the Pan African Academy of Christian Surgeons (PAACS), Dr. Koch is able to facilitate a head and neck cancer fellowship for African surgery residents committed to remaining in Africa and imparting their skills in local hospitals. Furthermore, Dr. Koch has set up a rotation of cancer specialists to visit and participate in the training curriculum. This program has and will continue to fundamentally shift the cancer care for African nations and regions.

Despite having these successes, Dr. Koch has a self-effacing demeanor and high-minded spirit that belies his accomplishments. As such, he epitomizes all that the American Academy of Otolaryngology—Head and Neck Surgery Foundation Distinguished Award for Humanitarian Services represents.

Holt Leadership Award

The Holt Leadership Award is given to a resident or fellow who best exemplifies the attributes of a young leader—honesty, integrity, fairness, advocacy, and enthusiasm.



This year's awardee is **John M. Carter, MD**. Dr. Carter received his undergraduate and medical degrees from the University of Arizona in Tucson, AZ. He then completed his residency in otolaryngology—head and neck surgery at Tulane University in New Orleans. In 2016, he completed his fellowship in pediatric otolaryngology at Northwestern University, Ann and Robert H. Lurie Children's Hospital in Chicago. Currently, he is a pediatric otolaryngologist at Ochsner Medical Center in New Orleans.

Dr. Carter has been an active Academy Member over the last six years. He served on several committees for the AAO-HNS, helped to author AAO-HNS clinical practice guidelines, and has held three leadership positions on the governing council in the AAO-HNS Section for Residents & Fellows. He has published over 30 peer-reviewed articles and book chapters, has been an American Head and Neck Society research grant recipient, and has participated in humanitarian outreach programs both here and abroad. He looks forward to building his clinical practice in academic pediatric otolaryngology in New Orleans and maintains a strong focus on clinical outcomes and quality-based research.

Dr. Carter is receiving this award in recognition of his immense volunteer service to the Academy and the otolaryngologist resident community. He has been an advocate for increasing mentorship opportunities for medical students, residents, and young physicians. He truly exemplifies the attributes of a young leader.

Jerome C. Goldstein, MD Public Service Award

The Jerome C. Goldstein, MD Public Service Award recognizes Members for commitment and achievement in service, either to the public or to other United States' organizations, when such service promises to improve patient welfare.



This year's awardee is **C. Ron Cannon, MD**. Dr. Cannon obtained his medical degree from the University of Mississippi in Jackson, MS. He then completed an internal medicine internship at the City of Memphis Hospital and returned to Jackson for a year of general surgery. Dr. Cannon followed that with otolaryngology—head and neck surgery training, completing his training at the University of Virginia. Additionally, he was

enrolled in the inaugural Daiichi Clinical Scholars Program sponsored by the American Academy of Otolaryngology—Head and Neck Surgery in 2002. He also obtained a master's degree in health service administration in 2012.

Dr. Cannon has been involved in a community practice in Jackson, MS, since completing his training. He is a founding member of the Head and Neck Surgical Group located in Flowood, MS. He has been privileged, through his office, to participate in training 250 to 300 family medicine residents undergoing monthly rotations and several medical students and dental students. He previously has served as medical director at River Oaks Hospital and currently serves at the chairman for the Board of Trustees for that institution.

He has a history of volunteer activities in the community. These include a 20-year stint as team physician for the Brandon

High School football team and also a six-year involvement as the team physician for the Mississippi College basketball team. In addition, Dr. Cannon has been a publically elected member of the Rankin County School Board, serving as its president in 2001.

More recently, he has been involved in the development of a service group through Pine Lake Church that consists of physicians, dentists, nurses, and others in the healing arts.

Dr. Cannon is receiving this award for his dedication, passion, and longstanding commitment to improving the lives of his fellow man, particularly his service to the MASH medical service, which includes medical mission trips, local free clinics, mentoring opportunity for healthcare professionals and students, and so much more. He stands as a sterling example for all physicians and is richly deserving of this award. ■



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The AAO-HNSF 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 to attend the 2017 Cochrane Conclave in Oxford, England, July 9 – 11, 2017. The Cochrane Conclave is the result of an AAO-HNS/F partnership with the UK Cochrane Center and the staff and editors of the Cochrane ENT Disorders Group. Attendees will be introduced to evidence summaries of healthcare interventions, and will learn state-of-the-art techniques for producing systematic reviews and meta-analyses.

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 July 11, 2018).*

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What's new in

From webcasts to faculty development, take your pick from the variety of fresh education products cultivated by the members of the Education Committees

Richard V. Smith, MD, AAO-HNSF coordinator of Education, talks about his first year in this role.

AAO-HNS/F: The new AcademyU® was launched last September. Twelve months later, can you say it has been a success?

Dr. Smith: It has clearly been a success. We have seen consistent use of AcademyU across all Members. When I have spoken with those who have used it, they have all expressed their comfort with the platform and its user friendliness. In addition, we have been busy developing new AcademyU content and are committed to developing more each year. Exciting additions this year include Annual Meeting webcasts: 200 recorded sessions from the 2014 and 2015 Annual Meetings have been migrated over and 300 more

webcasts are planned from the 2016 meeting; select webcasts will provide CME credit. We continue to devote significant resources to increasing the AcademyU offerings and anticipate many more over the next few years.

AAO-HNS/F: This is your first year as Coordinator of Education, what one accomplishment are you most proud of?

Dr. Smith: I am most excited and proud of the commitment of our Education Committee members and Education staff at the Foundation. We have spent most of this year transitioning our education offerings to the new AcademyU, and the Education Committee members, and particularly the chairs, have given a dedicated effort to this. The Education staff has done a phenomenal job with this monumental task and has truly shown their professionalism and commitment to our

Members. I am also very proud of our newly formed Simulation Education Committee.

AAO-HNS/F: What priorities do you have for the next three years?

Dr. Smith: I have a number of priorities for the next three years. They include utilizing the expertise of the Simulation Education Committee to develop new and innovative education opportunities for our Members. We are also working hard, under the direction of past coordinator **Sonya Malekzadeh, MD**, to develop a Comprehensive Otolaryngology Curriculum, which will serve all otolaryngologists. It will be a roadmap to identify education resources at all stages of one's career. We are continually working to refine our offerings so we can best meet the education needs of our Members from residency to retirement. We will continue to innovate and develop new products, such as our AmX Series, in which



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we have video recordings of high impact Annual Meeting sessions with a focused interview of the primary presenter(s) after the course followed by a case study scenario on the topic in AcademyU. We continue to partner with our sister societies as well to minimize duplication of efforts, such as the partnership we have with the American Neurotology Society to develop surgical videos. I am also committed to using quality improvement tools to identify pertinent areas of education needs and thereby more closely provide a link to improved patient care.

AAO-HNS/F: With MOC a reality for many up and coming Members, what does AcademyU offer to help prepare the new diplomates?

Dr. Smith: Truthfully, nearly everything we offer is suitable to prepare for Maintenance of Certification. We have many activity formats that appeal to a variety of learning styles. Our AcademyQ with or without CME is a question-based tool that tests a broad range of topics. We have video recordings of Annual Meeting Accreditation and Reaccreditation Review Courses in all the major subspecialties, specifically aimed to facilitate MOC study. We have also published,

with Thieme, our *Otolaryngology Lifelong Learning Manual*, which is designed to facilitate preparation for the MOC Part III exam.

In addition, we offer our Patient Management Perspective (PMP) series, in a case-based format consistent with a Part II MOC Self-Assessment Module. We are working to get these recognized by the various Boards as appropriate for their MOC diplomates. We currently have an agreement with the American Board of Otolaryngology (ABOto) to grant MOC credit for our Clinical Fundamentals under Part III MOC, either live at the Annual Meeting or online via AcademyU. We are also working closely with the ABOto to have additional Foundation education resources available for MOC recertification.

AAO-HNS/F: How have the Education Committees worked this year to develop new education content?

Dr. Smith: The Education Committees, which now number nine, have been hard at work developing new education activities. We have changed the content

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245 Annual Meeting Webcasts added to AcademyU

4,041 individuals who claimed CME credit

5 new Faculty Development modules

20 new ENT for the PA-C webcasts

5,145 Home Study Course (HSC) completions

304 record number of attendees at the 2016 ENT for the PA-C Conference

85 percent of residency programs subscribed to HSC

15 specialty societies represented on the Otolaryngology Comprehensive Curriculum Work Group

20 members of the newly formed Simulation Education Committee

13 NEW Annual Meeting Expert Series (AmX) published in AcademyU

56 Education teams developing new online resources

140 free online lectures in AcademyU

237 Education Committee members developing education content

43,550
education activities
viewed in
AcademyU



development process a bit, and this has put more responsibilities in the hands of the committees, as far as the type of products to be developed. We are focusing on case-based products, which meet the needs of our adult learners and keep them engaged. We are producing new PMPs, COOL courses, and Courses online, which are formatted similarly to the old SiPACs that many Members will remember.

