entnet.org

bulletin

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

FEBRUARY 2018

KIDS ENT HEALTH MONTH

Awareness of the dangers of button battery ingestion in children 26

New Clinical Consensus Statement on Balloon Dilation of the Sinuses 23

Reg-ent[SM] value beyond MIPS: Why participate? 20

GETTING **NEW PATIENTS** JUST GOT **EASIER.**

AAO-HNS MEMBERS GET THE BEST PRICE OF THE YEAR.

50% OFF

Limited-Time Special Offer

setup of any new Officite website. (New clients only)

Offer expires 2/28/2018

- MOBILE-FRIENDLY WEBSITES
- ONLINE PATIENT EDUCATION
- REPUTATION MANAGEMENT
- SEARCH ENGINE OPTIMIZATION
- SOCIAL MEDIA MARKETING
- GOOGLE ADS

(888) 676-4701 • Officite.com/Feb/AAOBulletin

Officite

bulletin

FEBRUARY 2018
Volume 37, No. 1

The Bulletin (ISSN 0731-8359) is published 11 times per year (with a combined December/January issue) by the **American Academy of Otolaryngology—Head and Neck Surgery**
1650 Diagonal Road
Alexandria, VA 22314-2857
Telephone: 1-703-836-4444
Member toll-free telephone: 1-877-722-6467

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

President
Gavin Setzen, MD
Executive Vice President, CEO, and Editor of the Bulletin
James C. Denneny III, MD
Managing Editor
Jeanne McIntyre, CAE
bulletin@entnet.org

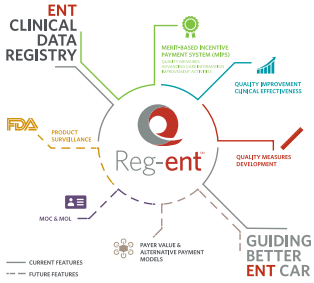
INQUIRIES AND SUBMISSIONS
bulletin@entnet.org

MAILING INFORMATION
Postmaster: Send address changes to the American Academy of Otolaryngology—Head and Neck Surgery, 1650 Diagonal Road, Alexandria, VA 22314-2857
Return undeliverable Canadian addresses to PO Box 503, RPO West Beaver Creek, Richmond Hill, Ontario, Canada L4B 4R6
Publications Mail Agreement NO. 40721518

BULLETIN ADVERTISING
Ascend Integrated Media, LLC
Suzee Dittberner
7171 W. 95th Street, Suite 300
Overland Park, KS 66212
Phone: 1-913-344-1420
Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

ADVERTISER INDEX

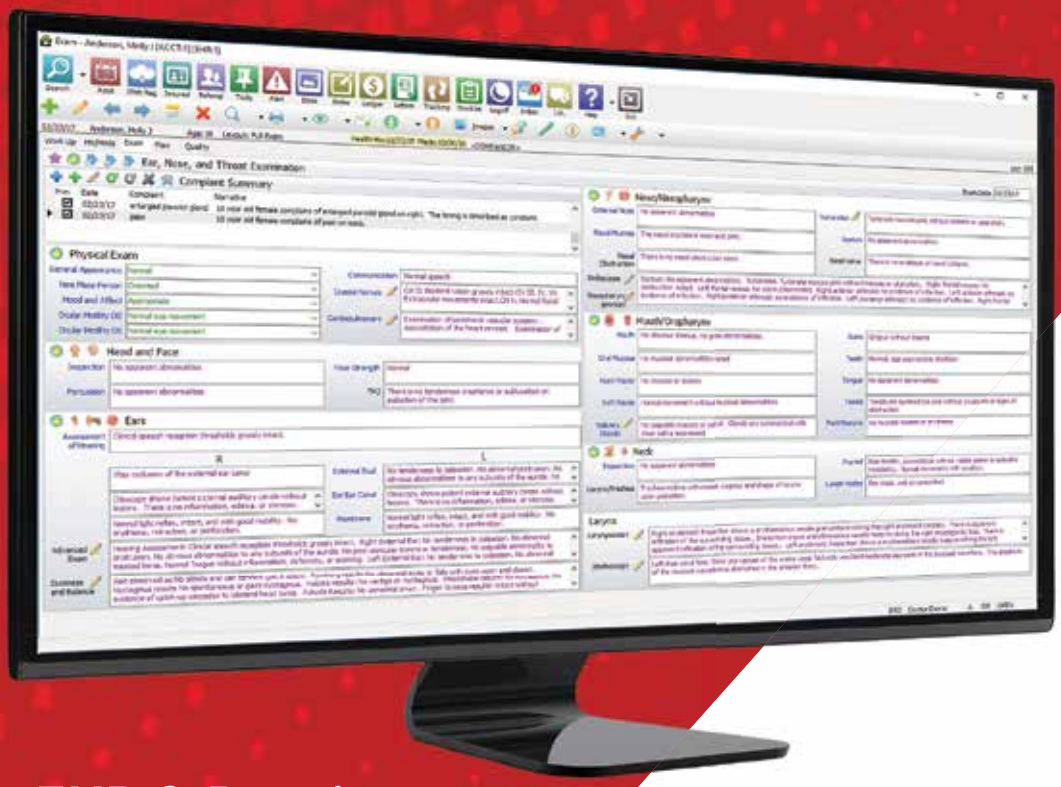
features



departments

ENT's All-in-One Solution

2015 ONC Certified
Money-Back Satisfaction Guarantee



"I strongly recommend Compulink to any otolaryngology practice because of its ENT specificity, ease of use, cost, confidentiality, and friendly, personal customer support."

Romeo C. Agbayani, Jr, MD, MarinENT

EHR & Practice Management Leader for 33 Years!

- ENT Specific
- Chart From A Single Screen
- Data Conversion Guarantee
- Low Start-up Costs

EHR ▪ PM ▪ RCM ▪ ASC ▪ ANALYTICS

PATIENT ENGAGEMENT ▪ TELEHEALTH ▪ AUDIT PROTECTION

See it Live.

HIMSS18 ▪ Booth 10525

www.compulinkadvantage.com/entehr ▪ 800.456.4522

compulink

Strategic planning to maximize value 4U

I am pleased to report that in December 2017, the Academy concluded a successful, invigorating, and effective strategic planning process. The session enabled the organization to make necessary adjustments to ensure that AAO-HNS/F remains a leader in providing you, our members, everything necessary to facilitate your ability to care for patients with ear, nose, throat, head, and neck problems, now and into the future.

Strategic planning was an opportunity to reflect on our mission (core purpose), aspirations, and guiding principles, and to evaluate continued relevance of the Academy's vision, as well.

Goals of strategic planning:

1. Identify environmental conditions having the greatest impact on our future direction.
2. Perform a high-level assessment of the progress on the current strategic plan.
3. Articulate the AAO-HNS/F envisioned future.
4. Develop a set of goals and objectives articulating areas of focus for the next three to five years.
5. Understand the implications of the plan on AAO-HNS/F infrastructure, budget, and resource allocation.

Due to the complexity and critical importance of our current strategic planning process, an RFP was submitted to five targeted facilitator groups, and three of these were interviewed. Paul D. Meyer, MBA, CAE, President and Co-CEO of Tecker International, LLC, was selected as the most qualified candidate with a wealth of healthcare experience in strategic planning facilitation.

A diverse group of Academy members, representing the Boards of Directors (BODs); Coordinators; Board of Governors (BOG); the Diversity and Inclusion Committee; the Sections for Residents and Fellows-in-Training (SRF), Young Physicians (YPS), and Women in Otolaryngology (WIO); At-Large BOD members; and the Large Group Forum (Private Practice), together with the Academy executive leadership team, came together to solve common problems, meet common needs, and accomplish common goals.

Prior to the strategic planning retreat, comprehensive data collection was carried out to assess the external environment, current conditions, trends, and assumptions about the future with a five-year planning horizon. Also, 21 Qualitative Telephone Interviews were carried out with a diverse group of stakeholders, including representatives from academia, Society of Physician Assistants in Otorhinolaryngology/Head & Neck Surgery, Society of Otorhinolaryngology and Head-Neck Nurses, healthcare systems, industry, residents, military physicians, private practice physicians, and physicians in hospital settings. This information was collated and presented anonymously for consideration during the meeting.

The goal was to develop a strategy, morphing in response to emerging threats, opportunities, and trends, to be successful amidst the tide of disruption in healthcare and education.

It quickly became evident that we would be able, as an organization, to not only anticipate and adjust to changes we are facing, but to do so before the need becomes obvious and imminent, by acting proactively rather than reactively **To Thrive Through This Change!**

Key drivers of change include various aspects of shifting demography and continuously evolving technology. Several categories of assumptions were considered, including professional competition and structure, global economic factors, legislation and regulations, demographics, social values, consumer preferences, technology, and science.

We closely considered our mission, aspirations, and guiding principles as they relate to traditional strategic issues including Advocacy, Research and Quality, Education and Knowledge, Member Engagement, Unity, and Sustainability—our traditional "table stakes" areas of strategic importance. But we also looked at new initiatives and reassessed priorities, including the future needs of otolaryngology education and practice, wellness, workforce, global activities, and patient education.

The BODs' responsibilities following strategic planning will be to set organizational direction, ensure necessary resources, and provide continuous oversight.

Critical next steps include setting immediate, mid-term, and long-term priorities and vetting potential strategies as they relate to necessity, feasibility, appropriateness, and sufficiency. We will also need to determine what activities to discontinue, enhance, maintain, or create. The strategic planning recommendations will be incorporated into the budget process that began in January, and draft recommendations will be reviewed by the BODs for final approval at the BODs meeting in March. The BODs will need to exercise its fiduciary responsibility as we move forward in implementing recommendations.

I was most gratified and heartened by the respectful, thoughtful, passionate, and forward-looking deliberations by the entire group in considering the daunting yet ***exciting challenges and possibilities ahead***!