As in the past few years, we have used our gap analysis, a comprehensive assessment process, to identify areas of education need (gaps). In doing so, we are better able to tailor our new products to current and future learning opportunities. We are increasing the number and scope of Practice Management education offerings as well this year. This should be particularly useful to new Members and those wanting to keep up with the changes in our practice environment. We are also very excited about our Faculty Development Series available on AcademyU, which will provide education and guidance on how to develop quality education materials that engage the audience. These are just a few highlights of the excellent work being done by the Education Committees.

AAO-HNS/F: Home Study Course (HSC) is the oldest and most popular education product developed by the Foundation. How has the new AcademyU been able to enhance the learning experience and expand the reach of subscribers?

Dr. Smith: It is always a double-edged sword changing a product that has meant so much to so many Members. We have responded to many comments regarding the HSC over the years, increasing its applicability to practice and changing the question design, to name a few. This year the HSC will be delivered online, which will allow more functionality in the future, including html links to references and other enhancements. We realize there are still some who prefer the print version, and that will be available, for an additional fee, for the near future. Another new feature this year is the ability to purchase single sections of the HSC, rather than subscribe to the entire four sections each year. We have also implemented an exciting new offer for residents and program directors, HSC+, which allows users to access AcademyU content for a nominal fee above the HSC annual subscription fee.

I feel this is an excellent resident benefit and will allow resident programs to take full advantage of what Foundation Education has to offer.

AAO-HNS/F: What's new with resident education?

Dr. Smith: Some of the new items pertinent to resident education are listed above. Chief among them, the institution of HSC+, a new pricing plan to allow residents access to the AcademyU catalog. Regarding AcademyQ, our questions writers have been diligently working, and we will have 400 new questions available this fall. Other new features include an update to COCLIA, which should be coming out within the next few months with updated questions, references, and embedded images to enhance learning. Finally, the Comprehensive Curriculum will serve as an outline for all stages of one's career but may be particularly pertinent to those in training.

All in all, there are many exciting changes and new products available from Foundation Education. We look forward to continued innovation and hope to be the main source of high quality education content for our Members well into the future. ■

Member Education Needs Assessment needs your input

Beginning this fall, the Foundation education program will begin its next Member Education Needs Assessment. It has been three years since the previous one and lots has been done in that time to address your recommendations and suggestions. The launch of the new AcademyU® learning platform has given Members access to hundreds of education activities designed to meet their learning needs and styles.

The next Needs Assessment will build on that success and search for ways to continue to offer innovative education for our Members and the entire otolaryngology profession. We hope to identify your ongoing practice gaps and education needs so that we can develop education and

knowledge resources you need to help further your career, improve your practice, and provide better patient care.

We will be seeking information through a variety of sources:

- Participant-activity evaluations: honestly completing these evaluations is more important than ever, as your feedback will let us know about your specific education needs.
- AcademyU polls and surveys: data from these tools will provide insight into what you value most about the Foundation's education efforts.
- Quality Improvement data from the new Regent Data Registry: this will give us real data about how you practice so we can

design education activities based on the special needs of otolaryngologist-head and neck surgeons.

- Education activity usage data: this will be used to get a clear sense of what education products you find most beneficial to your practice so we can provide such activities in the future.
- Expert identification of key topics through the Education Committees: used to determine what they should focus on when developing new content.

As a dedicated Academy Member, you will be given opportunities throughout the coming year to lend your voice to the Education Needs Assessment. Please don't hesitate to tell us what you think! ■

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Value 4U, the Academy's commitment to its Members, promises to provide you with the tools and resources you need to be successful, especially in today's ever-evolving healthcare environment.

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With the launch of the new AcademyU in 2015, a new value-based pricing strategy was launched to improve the financial sustainability of the AAO-HNSF education program; provide higher quality education products through technology and innovation; and, most importantly, demonstrate to Members the economic and learning value of Foundation education products.

Market research tells us that consumers of medical education measure value based on a number of factors, including the reputation of and access to the content experts; peer-to-peer interaction; applicability to their practice; and availability of continuing education credit.

Education provided by the Foundation is developed by content experts across all eight specialties through the work of the Education Committees and under the leadership of the Education Steering Committee. These content experts are friends and colleagues sharing their knowledge and expertise with their fellow otolaryngologists.

Each Annual Meeting & OTO EXPOSM offers many opportunities for networking with your peers in both formal and informal education settings. And, the ENTConnect Open Forum is a great way to converse with your fellow Members on a wide range of topics that are of critical importance to the specialty.

New this year, all the education activities offered by the Foundation—from the Annual Meeting to Online Education—are based on Member-identified education and learning needs. We address the most current and cutting edge topics because you need to provide the best patient care now and in the future.

As you know, the Foundation is accredited with commendation through the Accreditation Council for Continuing Medical Education (CME). The majority of our education portfolio offers CME credit in order for you to ad-

dress both American Board of Otolaryngology certification and state licensing requirements.

In a recent Membership Education Survey, Members told us that the Foundation education program:

- Fulfills a continuing education requirement
- Keeps them up to date
- Teaches new skills
- Is easy to access or use
- Is from a trusted or reliable source

More than 80 percent of Members felt that the education program:

- Increases knowledge of current research advances
- Improves competence in performing diagnostics and treatment
- Enhances practice skills for high quality healthcare

In 2014, Members spoke and the Academy listened when you told us that your ideal learning resource would be accessible, self-paced, interactive, easily digested, and customized. The new AcademyU offers many features that meet these characteristics.

Accessible: AcademyU has responsive design making it accessible on all devices.

Self-paced: AcademyU Learning Platform is available 24/7; activities can be started and stopped as you wish.

Interactive: COOL courses and Patient Management Perspectives Self-Assessments provide case-based scenarios to test your skills.

Easily Digested: AcademyU has a robust search function for easily finding the education topic you are looking for.

Customized: Activities in AcademyU include practice gap-based education across eight specialties.

The economic value of AcademyU can be found in the following:

- A 30 percent Member discount on all AcademyU activities; Member residents receive an additional 30 percent discount.
- HSC+ allows residents to receive open access to AcademyU for a reasonable annual fee.
- Individual Home Study Course sections available for purchase.
- COOL courses free to medical students completing otolaryngology rotations.

■ SPAO members receive discounts on the ENT for the PA-C webcasts.

■ Clinical Fundamentals reduced pricing to make more affordable to residents and MOC participants.

■ Patient Management Perspectives available for individual purchase.

■ Members receive six free 2016 Annual Meeting webcasts.

■ AcademyQ CME offers CME credit for specialty-specific bundles.

With more than 500 activities and 700 CME credits available—all discounted for Academy Members—isn't it time you took a look at AcademyU? ■

AcademyU[®]: your home for Annual Meeting webcasts

As you read this issue of the *Bulletin*, we are busily preparing AcademyU[®] to host all of the Annual Meeting webcasts.

If you take a look at AcademyU right now, you will find more than 200 webcasts from the 2014 and 2015 Annual Meetings already available for viewing.

During the 2016 Annual Meeting & OTO EXPOSM, we will be working diligently to record more than 300 Annual Meeting sessions and publish the webcasts on AcademyU within 24 hours of their presentation.

Purchasing the webcasts is now easier than ever as well. Purchase the full package of Annual Meeting webcasts before or during the meeting at a discounted price and access all webcasts in AcademyU, where you will find more than 200 other online education opportunities that will help you meet your professional development needs.

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62nd Annual Meeting

Sept. 16-17, 2016

Manchester Grand Hyatt Hotel, San Diego, CA

MEETING HIGHLIGHTS

Guest Countries: European Countries

12th Annual Distinguished David W. Kennedy Lecturer:
Ricardo Carrau, MD
"Endoscopic skull base surgery: State of the art & future directions"

Guest Speaker:
Patricia Hudgins, MD
Chief of Head and Neck Radiology at Emory University, "Radiologic imaging of CSF leaks" and "Pitfalls in radiologic workup of the sinuses and skull base"

ARS/AAOA Joint Panel:
"Pediatric chronic rhinosinusitis: Does it really exist?"

Saturday, 9/17/16 Residents & Fellows in Training Luncheon
12:15pm - 1:00pm
(Supported by Entellus Medical) "Five mistakes I made so you don't have to: How to succeed as a young rhinologist"

Moderator:
Jamie Litvack, MD

Women in Rhinology
11:45am - 1:00pm
Live Broadcasting for Intr'l Countries
(Supported by Intersect ENT)

Mentorship Program Luncheon
12:00 - 1:00 pm
"Medicare physician payment reform: What an otolaryngologist should know"

Moderator:
Ameet Singh, MD
Associate Professor of Surgery & Neurosurgery; Director, Rhinology & Skull-Base Surgery; George Washington University Medical Center

Speaker:
Howard Pitluk, MD
Vice-President Medical Affairs & Chief Medical Officer; Health Services Advisory Group

Panelists:
Robert Lorenz MD
Medical Director Payment Reform, Risk & Contracting;
Dr Michael Setzen, MD,
Past-President, American Rhinologic Society; Clinical Associate Professor, NYU School of Medicine; Chief Rhinology Section, North Shore Hospital

Poster Presentations & International Countries Welcome Reception
5:30pm - 7:00pm
(Supported by Medtronic)

Educational & Controversial Panels:

- The socioeconomic Impact of CRS and FESS
- Skull base issues: When to resect skull base and orbit
- Are you doing appropriate ESS? Who should have sinus surgery?
- Timing of sinus surgery: How quickly should we intervene?
- Sinus disease and the immunocompromised patient
- The minimal disease patient: Do I operate and when?
- The recurrent nasal polyp patient: What now?
- Sinus surgery mulligan: A case I would now do differently

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ANCILLARY NON-CME & Social Events

ARS Resident Course and Cadaver Lab with Satellite Symposia Inaugural Residents Course

Thursday, 9/15/16
1:00pm - 5:00pm
(Sponsored by Acclarent/Olympus) **Didactic Session:**
To give a detailed overview of rhinologic topics directed at a resident audience. Topics will cover medical, surgical and practice related issues.