Please join me at the AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting next month in Alexandria, VA, for continued networking, camaraderie, and education regarding contemporary issues in our field. ■

Gavin Setzen, MD
AAO-HNS/F President

"We also looked at new initiatives and reassessed priorities, including the future needs of otolaryngology education and practice, wellness, workforce, global activities, and patient education."

DOC'S PROPLUGS
THE ULTIMATE IN EAR PROTECTION SINCE 1977

proplugs.com

800.521.2982

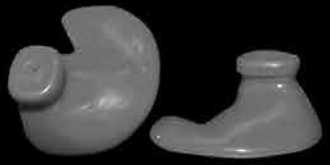
and not a summer lost... even with ventilation tubes

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

pink, non-vented*

blue, non-vented*
* don't use for scuba-diving

clear, vented –(safe for scuba)



red, vented –(safe for scuba)

International Aquatic Trades, Inc. ~ 719 Swift Street, Suite 56 ~ Santa Cruz, CA 95060
phone: 831.425.5920, ext. 119 ~ fax: 831 425-0178 ~ toll free: 800-521-2982
www.proplugs.com ~ info@proplugs.com

2018: Our focus now

As systemic changes progress, we are putting the finishing touches on the strategic plan and principles that will guide us through the upcoming uncertainty. As we do, I would like to offer my sincere thanks to the 50-plus participants who provided valuable input to the process. They represent the diverse makeup of the current healthcare system, and their dedication to advancing the care of the otolaryngologic patient through innovation, education, and advocacy—which will allow our members to define and practice the highest quality medicine possible—was energizing and infectious. The final plan will be presented to the Boards of Directors for approval and subsequent operationalization in March.

There was considerable discussion about the definition of what is a "private practitioner" as opposed to an "academician." There is consensus that a continuum exists and that a clear demarcation of roles has blurred, particularly with the current status of employed physicians. Granted, there has been significant alteration of the predominant model for each group in the last 10 years. But in my experience, there continues to be nuanced differences that deserve recognition and individual consideration. My two stints in academic medicine and 25-plus years in private practice, along with extensive interaction with both groups during my time as EVP/CEO, confirm both the similarities and differences in the needs of each group and the strength that each brings to the Academy and the field of otolaryngology. We will continue to focus on the strengths as well as the needs of each group as we take the journey together.

OTC hearing aids: finalizing regulations

The Academy continues to work collaboratively with the FDA on several fronts critical to otolaryngologists and their patients. The process of finalizing regulations for the eventual over-the-counter (OTC) sale of hearing aids for patients 18 years of age or greater with a mild to moderate sensorineural hearing loss is moving forward. Along with key advocacy staff members, I had the opportunity to present the Academy's concerns, suggestions, and support for the initiative. Our presentation centered on appropriate use, patient education and safety, and a process that will maximize the benefit of these critical medical devices. To increase the utilization and penetration of hearing aids in the marketplace, it is essential that patient experience and benefit are established from the outset. The potential opportunity this brings to the citizens of the United States is high if done correctly, but it also opens the door for potential misuse.

Sleep medicine conference upcoming

Arrangements are being finalized for the April 16, 2018, sleep medicine conference at FDA headquarters, of which we are a key participant. **Kathleen Yaremchuk, MD, MSA**, has agreed to lead our planning team as we work with the FDA and other organizations involved in the care of sleep disorders. We aim to construct a world-class program that includes advances in the field, but potentially more important, covers how we define and measure success of these innovations as well as existing treatments. It is imperative that otolaryngology be a leader in the diagnosis and treatment of sleep-disordered breathing in the evolution of management through innovation and in defining quality patient care. This conference can be a stepping stone for these goals.

The Reg-ent[SM] data registry

Our clinical data registry, Reg-ent, continues to grow in terms of the number of patient encounters and providers as well as capability. We continue to add measures across the breadth of the specialty and are working through problems with individual EHR vendors. We are reaching a critical mass that will allow us to continue work with the FDA to establish pre- and post-marketing protocols for both medical devices and pharmaceutical products. The opportunity to work with the FDA and industry in this fashion has great potential benefit for all parties, particularly in collecting consistent data across practice types and geographic locations, all of which benefit the patient.

Working for the specialty

I have received feedback from visiting many areas of the country and speaking with practitioners of all demographics, in addition to hearing the diverse input from strategic planning participants. This has made it clear to me that in the current environment, the Academy's most important role is representing and advocating for the entire specialty on issues affecting otolaryngologists and their patients. Whether it involves legislation, regulation, private payer issues, maintenance of certification, physician wellness, or quality of care issues, we can only have a positive influence working together as a united house of otolaryngology. I want to thank all of you who have continued to be loyal members of the Academy and pledge to you our continued efforts on your behalf in these areas. ■

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

> "We continue to add measures across the breadth of the specialty and are working through problems with individual EHR vendors."

BOARD OF GOVERNORS

All for one and one for all

Spencer C. Payne, MD
BOG Governance & Society Engagement Committee Chair

"Men often oppose a thing merely because they have had no agency in planning it, or because it may have been planned by those whom they dislike."
—Alexander Hamilton in Federalist No. 70

This may seem an odd quote by which to start an article in the Academy *Bulletin*, and many may wonder about its relevance. Perhaps it was my thinking about the parallels between the Academy's Board of Governors (BOG) and Congress or my recent trip to New York City to see the musical "Hamilton." More than likely it was a little bit of both that contributed to my sense of its applicability.

The debate over state versus federal rights, which consumed a great deal of Alexander Hamilton's writings, continues some 230 years later, and we see it touch the many aspects of healthcare delivery as well. Issues regarding medical licensure, scope of practice, malpractice tort law, and the quagmire of third-party payer systems are complicated by their state-by-state variances, making it difficult, though not impossible, to provide comprehensive national solutions. But how does a national organization whose vision is "empowering otolaryngologist-head and neck surgeons to deliver the best patient care" bring about such solutions? The Board of Governors.

Having just celebrated its 35th birthday, the BOG was established in 1982 as the grassroots member network within the Academy, composed of representatives from the myriad local, state, and subspecialty otolaryngology societies across the United States and Canada. Through this portion of the Academy, the issues that seemingly may only affect the smaller constituencies can be brought forward for national attention. The Academy is vested in supporting these societies and providing bi-directional communication to facilitate their needs.

Next month, the Academy will host its annual Leadership Forum & BOG Spring Meeting. For a second year in a row it will also host a State OTO Society Roundtable. Participants in last year's roundtable remarked at how wonderful it was to come together to discuss common issues and unique solutions in furthering their own missions. This year's meeting will provide nothing less!

Either directly or indirectly, I am aware that many identify with Mr. Hamilton's words. Please allow me to re-emphasize how the BOG Spring Meeting is all about inclusion, advancement, partnership, and providing everyone a voice. Please come to Alexandria, VA, next month and spend a weekend among friends and engage! ■

The State OTO Society Roundtable

The AAO-HNS Board of Governors (BOG) hosts the second annual state otolaryngology societies meeting held in conjunction with the AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting, March 9-12. The Roundtable is held for state society presidents, executive directors, society administrators, and other state society leaders. The Roundtable will convene on Friday, March 9, from 2:00-4:50 pm ET, at the Westin Alexandria hotel, Alexandria, VA.

This meeting will provide society leaders a chance to network, share best practices, and improve collaboration between states and regions. We hope your state society takes advantage of this unique opportunity to explore ways we can work together to make our state societies optimally productive for our members and our patients.

Contact **BOG@entnet.org** if your state society is interested in attending.

Hope to see you there! ■

Surgical mission in Cusco, Peru's good outcome

Elizabeth Knecht, MD
Pediatric Otolaryngology Fellow
University of Michigan

Larry had been teased for his deformity, but this mission has helped him to overcome that challenge.

From July 28 to August 6, 2017, I traveled to Cusco, Peru, to participate in a week-long surgical mission at the EsSalud Hospital sponsored by Medical Missions for Children (MMFC). More than 200 children were screened, including children in need of dental care. From these screenings, 60 children were selected for surgical procedures. These included cleft lip repair, cleft palate repair, and microtia repair—both stage 1 and stage 2.

Our team was composed of three American otolaryngologists: **David A. Zopf, MD** (University of Michigan), Benjamin Paul, MD (Manhattan Facial Surgery Suites), **Phillip L. Chaffin Jr., MD** (Peak ENT Associates) and one Peruvian plastic surgeon, Mariano Sota, MD, as well as other support staff including a pediatrician, a speech language pathologist, five anesthesiologists, nurses, scrub techs, dentists, and countless others.

The trip was an incredible opportunity to be immersed in another culture and meet new people. But the best part was interacting with our patients and their families. One of my favorite patients was Larry, a 20-year-old with an infectious smile and contagious optimism. He was born with right-sided microtia, and his grandmother remembers that, as a young child, he was often bullied because of his deformity. Yet, somehow Larry managed to maintain a positive attitude. In fact, his grandmother said she thinks that he was able to use these experiences to build his independence and self-confidence.

Two years ago, Larry heard about MMFC and came to the screening clinic, but there just wasn't time for him in the surgical schedule that year. But he didn't give up hope or become bitter. He simply returned the following year. Thanks to his perseverance, he received his first stage microtia repair. Larry was overjoyed, and it showed! After surgery, he became a leader on the ward—encouraging the other microtia patients to get up and walk, explaining how to care for their incisions, and in general providing encouragement. ➲

➲ READ MORE ONLINE
Longer article available

2018 AAO-HNSF NIKHIL J. BHATT, MD INTERNATIONAL PUBLIC SERVICE AND HUMANITARIAN AWARDS

Call for nominees

The AAO-HNS Foundation supports otolaryngologists around the world who demonstrate a unique commitment to the specialty as part of our continued effort to foster a global otolaryngology community. The AAO-HNSF Nikhil J. Bhatt, MD International Public Service and Humanitarian Awards recognize the achievements of non-U.S. otolaryngologist-head and neck surgeons.