5:30pm - 7:00pm
(Sponsored by Intersect ENT) **Reception:** To give the residents an opportunity to network with current leaders of the ARS and Fellowship directors who they will want to work with in the future.

Friday, 9/16/16
8:00am - 12:00pm
(Sponsored by Acclarent/Olympus) **Dissection Lab:**
The purpose of the cadaver dissection portion of the ARS Resident Course is to give residents an opportunity to see experts in the field prospecting specific rhinologic procedures and then getting the chance to practice those same techniques themselves via cadaver dissection.

Accreditation Statement: The American Rhinologic Society (ARS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. **Credit Designation Statement:** ARS designates this live activity for a maximum of 11.75 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Questions: Contact Wendi Perez, Executive Administrator, ARS, PO Box 495, Warwick, NY 10990
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www.american-rhinologic.org

New rules for a new era

U.S. Food and Drug Administration
imposes new tobacco product regulations

By **Aykut A. Unsal, DO, MS**

Electronic cigarettes (or e-cigarettes) have become a popular alternative to traditional cigarettes; in fact, their use has risen exponentially with minors. Due to unknown health risks, healthcare providers have expressed concerns about their widespread acceptance. Until now, there have been no federal requirements for makers of e-cigarettes to provide any information about the contents of their products, nor prohibit any sale to a minor.

In May 2016, the U.S. Food and Drug Administration imposed new regulations to oversee the multibillion-dollar industry.

These actions will now place e-cigarettes, along with hookah/pipe tobacco and cigars, into the same regulatory category as traditional cigarettes.

The new federal laws, which went into effect August 8, no longer allow the sale of e-cigarettes, cigars, and hookah/pipe tobacco to anyone under the age of 18 (both in person and online).¹ These products are also restricted from being distributed as free samples and being sold in vending machines not operated within adult-only facilities. Further regulatory measures mandate that manufacturers:

■ report potentially harmful substances

■ obtain premarket FDA authorization for all tobacco products, unless the product was already on the market as of February 15, 2007

■ place health warning labels on product packages and advertisements

■ no longer advertise modified risks (i.e., “light,” “mild,” or “low”)

The compliance period for submission and FDA receipt of applications for newly deemed tobacco products under the three premarket pathways is as follows:

■ Substantial Equivalence (SE) Exemption Requests—12 months from the effective date of this final rule





- SE Reports—18 months from the effective date of this final rule

- Premarket Tobacco Product Applications (PMTAs)—24 months from the effective date of this final rule

The FDA adopted the staggered timelines in this policy to account for the possibility that applicants may need additional time to gather information for certain premarket submissions that potentially require additional data.

Booming new market

E-cigarette use has been rapidly growing, especially in the past three to five years. This

has been in contrast to traditional tobacco use, which has been steadily declining year after year. However, what is most concerning about these trends is that e-cigarette adoption among minors under the age of 18 is the fastest growing demographic.² This is particularly troubling as the health risks associated with e-cigarettes have not been determined. Worse, studies in never-smoking teenagers have shown that “vaping” may be a gateway to traditional cigarette use.^{3,4} It is no surprise then that FDA regulation to restrict the sale to minors has been applauded by physicians and health organizations.

Now a multibillion-dollar industry, the

vaping business spent more money on advertising last year than ever before. At over \$120 million, that is a sharp increase from the \$6.4 million spent in 2011. Unfortunately, these aggressive marketing efforts have mirrored the growing trend of e-cigarette use among adolescents.⁵ Unlike traditional tobacco products, e-cigarette manufacturers have the luxury of advertising their products in retail stores, throughout the internet, on television, and in movies. Some packaging with labels of candy flavors synonymously with cartoon characters appear overtly suspicious in targeting minors. In continuing with this, the new laws provide no restrictions on these marketing practices.

Anatomy of the e-cigarette

E-cigarettes, or “vapes,” are most fundamentally composed of a mouthpiece, rechargeable battery, a microchip that turns the device “on and off,” a container or cartridge that contains the nicotine liquid (aka “juice,” or “e-liquid”), and an atomizer, which functions as the vaporizer. Many of these devices sometimes mimic the look of traditional cigarettes, while others are larger and bulkier. Consumers can refill their containers with e-liquid that is sold separately in a variety of flavors at different nicotine concentrations, depending on the individual’s previous smoking habits. These liquids are also sold without any nicotine, for consumers who have kicked their addiction but still enjoy “vaping.”

Unlike traditionally smoked tobacco, the liquid inside e-cigarettes is not burned or ignited. The major byproducts present in the vapor include nicotine, propylene glycol, and glycerin—although the exact concentrations of these components vary between manufacturers. Trace metal particles can also be found within the vapor; however, they are far below the levels permitted in inhalation medicines.⁶ Formaldehyde was additionally discovered as a byproduct in low concentrations, but can exceed levels found in traditional cigarettes when high-voltage e-cigarettes were used.⁷

Future of e-cigarettes

One day, e-cigarettes may very well prove to



be a useful tool to help smokers finally kick their habits or even be utilized to lower their risk of tobacco-related death and disease, if smokers are unable to quit. Nevertheless, there is no doubt that these devices are harmful to our health—it is to what degree that remains largely uncertain. Until more reliable conclusions can be made regarding their health risks, caution is to be advised for

physicians and patients seeking use of these products to treat smoking addiction. ■

References

1. 81 FR 28973: Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act - May 10, 2016. <https://www.govinfo.gov/features/final-rule-tobacco-products>.
2. Singh T, et al. Tobacco use among middle and high school students: United States, 2011–2015. *Morb Mortal Wkly Rep*. 2016;65:361-367.
3. Ebbert JO, Agunwamba AA, Rutten LJ. Counseling patients on the use of electronic cigarettes. *Mayo Clin Proc*. 2015; 90:128-134.
4. Schraufnagel DE. Electronic cigarettes: vulnerability of youth. *Pediatr Allergy Immunol Pulmonol*. 2015;28:2-6.
5. Kim AE, Arnold KY, Makarenko O. E-cigarette advertising expenditures in the U.S., 2011-2012. *Am J Prev Med*. 2014; 46:409-412.
6. Hajek P, Etter JF, Benowitz N, Eissenberg T, McRobbie H. Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit. *Addiction*. 2014; 109(11):1801-1810.
7. Kosmider L, Sobczak A, Fik M, et al. Carbonyl compounds in electronic cigarette vapors: effects of nicotine solvent and battery output voltage. *Nicotine Tob Res*. 2014;16:1319-1326.

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E-cigarette use has been rapidly growing, especially in the past three to five years. This has been in contrast to traditional tobacco use, which has been steadily declining year after year. However, what is most concerning about these trends is that e-cigarette adoption among minors under the age of 18 is the fastest growing demographic.

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*Rhodus, N.L.: The Effectiveness of Artificial Salivas in Relieving Xerostomia as Assessed by Mucoprotective Relativity., J Dent Res 70:407, 1991. Abstract 1133.

Dangers of e-cigarettes

By **Ofer Jacobowitz, MD, PhD**

As electronic cigarettes, also known as e-cigarettes, have become popular in recent years, accidental injuries from these devices have increased in frequency as well. These incidents include explosions, burns, and poisonings.

Explosion and burn injuries

These injuries are due to the lithium batteries, which power the heating element of the device to vaporize the nicotine chemical solution. According to the U.S. Fire Administration's Report on Electronic Cigarette Fires and Explosions¹ the risk and dangers of lithium battery malfunctions in e-cigarettes are greater than those of lithium batteries used in cell phones. This is due to e-cigarettes' cylindrical case and improper charging via the USB port.

E-cigarette batteries contain a flammable electrolyte solution that is heated to a boil when the battery fails. Pressure builds within the battery until the seal breaks at the weakest point, which is the end of the cylinder. The expanding heated gas in the device can then propel the e-cigarette case and/or battery like a bullet from a gun, causing serious injury. Cell phone batteries, in contrast, are flat and enclosed in a rigid plastic case, thus reducing the risk of projectile injury and usually limiting the incident to a fire.

E-cigarette battery failure most commonly occurs from charging the battery using a non-manufacturer supplied power adapter, or a poorly made adapter, which can expose the

device to a dangerously high current. E-cigarette users have also been known to carry a spare battery in a pants pocket that has made the battery more susceptible to malfunction when in contact with other objects in the pocket, such as coins.