The recipients will be recognized during the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA. Deadline for submission of the nominee form is April 15. Please visit **www.entnet.org/content/nikhil-j-bhatt-md-international-awards** for more information. ■

AcademyU®

YOUR OTOLARYNGOLOGY EDUCATION SOURCE

What's NU?

aQ CME AcademyQ™ CME

AcademyQ Knowledge Assessment - Mobile-based Learning

- Question Set 4 - test your recall, interpretation, and problem solving skills

eC eCourses

eCourses

- Functional Consequences of Chemo Radiation Therapy
- Evaluation and Management of Vestibular Migraine

AmX Annual Meeting Expert Series

Annual Meeting Expert Series

- Pediatric Home Sleep Apnea Testing: What's Happening?

Hsc Home Study Course

Home Study Course

- Section 3: Trauma and Critical Care Medicine

PAc ENT for the PA-C Conference

ENT for the PA-C Conference

- 2017 Lectures

AND DON'T MISS
AcademyU Podcasts located at *www.entnet.libsyn.org* and the *OTO Central App* featuring:

- AAO-HNSF CPG Evaluation of the Neck Mass in Adults
- Current Treatment of Lymphatic Malformations

Take advantage of the many education opportunities available in AcademyU by subscribing to the new Member+ program. For an additional fee of $50, you'll gain access to over 200 online education activities.

For more information, please visit *AcademyU.org*

INTERNATIONAL ADVISORY BOARD

Strengthening the global otolaryngology community

Johan Fagan, MD
Chair, International Advisory Board

The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) has an important responsibility to reach out internationally to improve the quality of otolaryngology practice, including in less-privileged countries. There are many outstanding examples of such outreach activities:

- My mentor, **Eugene N. Myers, MD**, and others have crisscrossed the globe for decades to teach and train fellow otolaryngologists and to build bridges between the AAO-HNS and the rest of the world.
- **James L. Netterville, MD**; **James E. Saunders, MD**; **Mark E. Zafereo Jr., MD**; **Susan R. Cordes, MD**; **Gayle E. Woodson MD**; and many others have made important contributions to improve otolaryngology practice through teaching and training otolaryngologists, principally in developing countries.
- The Annual Meeting & OTO Experience attracts thousands of otolaryngologists from outside the United States, where they are afforded the opportunity to learn, contribute, exchange ideas, network, and establish friendships with colleagues from across the globe.
- Otolaryngologists, trainees, and professional societies all over the world consult AAO-HNSF clinical practice guidelines.

Member Ta Ju Liu, MD, from Paraguay, and guest, Edwin Liyombo, MD, from Tanzania, found networking to be a real event benefit.

- The opportunity to exchange ideas through its 68 International Corresponding Societies (ICS) and at the Regional Caucus Meetings, held at the Annual Meeting.

To further improve meaningful communication between the Academy and its international membership so the AAO-HNS can better serve the international community, AAO-HNS senior leadership established an International Advisory Board (IAB) in 2016. I was asked to be the inaugural chair of the IAB for two years, and my friend and colleague **Sady Selaimen da Costa, MD, MSc, PhD**, from Brazil, the vice chair.

A new chair and vice chair will be elected at the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA. I ask that

Drs. Fagan and Myers enjoyed the excitement among attendees from many International Corresponding Societies (ICS) during the Annual Meeting.

you identify and nominate visionary leaders from your regions to lead the IAB for the next two years. Candidates must be active Academy members and formally affiliated with the AAO-HNSF ICS network.

Other members of the IAB are the Immediate Past Chair; Immediate Past President of the AAO-HNS/F; Executive Vice President of the AAO-HNS/F; Coordinator for International Affairs; Senior Director for Global Education, Meetings, and Strategic Partnerships; and the Senior Program Manager, Global Affairs. Through the composition of the IAB executive and direct representation of the IAB chair on the AAO-HNS Board, global otolaryngology is now formally embedded within the larger structure of the AAO-HNS/F. This opens new opportunities for international communication and collaborative work.

The inaugural IAB General Assembly meeting was held at the 2017 Annual Meeting in Chicago, IL. More than 30 ICS and participants from 50 countries attended and contributed to this important milestone in the history of the AAO-HNS. During a closed-door session of the IAB meeting, delegates voted to approve the IAB Bylaws, which were subsequently approved by the AAO-HNSF Board of Directors, formally incorporating the IAB governance structure into the AAO-HNS/F.

With the IAB now formally established, we have an opportunity to transform the AAO-HNS from being primarily a North American society to a truly international organization with a global educational footprint. The IAB looks forward to listening to ideas of members of the international ENT community and communicating them directly to the AAO-HNSF Board. We need to grab this opportunity to nudge the AAO-HNS, with its great organizational and professional expertise, to reach out—especially to developing countries—through webinars, open-access education resources, and satellite meetings, and to invite its members to attend meetings in our countries.

I do believe that the establishment of the IAB strengthens the voice of the global otolaryngology community and signals the AAO-HNSF's commitment to assume a more global educational and organizational role. We should all embrace this opportunity to make it a reality. ■

Call for IAB Chair nominees

A 2019-2021 Chair and Vice Chair of the International Advisory Board (IAB) will be elected at the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) 2018 Annual Meeting & OTO Experience in Atlanta, GA. The IAB Chair is the head of the IAB, presiding over meetings of the IAB General Assembly and serving as a leader and "voice" of the global otolaryngology community.

The Chair also serves as a non-voting member of the AAO-HNS/F Boards of Directors in an advisory role, representing issues and concerns of the international community. Candidates must be active international (non-U.S.) members of the AAO-HNS and formally affiliated with the AAO-HNSF International Corresponding Societies network. Deadline for submission of the nominee form is March 5. Please visit **www.entnet.org/content/call-2018-nominees-election-iab-chair** or contact **International@entnet.org.** ■

What did the doctor say?

Many medical agencies and journals have published in recent years on the topic of health literacy and culturally appropriate patient/doctor communications. No one has put the concern more plainly than The Joint Commission did in 2007 in its publication titled, "What did the doctor say? Improving Health Literacy to Protect Patient Safety" **www.jointcommission.org/assets/1/18/improving_health_literacy.pdf**.

Patients have trouble grasping the take-away from their appointments.

The practitioner can help both personally and within the practice setting to address this problem. One option is to offer resources for patients to have on hand when a loved one later asks, "What did the doctor say?"

The American Academy of Otolaryngology—Head and Neck Surgery has both licenses and leaflets for just that purpose. Topics span the full spectrum of the specialty and are reviewed or revised regularly by its committees/quality care experts to keep the information current.

Find out more at **www.entnet.org/content/patient-information.** ■

2018 ENT for the PA-C conference

The 2018 ENT for the PA-C conference will take place April 25-29, at the Scottsdale Plaza Resort in Scottsdale, AZ. The conference is provided by the AAO-HNSF and the Society of Physician Assistants in Otorhinolaryngology / Head & Neck Surgery in collaboration with the Mayo Clinic. The workshops maximize hands-on learning with concise content and small group sessions. Visit **www.entnet.org/content/ent-pac** now to register. ■

2018 JEROME C. GOLDSTEIN, MD PUBLIC SERVICE AWARD

Call for nominees

The Jerome C. Goldstein, MD Public Service Award is given annually to recognize an outstanding member for commitment and achievement in service within the United States, either to the public or to other organizations, when such service promises to improve patient welfare.

Any Academy member in good standing is eligible to be nominated—or to nominate another member—for this prestigious award. The finalist will be selected on March 13, 2018, by the Executive Committee of the Board of Directors. The recipient will be recognized during the AAO-HNSF 2018 Annual Meeting & OTO Experience in Atlanta, GA. Deadline for submission of the nominee form is March 1. Please visit **www.entnet.org/content/jerome-c-goldstein-md-public-service-award** for more information. ■

#BOGMTG18

www.entnet.org/leadershipforum

AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting

Friday, March 9 – Monday, March 12 ★ Alexandria, VA

Registration is open!

Join your colleagues for a weekend of leadership discussions, Board of Governors (BOG) meetings, informative speakers, advocacy updates, and mentoring/networking opportunities! This meeting is one of many AAO-HNS benefits, allowing Academy members the opportunity to network and engage in peer-to-peer interaction with eminent leaders.

Date	Friday, March 9 – Monday, March 12
Registration Deadline	Friday, March 2, 2018
Location	**The Westin Alexandria Hotel** 400 Courthouse Square Alexandria, VA 22314
Cost	**FREE** to AAO-HNS members who are otolaryngology practitioners *(registration is required)*.

This year's program:

The weekend kicks off with a State OTO Society Roundtable providing society leaders, executive directors, and society administrators a chance to network, share best practices, and improve collaboration among different states and regions.

This year's program will also include:

- Leadership Development and Mentoring Opportunities
- Networking Events with Academy Leaders
- Renowned Keynote Speakers and "Business of Medicine" Panel Discussions
- BOG Committee Meetings and State Society Engagement Tips
- BOG General Assembly
- BOG-sponsored AAO-HNS/F President-Elect Candidate Forum
- "Insider" Legislative, Regulatory, and Political Updates
- ENT PAC Reception (*ENT PAC Leadership Club members only*)
- **Up to 4.25 Free *AMA PRA Category 1 Credit™* for Select Education Sessions**
- Resident Leadership Grants
- And more...