As a result of the chemical fires and projectile tissue blasts, an increasing rate of injuries has been seen in trauma centers. In an NBC news report² on March 6, 2016, Anne Wagner, MD, of the University of Colorado Hospital Burn Center, noted six cases of third-degree burn injuries in a two-month period. Reported injuries include:

- third-degree burns to the face and extremities
- tendon injury
- facial bone and vertebral fractures
- palatal fistula
- loss of vision

To reduce injuries users should:

- store spare batteries in a case
- avoid excess heat exposure
- use only designated power adapter for charging
- stay clear of home-made nicotine delivery products

Poisoning injuries in children

Poisoning injuries of children from ingestion of the "e-juice," or liquid nicotine solution has also increased in frequency with the greater adoption of the e-cigarette alternative to traditional smoking. E-cigarettes and their refill containers can deliver a high concentration and quantity of readily absorbable nicotine drug. Based on information from the National Poison Data System, accidental nicotine poisoning of children by e-cigarettes increased by 1500 percent from 2012 to 2015.

Ingestion of e-cigarettes products by children has led to 5.2 times higher admission rate and 2.6 times the rate of severe reactions as compared with regular cigarettes.³ Poisonings were most common in toddlers.

Although the most common reaction has been vomiting, rare severe reactions also include:

- coma
- seizures
- respiratory and cardiac arrest
- one reported death

E-cigarettes are marketed in colorful packaging, in a plethora of flavors and may appear like candy to children, especially to toddlers. Packages may have pictures of candy or fruit and may come in flavors such as bubblegum and various carbonated beverages or coffee. Liquid nicotine refill containers have been of particular concern as they lack child-proof closure mechanisms.

As a result, the American Academy of Pediatrics along with the AAO-HNS and other organizations responded to an FDA advanced notice of proposed rulemaking in June 2015, requesting extensive child-proofing for liquid nicotine, warning labels, restrictions of quantity and concentration of nicotine in containers, and strict regulation of marketing images and flavors. The Child Nicotine Poisoning Prevention Act of 2015, which requires child-resistant containers for all liquid nicotine products, became public law in January 2016.⁴ Draft pre-market guidance for nicotine delivery devices⁵ was posted in May 2016 by the FDA for review and may lead to needed further regulation of e-cigarettes. ■

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E-cigarettes are marketed in colorful packaging, in a plethora of flavors and may appear like candy to children, especially to toddlers.

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References

1. https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf
2. <http://www.nbcnews.com/business/consumer/what-s-causing-some-e-cigarette-batteries-explode-n533516>
3. Kamboj A, Spiller HA, Casavant MJ, Chounthirath T, Smith GA. Pediatric Exposure to E-Cigarettes, Nicotine, and Tobacco Products in the United States. *Pediatrics*. 2016 Jun;137(6).
4. <https://www.congress.gov/bills/114th/congress/senate-bill/142>. Accessed February 15, 2016
5. <http://www.fda.gov/downloads/TobaccoProducts/Labeling/RulesRegulationsGuidance/UCM499352.pdf>

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WHAT IS A THYROID DISORDER

Your thyroid gland is one of the endocrine glands that makes hormones to regulate physiological functions in your body, like metabolism (heart rate, sweating, energy consumed). Other endocrine glands include the pituitary, adrenal, and parathyroid glands and specialized cells within the pancreas.

The thyroid gland is located in the middle of the lower neck, below the larynx (voice box) and wraps around the front half of the trachea (windpipe). It is shaped like a bow tie, just above the collarbones, having two halves (lobes) joined by a small tissue bar (isthmus.). You can't always feel a normal thyroid gland.



Diseases of the thyroid gland are very common, affecting millions of Americans. The most common thyroid problems are:

- An overactive gland, called hyperthyroidism (e.g., Graves' disease, toxic adenoma or toxic nodular goiter)
- An underactive gland, called hypothyroidism (e.g., Hashimoto's thyroiditis)
- Thyroid enlargement due to overactivity (as in Graves' disease) or from under-activity (as in hypothyroidism). An enlarged thyroid gland is often called a goiter.

Patients with a family history of thyroid cancer or who had radiation therapy to the head or neck as children for acne, adenoids, or other reasons are more prone to develop thyroid malignancy.

If you develop significant swelling in your neck or difficulty breathing or swallowing, you should call your surgeon or be seen in the emergency room.

WHAT TREATMENT MAY BE RECOMMENDED?

Depending on the nature of your condition, treatment may include the following:

Hypothyroidism treatment

- Thyroid hormone replacement pills

Hyperthyroidism treatment

- Medication to block the effects of excessive production of thyroid hormone
- Radioactive iodine to destroy the thyroid gland
- Surgical removal of the thyroid gland

Goiters (lumps)

If you experience a goiter, your doctor will propose a treatment plan based on the examination and your test results. Your doctor may recommend:

- An imaging study to determine the size, location, and characteristics of any nodules within the gland. Types of imaging studies include CT or CAT scans, ultrasound, or MRIs.
- A fine-needle aspiration biopsy, a safe, relatively painless procedure. With this procedure, a hypodermic needle is passed into the lump, and tissue fluid samples containing cells are taken. Several passes with the needle may be required. Sometimes ultrasound is used to guide the needle into the nodule. There is little pain afterward and very few complications from the procedure. This test gives the doctor more information on the nature of the lump in your thyroid gland and may help to differentiate a benign from a malignant or cancerous thyroid mass.
- Thyroid surgery may be required when:
 - the fine needle aspiration is reported as

indeterminate, suspicious, or suggestive of cancer

- imaging shows that nodules have worrisome characteristics or that nodules are getting bigger
- the trachea (windpipe) or esophagus are compressed because one or both lobes are very large

Historically, some thyroid nodules, including some that are malignant, have shown a reduction in size with the administration of thyroid hormone. However, this treatment, known as medical suppression therapy, has proved to be an unreliable treatment method.

WHAT IS THYROID SURGERY?

Thyroid surgery is an operation to remove part or all of the thyroid gland. It is performed in the hospital, and general anesthesia is usually required. Typically, the operation removes the lobe of the thyroid gland containing the lump and possibly the isthmus. A frozen section (immediate microscopic reading) may be used to determine if the rest of the thyroid gland should be removed during the same surgery.

Sometimes, based on the result of the frozen section, the surgeon may decide not to remove any additional thyroid tissue, or proceed to remove the entire thyroid gland, and/or other tissue in the neck. This decision is usually made in the operating room by the surgeon, based on findings at the time of surgery. Your surgeon will discuss these options with you preoperatively.

As an alternative, your surgeon may choose to remove only one lobe and await the final pathology report before deciding if the remaining lobe needs to be removed. There also may be times when the definite microscopic answer cannot be determined until several days after surgery. If a malignancy is identified in this way, your surgeon may recommend that the remaining lobe of the thyroid be removed at a second procedure. If you have specific questions about thyroid surgery, ask your otolaryngologist to answer them in detail.

WHAT HAPPENS AFTER THYROID SURGERY?

During the first 24 hours

- After surgery, you may have a drain (tiny piece of plastic tubing), which prevents fluid and blood from building up in the wound. This is removed after the fluid accumulation has stabilized, usually within 24 hours after surgery. Most patients are discharged later the same day or the next day. Complications are rare but may include
- Bleeding

- Bleeding under the skin that rarely can cause shortness of breath requiring immediate medical evaluation
- A hoarse voice
- Difficulty swallowing
- Numbness of the skin on the neck
- Vocal cord paralysis
- Low blood calcium

At home

Following the procedure, if it is determined that you need to take any medication, your surgeon will discuss this with you prior to your discharge.

Medications may include:

- Thyroid hormone replacement
- Calcium and/or vitamin D replacement

Some symptoms may not become evident for two or three days after surgery. If you experience any of the following, call your surgeon or seek medical attention:

- Numbness and tingling around the lips and hands
- Increasing pain
- Fever
- Swelling
- Wound discharge
- Shortness of breath

If a malignancy is identified, thyroid replacement medication may be withheld for several weeks. This allows a radioactive scan to better detect any remaining microscopic thyroid tissue, or spread of malignant cells to lymph nodes or other sites in the body.

HOW IS A DIAGNOSIS MADE?

The diagnosis of a thyroid function abnormality or a thyroid mass is made by taking a medical history and a physical examination. In addition, blood tests and imaging studies or fine-needle aspiration may be required. As part of the exam, your doctor will examine your neck and ask you to lift up your chin to make your thyroid gland more prominent. You may be asked to swallow during the examination, which helps to feel the thyroid and any mass in it. Tests your doctor may order include:

- Evaluation of the larynx/vocal cords with a mirror or a fiberoptic telescope
- An ultrasound examination of your neck and thyroid
- Blood tests of thyroid function
- A radioactive thyroid scan
- A fine-needle aspiration biopsy
- A chest X-ray
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Debbie Byron, Practice Administrator

Phone: Cellular: 407-342-2033

E-Mail: dbyron@entorlando.com



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

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To discuss further details please call (240) 620-3083 or send email to drashah2011@gmail.com.

TSPMG (The Southeast Permanente Medical Group) currently seeks an additional otolaryngologist for our growing medical group in greater Atlanta, Georgia. We are seeking a general otolaryngologist to join our department of 8 otolaryngologists. Our collaborative providers are focused on exceptional quality and service, while maintaining an emphasis on work-life balance.

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THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Department of Head and Neck Surgery Associate Professor or Professor, Term Tenure Track

The Department of Head and Neck Surgery has an opening for an Associate Professor or Professor, Term Tenure Track. The individual appointed to this position will participate in the leadership of the endocrine neoplasia program at MD Anderson Cancer Center covering all aspects of clinical care, and participate in ongoing clinical and translational

research efforts. Opportunities abound in this position to participate in the development and leadership of clinical trials and to collaborate with basic and translational investigators leading studies of novel therapeutic targets and assessment of treatment response. The head and neck surgical endocrine program receives patients from the region, across the United States and internationally. The spectrum of disease ranges from early-stage untreated to very advanced recurrent disease requiring multi-team surgical collaboration for extirpation and reconstruction.

The selected candidate will be responsible for providing clinical expertise in patient care, engaging in clinical research and teaching fellows, residents, and medical students in the clinic and operating room. Key duties include providing surgical care for patients with tumors of the head and neck, participating as a member of the multi-disciplinary team; teaching integrated programs in the surgical sciences; conducting clinical trials or other research; and presenting at regional/national/international conferences

Qualified candidates will have an M.D. degree; will have completed an otolaryngology-head and neck surgery or general surgery residency and have completed advanced training in head and neck surgical oncology. Candidates must be board eligible or board certified.

Interested applicants should send a copy of their curriculum vitae to: Randal S. Weber, M.D., Department of Head and Neck Surgery, Unit 1445, The University of Texas MD Anderson Cancer Center, 1400 Pressler Street, Houston, Texas 77030; Phone: 713-745-0497; Email: mbjohnson@mdanderson.org

MD Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, national origin, sex, sexual orientation, gender identity/expression, disability, veteran status, genetic information, or any other basis protected by federal, state, or local laws, unless such distinction is required by law. All positions at The University of Texas MD Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. Smoke-free and drug-free environment.

Randal S. Weber, M.D.
Department of
Head and Neck Surgery
Unit 1445
The University of Texas
MD Anderson Cancer Center
1400 Pressler Street
Houston, Texas 77030
Phone:
713-745-0497
Email:
mbjohnson@mdanderson.org



Penn Medicine

Pediatric Otologist/Neurotologist

The Children's Hospital of Philadelphia and the Department of Otorhinolaryngology: Head and Neck Surgery at the Perelman School of Medicine at the University of Pennsylvania seek candidates for an Associate or Full Professor position in the non-tenure clinician-educator track. The successful applicant will be accomplished in the area of Pediatric Otolaryngology/Neurotology focusing on vestibular disorders in children.

Expertise in the specific area of Pediatric Otolaryngology and Otolaryngology/Neurotology is required. Applicants must have an M.D or M.D./Ph.D. degree and have demonstrated excellent qualifications in education, research, and clinical care. Candidates must be fellowship trained in Pediatric Otolaryngology and Otolaryngology/Neurotology or Otolaryngology/Neurotology fellowship trained with an extensive Pediatric Otolaryngology experience. All candidates must be board certified in Otolaryngology.

We seek candidates who embrace and reflect diversity in the broadest sense.

The University of Pennsylvania and The Children's Hospital of Philadelphia are EOE's. Minorities/Women/Individuals with disabilities/Protected Veterans are encouraged to apply.

Apply for this position online at: https://www.med.upenn.edu/apps/faculty_ad/index.php/g329/d4367



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UNMC Otolaryngology Faculty Opportunities

The Department of Otolaryngology – Head and Neck Surgery at the University of Nebraska Medical Center in Omaha, Nebraska is rapidly growing and actively seeking BC/BE physicians with fellowship training in the following subspecialties:

- Head & Neck Surgical Oncology
- Laryngology
- Sleep Medicine
- Pediatric Otolaryngology - in affiliation with Children's Hospital & Medical Center

These positions include opportunities for premier educational program teaching, innovative research and extraordinary patient care in a world renowned academic environment.

Faculty members enjoy the benefit of new clinical facilities with a robust general Otolaryngology practice in partnership with subspecialists in neurotology, laryngology, head and neck surgical oncology, facial plastic and reconstructive surgery, rhinology and base of skull surgery, pediatric otolaryngology and allergy. We offer a highly competitive benefits package and rank and salary commensurate with qualifications.

Candidates interested in working within a dynamic and stimulating setting are encouraged to send a current CV to:

Dr. Dwight Jones, Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Email: ent@unmc.edu • Phone: 402.559.7978

Individuals from diverse backgrounds are encouraged to apply.



HENRY FORD MEDICAL GROUP

Henry Ford Health System, one of the nation's largest group practices, is actively recruiting Board certified/Board eligible academic Otolaryngologists in the following areas:

- Head and Neck Surgical Oncology
- Laryngology
- Sleep Medicine
- Rhinology
- Neurotology/Otology
- General Otolaryngology

The Department has fellowship trained specialists in the areas of laryngology, neurotology, head and neck cancer, head and neck endocrine, rhinology, pediatric otolaryngology, facial plastic and reconstructive surgery and sleep medicine. The department supports a very competitive otolaryngology residency program with an outstanding national reputation for clinical educational and research programs.

We offer a competitive salary with an incentive opportunity and a full benefit package including health, dental, moving costs, licensure reimbursement, four retirement savings plans, paid vacation and CME time and allowance. Clinical faculty academic appointments are available through Wayne State University School of Medicine.

Contact: Current Curriculum Vitae (CV) should be sent to:

Kathleen Yaremchuk, MD, MSA, Chair,
Department of Otolaryngology
Head and Neck Surgery
c/o
Jennifer Feddersen
jfedder1@hfhs.org or fax (313) 874-7989



The Ohio State University

Department of Otolaryngology – Head and Neck Surgery

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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



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Surgeon • Otolaryngology • Plattsburgh, NY

The Department of Surgery at the University of Vermont College of Medicine is seeking a Clinical Practice Physician in the Division of Otolaryngology to join the Champlain Valley Physicians Hospital (CVPH) in Plattsburgh, New York. CVPH is a progressive medical center with nine state-of-the-art ORs and an Ambulatory Surgery Center. The position entails providing Otolaryngology services to the patient population served by CVPH, a community medical center which is a regional referral hospital partnered with the University of Vermont Medical Center. This position offers the unique opportunity to work in a community setting while having an active affiliation with Vermont's only Academic Medical Center; the only ACS verified Level 1 trauma center in the state providing tertiary care to patients from Vermont and Northern NY.

Applicants must be board certified or board eligible and eligible for medical licensure in the state of New York. This is a full-time, 12 month, salaried position.

Plattsburgh is located on the shores of Lake Champlain, near the Adirondack Mountains, Olympic-Lake Placid region, Montreal and Burlington, VT.

The University is especially interested in candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service. Applicants are requested to include in their cover letter information about how they will further this goal. The University of Vermont is an Affirmative Action/Equal Opportunity Employer. Applications from women, veterans, individuals with disabilities, and people of diverse racial, ethnic and cultural backgrounds are encouraged. Applications will be accepted until the position is filled.

Interested individuals should submit their curriculum vitae with a cover letter and contact information for four references electronically to Division Chief, William Brundage, MD c/o Emily Nuse at Emily.Nuse@uvmhealth.org or apply online at <https://www.uvmjobs.com>.



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Our ENT practice is seeking a BC/BE Otolaryngologist to join our current four-physician practice. This practice enjoys a full spectrum of ENT services including head and neck surgery, otology, allergy testing and treatment, CT scanner on site, EHR (Electronic Health Records), audiology and hearing aid dispensing.

Our benefit package includes excellent starting salary with partnership anticipated after two years, 401(k), professional liability insurance, and health insurance.

Interested individuals should send Curriculum Vitae to:

**Fayetteville Otolaryngology
Head & Neck Surgery, P.A.
1839 Quiet Cove
Fayetteville, N.C. 28304**

Phone (910) 323-1463 Fax (910) 222-6551

Website: fayent.com

Email: gparksfayent@ncrrbiz.com

Contact: Steven Pantelakos, M.D. or Gwendolyn Parks, Practice Administrator.

Department of Otolaryngology-Head and Neck Surgery

Pediatric Otolaryngologist Position

University of California San Francisco



University of California
San Francisco

The University of California, San Francisco Division of Pediatric Otolaryngology-Head and Neck Surgery is seeking a new physician team member to support our growth at UCSF Benioff Children's Hospital, in Oakland California. This new site has resulted in significant expansion of the academic practice for UCSF. Our affiliation with UCSF Benioff Children's Hospital, Oakland will result in greater coverage of Northern California.