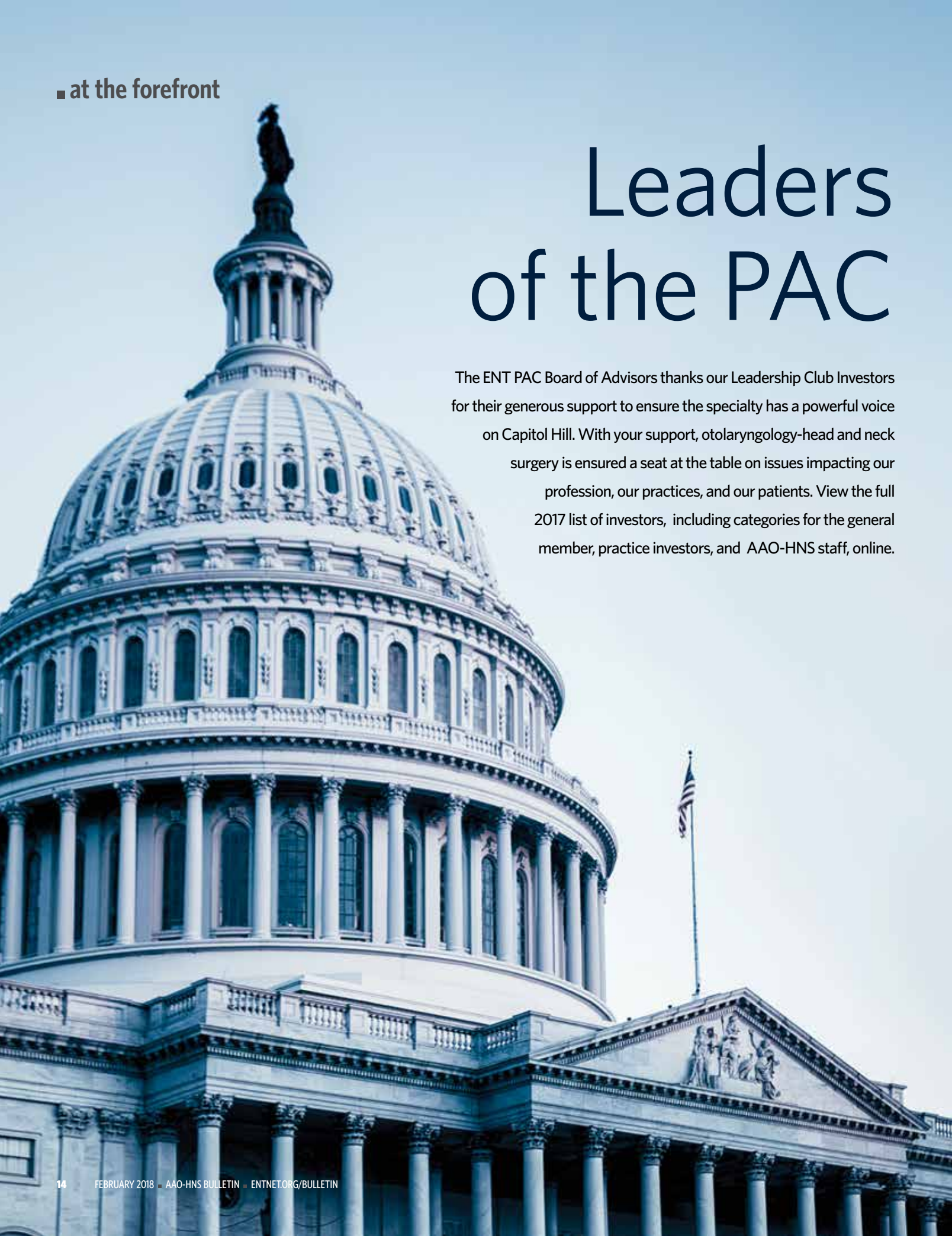
For registration, housing, and additional information: **www.entnet.org/leadershipforum**

BOG Spring Meeting Questions? Contact **BOG@entnet.org**

Registration & Housing Questions? Contact **Meetings@entnet.org**

Leaders of the PAC

The ENT PAC Board of Advisors thanks our Leadership Club Investors for their generous support to ensure the specialty has a powerful voice on Capitol Hill. With your support, otolaryngology-head and neck surgery is ensured a seat at the table on issues impacting our profession, our practices, and our patients. View the full 2017 list of investors, including categories for the general member, practice investors, and AAO-HNS staff, online.



Program year: January 1, 2017, through December 31, 2017.