We are recruiting a fellowship trained pediatric otolaryngologist at either the Assistant, Associate, or Professor level in the HS Clinical, Clinical X, or In Residence series. Professor level candidates are encouraged to apply as significant leadership opportunities exist in our expanded practice paradigm. UCSF has a tertiary presence in the community but outreach clinics in the Bay Area afford primary specialty referrals as well. Clinical research and dedication to education are prerequisites. Candidates with basic science investigation as part of their career interest are also encouraged to apply.

Basic Qualifications:

MD or MD/PhD or equivalent degree

Completion of accredited residency in Otolaryngology-Head & Neck Surgery Completion of accredited fellowship training in Pediatric Otolaryngology Board eligible or board certified in Otolaryngology-Head & Neck Surgery Valid California medical license

The above requirements must be met by the time of employment.

If you are interested please send your cv and a cover letter indicating your interest. Please apply online at <http://apptrkr.com/834540>

UC San Francisco seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

OTOLOGIST/ NEUROLOGIST

The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking applications for an Otolaryngologist at the Ear Institute. The Institute represents one of the largest academic otologic-neurotologic practices in the country. The Mount Sinai Health System is the largest health system in New York and is composed of the Mount Sinai Hospital, New York Eye and Ear Infirmary, Beth Israel Hospital, and St. Luke's and Roosevelt Hospitals. The Ear Institute is based at New York Eye and Ear Infirmary.

Located in the heart of Manhattan, the Ear Institute is staffed by full-time and voluntary otologic surgeons and audiologists. The otologist will be working with a multidisciplinary team of physicians to expand skull base surgery, the cochlear implant program, clinical audiology, balance disorders, research and clinical trials. The candidate will work closely and collaborate with the Department of Neurosurgery as an integral part of the skull base surgery program.

The candidate should be fellowship-trained in otology/ neurotology and qualified for faculty appointment at the Assistant Professor, Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.

Please send inquiries and curriculum vitae to:

Eric M. Genden, MD
Professor and Chairman
Icahn School of Medicine at
Mount Sinai
Department of
Otolaryngology-
Head and Neck Surgery
One Gustave L. Levy Place
Box 1189
New York, NY 10029

Email: kerry.teeney@mountsinai.org
212-241-7008

PEDIATRIC OTOLARYNGOLOGIST

The Mount Sinai Health System Department of Otolaryngology – Head and Neck Surgery is seeking a full-time Pediatric Otolaryngologist at the Assistant or Associate Professor Level. This individual will serve as Chief of the Pediatric Otolaryngology Division at Mount Sinai with the goal of developing a center of excellence at the Mount Sinai Health System.

The candidate should be fellowship-trained in pediatric otolaryngology and qualified for faculty appointment at the Assistant Professor, Associate Professor or Professor level commensurate with his/her level of experience. The candidate is required to have a medical degree, board certification and able to obtain a New York State medical license.

**Head and Neck Surgery Fellowship**

The Head and Neck Fellowship is a comprehensive one-year fellowship, encompassing a full spectrum of Head and Neck Oncology, Multidisciplinary management of head and neck cancer patients, with clinical research involvement.

Clinical Focus: Head and Neck Oncologic Surgery, Microvascular Reconstructive Surgery, Skull Base Surgery, Minimally Invasive Endocrine Surgery, Transoral Laser Surgery, Transoral Da Vinci Robotic Surgery, and management of skin cancers, including melanoma, and sentinel lymph node biopsy.

Admission to the fellowship is contingent upon completion of one of the ACGME-accredited residency programs in Otolaryngology, Plastic Surgery or General Surgery and eligibility to sit for board examination in applicant's respective specialty. Applicants must be eligible for a medical license in the state of Kansas.

All interested candidates should apply via the American Head and Neck Society Match.

www.ahns.info/residentfellow



DEPARTMENT OF OTOLARYNGOLOGY -
HEAD AND NECK SURGERY

Contact:
Samantha Hall
Senior Coordinator
at 913-588-6739 or
shall7@kumc.edu
www.kuent.info

Rhinology and Skull Base Surgery Fellowship

The Department of Otolaryngology-Head & Neck Surgery at the University of Kansas Medical Center has added a new Rhinology and Skull Base Surgery Fellowship and is currently accepting applications for the 2017-2018 academic year.

Under the mentorship of Drs. Alexander Chiu and David Beahm, this one-year fellowship will facilitate exposure to a large volume of sinus and skull base procedures. The fellow will also be afforded tremendous opportunities for clinical and/or translational research within the department's research program. The fellow will learn medical management of sinonasal disease and otolaryngic allergy practice via experience in outpatient clinics.

Eligible applicants must have successfully completed an ACGME-accredited Otolaryngology residency training program, are expected to be American Board certified/eligible and must be able to obtain a Kansas and Missouri medical license.

All interested candidates should apply via the SFMatch.

www.SFMatch.org



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Heidi Baka, Physician Recruiter
baka.heidi@marshfieldclinic.org
www.marshfieldclinic.org/careers

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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, 2018 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

A position is available at the Assistant or Associate Professor level in the Department of Otolaryngology/ Head & Neck Surgery



NEUROTOLOGIST/OTOLOGIST

- Rank commensurate with experience
- Excellent resources are available in this rapidly expanding program
- Fellowship training required

To apply and receive additional information about the support associated with this opportunity, please contact:

Stil Kountakis, MD, PhD, Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
1120 Fifteenth Street, BP-4109, Augusta, Georgia 30912-4060

Or email skountakis@augusta.edu



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Penn State Health Milton S. Hershey Medical Center is seeking candidates for our Division of Otolaryngology - Head and Neck Surgery within the Department of Surgery:

Laryngologist: We are seeking a full-time BC/BE Laryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinic and hospital-based laryngology care for patients. This will include treatment of the professional voice, endoscopic surgical procedures, voice restoration, and airway reconstruction.

Pediatric Otolaryngologist: We are seeking a full-time BC/BE Pediatric Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship-trained to provide clinical and hospital-based pediatric otolaryngology care to patients.

General Otolaryngologist: We are seeking a full-time BC/BE General Otolaryngologist. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program; extra subspecialization is encouraged, but not required.

Apply online at <https://jobs.pennstatehershey.net>




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Apply online at <https://jobs.pennstatehershey.net> or submit your current curriculum vitae to David Goldenberg, M.D., F.A.C.S., Chief, Division of Otolaryngology - Head and Neck Surgery via email to jburchill@hmc.psu.edu.

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Joe DiMaggio Children's Hospital
AT MEMORIAL

Join the Leading Children's Hospital in South Florida

The Division of Pediatric Otolaryngology – Head & Neck Surgery continues to expand. We seek to add another board-eligible/board-certified pediatric otolaryngologist to join an established hospital-employed practice with a brand new, fully integrated office suite equipped with video endoscopy/stroboscopy, speech lab, audiology and conference room. The ideal candidate will be highly proficient in tertiary-level pediatric otolaryngology procedures and possess exemplary teaching, research and program development skills.

About Joe DiMaggio Children's Hospital

Joe DiMaggio Children's Hospital opened in 1992 and has grown to be the leading children's hospital in Broward and Palm Beach counties. Scheduled for a major expansion in 2018, the hospital currently has 232 beds, an 84-bed Level II and III NICU, 30-bed PICU and 12-bed intermediate care unit. Joe DiMaggio Children's Hospital combines leading-edge clinical excellence with a child- and family-friendly environment. The hospital offers a comprehensive range of healthcare services – delivered with kindness, dedication and compassion.

Interested candidates should forward a CV to:
Janille Wolf
jwolf@mhs.net

Memorial Healthcare System
memorialphysician.com

jchemp010

MD/DO ENT, BE/BC Central Oregon ENT

Bend, OR sits on the eastern slopes of the Cascade Mountains in Central Oregon's high mountain desert and enjoys 300 days of sunshine. We are surrounded by year-round outdoor activities including world class skiing, fishing, water sports, golf and rock climbing. Bend's small town family atmosphere is home to rich cultural, excellent educational and exciting entrepreneurial opportunities. Escape to the "big city" of Portland a few hours away.

Central Oregon ENT, since 1964, is a full service clinic with six physicians and two audiologists plus a full range of support services and experienced staff. Our focus includes general ENT, Sinus and Skull-based surgery, Head & Neck, Voice & Swallowing, Allergy, Audiology and Hearing Aids. We have a large existing patient population and strong referral base, and we serve all of Central and Eastern Oregon; our greater area has a population of over 200,000. Our practice emphasizes community based otolaryngology care and practices excellent, compassionate clinical care.

We are recruiting a BE/BC MD/DO ENT to become part of our practice. We offer a full benefit package and generous salary structure. We are financially stable and have a proven and successful track to full partnership.

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Please contact Dr. Scott Gold at 212-884-8275.

www.nyogmd.com

Neurotologist Assistant/Associate Professor

The Southern Illinois University School of Medicine Division of Otolaryngology Head and Neck Surgery is seeking a fellowship-trained Neurotologist to join our growing academic faculty practice at the Assistant or Associate Professor Level. Academic rank and compensation are commensurate with qualifications and experience.

Candidates must have a strong interest in medical education and residency training. The Division currently has eight academic faculty members and four community faculty affiliated with our residency program, training two residents each year. The Division of Otolaryngology has a well-established auditory research program with six full-time research faculty and over 30 years of NIH-funded research. Mentorship, dedicated research time and start-up funding will be provided for the individual interested in pursuing a career as a clinician-scientist.

Southern Illinois University School of Medicine is located in Springfield, Illinois, a historic Midwestern city of 120,000 that serves an extensive area of over 2 million people throughout central and southern Illinois. It is an excellent place to live and raise a family, offering a variety of high quality public and private schools. Springfield and the surrounding communities are rich in Lincoln history. As the State capitol, cultural activities and fine dining experiences are numerous and diverse. Conveniently located between St. Louis and Chicago, Springfield offers all the amenities of larger cities, while maintaining a small town atmosphere.

Qualified individuals should visit www.siumed.edu/jobs to apply. Position-specific questions may be directed to Carol Bauer, MD, Professor and Chairman at 217-545-3833 or cbauer@siumed.edu.

Southern Illinois University School of Medicine is an Affirmative Action/Equal Opportunity employer and provides equal employment and educational opportunities for all qualified persons without regard to race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, protected veteran status or marital status in accordance with local, state and federal law.

ENT group practice, founded in 1977 and located in the coastal area of Southeast Georgia, is seeking an Otolaryngologist that would like to join a well-established, independent practice of six physicians with a large referral base. In addition to our main office, the practice has several satellite offices and an Ambulatory Surgery Center. Our patients enjoy on-site audiology department, allergy clinic, and CT Scanning, as well as other ancillaries. We offer an excellent salary/bonus with partnership opportunity, health insurance, malpractice insurance, paid vacation, CME reimbursement and other benefits. Weekend Call rotation is every 7th weekend.

CANDIDATE MUST BE:

- Board Certified or Eligible
- MD from approved medical school
- A graduate from an accredited residency program in ENT
- Current Georgia license

For more information on our practice, please visit:

www.entsavannah.com

or contact:

Kathy R. Layne, CPM

Practice Manager

(912) 629-4535

klayne@entsavannah.com

Otolaryngologist

Southeastern Massachusetts

ENT Specialists, Inc. seeks a Board Certified / Board Eligible Otolaryngologist to join our 8 physician private practice located just south of Boston, serving the communities of Brockton, Norwood, Plainville, and Taunton. We offer comprehensive services that include audiology, vestibular testing, videostroboscopy, voice therapy, as well as allergy testing and immunotherapy. In office procedural capabilities include thyroid ultrasound, and balloon catheter sinus dilation. Our practice is integrated with the Tufts Medical Center Otolaryngology Residency Program, with a full time resident rotation allowing for opportunities to teach both in the office and in the OR. We offer competitive salary with productivity bonus structure, full benefits package including health, life and disability insurance, stipend for CME, and partnership tract. Call is 1 in 8 allowing for a great lifestyle, with close proximity to the city of Boston, as well as Cape Cod and the Islands, or even the mountains of New Hampshire and Vermont.

If you are interested in learning more about our opportunity, please contact:

Douglas O'Brien, MD

dobrien@entspecialists.com



Great Pediatric Otolaryngologist Opportunities in North Texas!

Cook Children's, (located in North Texas), has several great opportunities for Pediatric Otolaryngologists trained in all aspects of pediatric otolaryngology surgery to include airway management and cochlear implants. This is an opportunity to join a well-establish ENT department at Cook Children's. If you are interested in establishing a cochlear implant program, airway management program or general pediatric otolaryngology program, please contact us!

Minimum Qualifications: BC/BE Pediatric Otolaryngologist Fellowship trained physician to provide pediatric ENT care. Must be eligible to secure an unrestricted Texas Medical License before commencement of employment and be eligible to work in the U.S.

Attending the 2016 AAO-HNSF Annual Meeting & OTO EXPOSM? Make an appointment now to meet at the conference!

Contact:

Debbie Brimer, Physician Recruiter

Cook Children's Physician Network

682-885-7434

debbie.brimer@cookchildrens.org

www.cookchildrens.org





CLINICAL FELLOWSHIP IN LARYNGEAL SURGERY AND VOICE DISORDERS

Massachusetts General Hospital

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia.

The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIG and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available.

Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS

Eugene B. Casey Professor of Laryngeal Surgery, Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation

Massachusetts General Hospital


One Bowdoin Square, 11th Floor

Boston, MA 02114

Telephone: (617) 726-0210 Fax: (617) 726-0222


zeitels.steven@mgh.harvard.edu






Otolaryngology

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- One of the least litigious states in the country

Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several major metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

SOUTH FLORIDA ENT ASSOCIATES



South Florida ENT Associates, a fifty-five physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:

Board Certified or Eligible preferred
MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
Current Florida license
Bilingual (English/Spanish) preferred
Excellent communication and interpersonal skills
F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:

Contact name: Stacey Citrin, CEO
Phone: (305) 558-3724 • Cellular: (954) 803-9511
E-mail: scitrin@southfloridaent.com

Maine Medical

PARTNERS

Otolaryngology

Maine Medical Partners Otolaryngology is seeking Board Certified/Board Eligible Fellowship trained Pediatric Otolaryngologist interested in joining our rapidly growing tertiary Otolaryngology practice in Portland, Maine.

This is a robust outpatient and inpatient otolaryngology program with dedicated pediatric audiology, videostroboscopy, and an established aerodigestive team. Qualified candidates should have an interest in pediatric airway reconstruction, and head and neck and vascular malformations. Excellent opportunities exist for interdisciplinary collaboration, research and program development.

Maine Medical Partners Otolaryngology is a team of 5 Board certified physicians, 4 audiologists, medical assistants, an advanced practice provider and excellent administrative staff all working together to deliver high quality care in five locations throughout the state of Maine, specializing in the treatment of ear, nose and throat conditions in adults and children. Services include sinus surgery, ear surgery, head and neck surgery, treatment for skin cancers, pediatric ENT, hearing and hearing aids, and snoring.

The Barbara Bush Children's Hospital is the tertiary medical center for children serving the state of Maine and southern and eastern New Hampshire. The Children's Hospital medical staff represents all the pediatric medical and surgical subspecialties that provide comprehensive services for children, including trauma care, surgery for congenital heart disease and renal transplantation. The critical care division also supports and supervises a 24/7 pediatric transport team. Services provided through The BBCH are comprehensive, including a PICU, NICU, dedicated pediatric section in the ED, and a 35 bed Inpatient Unit. The BBCH is fully staffed with all major pediatric medical and surgical subspecialties.

Maine Medical Center has 637 licensed beds and is the state's leading tertiary hospital and Level One Trauma Center, with a full complement of residencies and fellowships and is an integral part of the Tufts University Medical School. The position involves teaching and mentoring residents and medical students from the Maine Medical Center-Tufts University School of Medicine Program, and the successful candidate would have an academic appointment at Tufts University School of Medicine.

The successful candidate will be employed by Maine Medical Partners (MMP), a subsidiary of Maine Medical Center and Maine's largest multi-specialty group. This high quality team of more than 475 physicians and 150 advanced practice professionals provides a wide range of hospital based, primary, specialty, and sub-specialty adult and pediatric care delivered throughout a network of 30 locations across the State and acts as a regional referral network.

Situated on the Maine coast, Portland offers the best of urban sophistication combined with small-town friendliness. The area provides four season recreational opportunities, such as skiing, hiking, sailing, and miles of beautiful beaches. Just two hours north of Boston, this is an exceptionally diverse and vibrant community.

For more information please contact Alison C. Nathanson, Director, MaineHealth Physician Recruitment Center at (207) 661-7383 or nathaa@mainehealth.org.

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Robert P. Green, MD, FACS

President, ENT and Allergy Associates
rgreen@entandallergy.com

Robert A. Glazer

CEO, ENT and Allergy Associates
914-490-8880 ■ rglazer@entandallergy.com

NOTE: Bob Glazer will be at this year's AAO-HNS Annual Meeting in San Diego, CA, and would be delighted to meet with you and answer any questions you might have. If you plan on attending as well, please email him at rglazer@entandallergy.com.



Dr. John J. Huang
ENT Offices: Oradell, NJ and West Nyack, NY



Dr. Francisca Yao
ENT Offices: Bay Ridge West, Brooklyn Heights, NY



Dr. Eric A. Munzer
ENT Offices: Fishkill, New Windsor, NY



Dr. Zarina Sayeed
ENT Office: Parsippany, NJ



Dr. Douglas Leventhal
ENT Office: Oradell, NJ

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Private Practice Opportunity in Cookeville, TN

General ENT/Fellowship Interests Welcome

Partnership Opportunity

Upper Cumberland Ear, Nose, and Throat is seeking a Board-Certified/Board-Eligible Otolaryngologist to join its practice. We operate a busy and successful five-physician practice in Cookeville, TN that serves the state's entire Upper Cumberland region. We are seeking a partnership-track physician to replace a retiring partner. We practice the full spectrum of otolaryngology – head and neck surgery. Our clinic includes an on-site CT scanner, audiological/vestibular testing, as well as a retail hearing aid business. Although our interest is in a comprehensive general otolaryngologist, subspecialty fellowship training is welcomed and would be easily supported by our patient population.

Cookeville is home to Tennessee Tech University and is located in middle Tennessee between Nashville and Knoxville. There is a robust medical community that serves not only the city but also a rural referral area of approximately 300,000 people. Cookeville is consistently ranked by national publications as one of the most affordable U.S. cities in which to live. It has outstanding outdoor recreational activities and is an ideal place to raise a family.

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Our practice also owns and operates a fully certified ambulatory surgery center as well as a medical office building. The option for ownership in both of these entities is available to new partners, which affords an earning potential that significantly exceeds traditional practice purchase opportunities.

Interested candidates seeking partnership in a long-standing, stable practice in a family-friendly community should contact us.

Please contact or send C.V. to our practice administrator:

Mike Vaughn
100 W 4th St, Suite 200
Cookeville, TN 38501
mvaughn@myentdocs.com
931.520.5831

University of Missouri
Department of Otolaryngology—
Head and Neck Surgery



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. There are two Faculty opportunities at all academic ranks (Assistant/Associate Professor or Professor) available:

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- General Otolaryngology

Title, track, and salary are commensurate with experience.

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

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Otolaryngologist Opportunity in Beautiful Eastern North Carolina

BC/BE Otolaryngologists wanted to join thriving small practice in Eastern North Carolina. Easy driving distance to Raleigh, Lake Gaston, the beach and the mountains. Modern practice on hospital campuses involving all aspects of adult and pediatric ENT.

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Contact: Amber Canzater or Jerry Boylan at
PhysicianRecruitment@unchealth.unc.edu or by phone at 984.215.4127/4128



utmb Health
Otolaryngology

The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for two full-time positions.

Otologist/Neurotologist

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. The department operates state of the art audiologic suites and a state of the art clinical vestibular laboratory established in collaboration with NASA to support our otologic/neurotologic experience. Clinical research is encouraged but not mandatory.

**Head and Neck Surgical Oncologist/
Microvascular Reconstructive Surgeon**

FULL-TIME BC/BE FELLOWSHIP TRAINED FACULTY

This position entails opportunities to participate in all aspects of clinical practice, as well as resident and medical student teaching. Clinical research is encouraged but not mandatory.

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.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS
Chair, Department of Otolaryngology UTMB Health
301 University Boulevard
Galveston, TX 77555-0521

Email: varesto@utmb.edu
Phone: 409-772-2701

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



LARYNGOLOGIST - NEW YORK CITY

The Sean Parker Institute for the Voice at Weill Cornell Medical College is recruiting a BC/BE academic laryngologist at the Assistant Professor level. Applicants should be fellowship-trained and have a strong commitment to clinical care and to clinical and/or translational research.

The Parker Institute provides the full spectrum of laryngologic care in the performing arts, media and business hub of the nation. It is shortly to move to new, purpose-built

space equipped for complete diagnostic laryngeal assessment as well as the full array of office interventions.

The Parker Institute is part of a large Department of Otolaryngology - Head & Neck Surgery with multiple areas of subspecialty expertise within a top-ranked Ivy League Medical School, affiliated with similarly top-ranked NewYork-Presbyterian Hospital.

Candidates should email CV, letter of interest and arrange 3 letters of reference to be sent to:

Lucian Sulica, MD
 Director, Sean Parker Institute for the Voice
 1305 York Avenue, 5th Floor
 New York, NY 10021
lus2005@med.cornell.edu

Interviews available by appointment at the AAO-HNSF Annual Meeting & OTO EXPOSM in San Diego, CA, Sept. 18-21, and the Fall Voice Conference in Scottsdale, AZ, Oct. 13-15.



We are an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, disability or any other characteristic protected by law.

Chairman, Department of Otolaryngology/Head and Neck Surgery

The MetroHealth System and Case Western Reserve University School of Medicine are seeking a qualified candidate for the position of Chairman, Department of Otolaryngology/Head and Neck Surgery. Qualified candidates must have a medical degree, be Board Certified in Otolaryngology and be eligible to hold an appointment as Professor in the CWRU School of Medicine. Candidates should have a record of clinical excellence, managerial experience, professional leadership and academic achievement. A strong commitment to resident training and medical student education is essential.

The Department of Otolaryngology/Head and Neck Surgery at MetroHealth provides a full spectrum of clinical services including pediatric otolaryngology, rhinology & allergy, head and neck surgery, otology, audiology, facial plastic surgery and maxillofacial surgery. The Department is an integral component of acute injury services at this Level I Adult Trauma Center and Level II Pediatric Trauma Center.

Interested individuals should forward a letter of interest and curriculum vitae via email by **no later than Sept. 30, 2016** to:

Roderick B. Jordan, MD
 Director, Division of Plastic Surgery Department of Surgery
 MetroHealth Medical Center
 2500 MetroHealth Drive
 Cleveland, Ohio 44109
rjordan@metrohealth.org

In employment, as in education, Case Western Reserve University and MetroHealth Medical Center are committed to Equal Opportunity and World Class Diversity. Women and minorities are encouraged to apply.

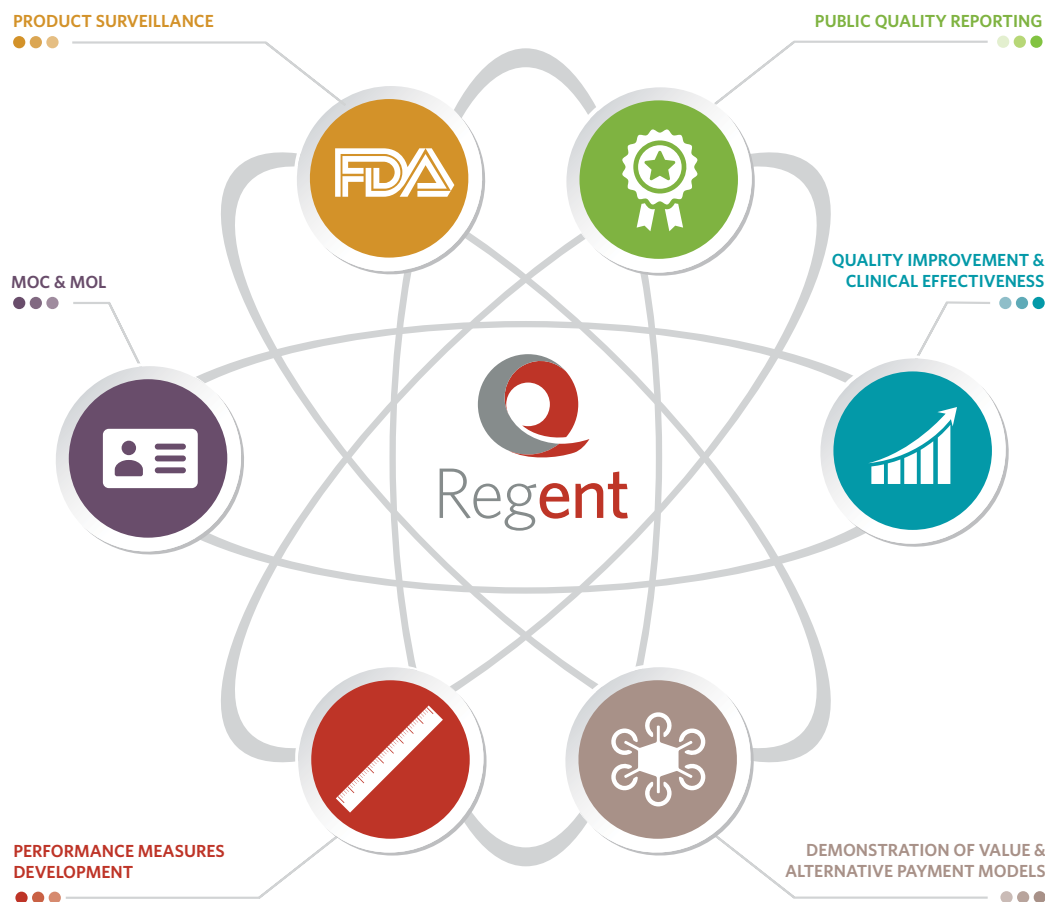


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**Visit us at the AAO-HNSF 2016 Annual Meeting &
OTO EXPOSM booth # 630, September 18 – 21**

Discover why at Mount Sinai's Department of Otolaryngology – Head and Neck Surgery. A world leader in the treatment of HPV-associated oropharyngeal cancers using robotic surgery to deescalate therapy and reduce toxicity, we have forged groundbreaking treatments, diagnostics, and technological advances in this exciting field. Additionally, our experts are on the faculty of the Icahn School of Medicine at Mount Sinai, ranked among the nation's top medical schools by *U.S. News & World Report*, and the Head and Neck Cancer Research Program is the foremost international resource for tumor dormancy.

- Head and Neck Institute
- Center for Hearing and Balance
- Center for Thyroid and Parathyroid Diseases
- Grabscheid Voice and Swallowing Center
- Skull Base Surgery Center
- Sleep Surgery Program