ENT PAC

CHAIRMAN'S CLUB

Investment of $1,000+

Peter J. Abramson, MD
Samantha Anne, MD
Seilesh Babu, MD
Cristina Baldassari, MD
David S. Boisoneau, MD
Dennis I. Bojrab, MD
Kevin Braat, MD
Carol R. Bradford, MD
Richard J. Brauer, MD
Jeffrey S. Brown, MD
Bruce H. Campbell, MD
Sujana S. Chandrasekhar, MD
C. Y. Joseph Chang, MD
Andrea C. Chiaramonte, MD, MPH
Susan R. Cordes, MD
Stephen P. Cragle, MD
Lawrence J. Danna, MD
Nathan A. Deckard, MD
Jennifer Derebery, MD
Amelia F. Drake, MD
David R. Edelstein, MD
Lee D. Eisenberg, MD, MPH
Cameron D. Godfrey, MD
Daniel R. Gold, MD
Robert P. Green, MD
Patrick Hall, MD
Denis K. Hoasjoe, MD
Paul M. Imber, DO
Stacey L. Ishman, MD, MPH
Madan N. Kandula, MD
Ken Kazahaya, MD, MBA
Ayesha N. Khalid, MD
Greg Krempl, MD
Dennis Lee, MD, MPH
Marc J. Levine, MD
Steven B. Levine, MD
J. Scott Magnuson, MD
Lance A. Manning, MD
Mary Melissa McBrien, MD
Brian J. McKinnon, MD, MBA
Steven Miller, MD
Charles Mixson, MD
Alice H. Morgan, MD, PhD
Samantha Marie Mucha, MD
Cherie-Ann O. Nathan, MD
Spencer C. Payne, MD
Liana Puscas, MD
Gregory W. Randolph, MD
Richard M. Rosenfeld, MD, MPH
Mark C. Royer, MD
Michael D. Seidman, MD
Gavin Setzen, MD
Wayne T. Shaia, MD
Katherine J. Shen, MD
Gary M. Snyder, MD
Keith C. Soderberg, MD
Gangadhar Srikumar Sreepada, MD
Maie St. John, MD, PhD
J. Pablo Stolovitzky, MD
Scott P. Stringer, MD
Leslie Steven Szeles, MD
P. Ashley Wackym, MD
Pell Ann Wardrop, MD
Mark K. Wax, MD
Phillip R. Wells, MD
Raymond Winicki, MD
Ken Yanagisawa, MD
Jay S. Youngerman, MD
Oliver S. Youssef, MD
John J. Zappia, MD

CAPITOL CLUB

Investment of $535+

Michael A. Alexiou, MD
Pamela B. Baines, MD
Dole P. Baker Jr., MD
Boris Chernobilsky, MD
Paul A. Conrad, MD
Andrew M. Coughlin, MD
Agnes Czibulka, MD
Richard DeMaio, MD
James C. Denneny III, MD
H. Peter Doble II, MD
Marc D. Eisen, MD, PhD
Christopher M. Eriksen, MD
Tamer Abdel-Halim Ghanem, MD, PhD
Michael S. Goldrich, MD
Steven D. Horwitz, MD
John R. Houck Jr., MD
Marty H. Janning, MD
Romaine F. Johnson, MD
Shawn C. Jones, MD
Timothy D. Knudsen, MD
John H. Krouse, MD, PhD, MBA
Philip G. Liu, MD
Robert Lorenz, MD, MBA
Prashant Solanki Malhotra, MD
R. Peter Manes, MD
Susan D. McCammon, MD
Frank M. Melvin, MD
Albert L. Merati, MD
Srikanth I. Naidu, MD
Paul R. Neis, MD
Douglas A. O'Brien, MD
Sanjay R. Parikh, MD
Gregory S. Parsons, MD
Sarah P. Powell, MD
Frederic A. Pugliano, MD
Eileen M. Raynor, MD
Eben L. Rosenthal, MD
Greg S. Rowin, DO
Robert T. Sataloff, MD, DMA
James E. Saunders, MD
B. Todd Schaeffer, MD
Scott R. Schoem, MD
Jerry M. Schreibstein, MD
Michael R. Shohet, MD
Mariel Stroschein, MD
Brian J. Szwarc, MD
Oscar A. Tamez, MD
Joy L. Trimmer, JD (Staff)
Richard W. Waguespack, MD
Hayes H. Wanamaker, MD
Michael D. Weiss, MD
Steven E. West, MD
Kathleen Yaremchuk, MD
Mark E. Zafereo Jr., MD
Philip B. Zald, MD

DOLLAR-A-DAY CLUB

Investment of $365+

Jason L. Acevedo, MD
Keith J. Alexander, MD
J. Noble Anderson Jr., MD
Anna Aronzon, MD
Scott A. Baker, MD
Stephen R. Bakos, MD, PhD
Thomas J. Benda, MD
Mahesh H. Bhaya, MD
James W. Blotter, MD
William R. Blythe, MD
William R. Bond Jr., MD
Peter C. Bondy, MD
Marina Boruk, MD
Phyllis B. Bouvier, MD
Sarah N. Bowe, MD
Steven H. Buck, MD
Joseph M. Capo, MD
Roy D. Carlson, MD
Scott R. Chaiet, MD, MBA
C. W. David Chang, MD
William B. Clark, MD
Daryl Colden, MD
Michael J. Cunningham, MD
Thomas F. Dowling, MD
Brian W. Downs, MD
John Duncan Edwards, MD
E. Scott Elledge, MD
Patrick C. Farrell, MD
Stephen R. Favrot, MD
Richard E. Ferraro, MD
Paul C. Frake, MD
Howard W. Francis, MD
Christine Blanche Franzese, MD
Stephen M. Froman, MD
Michael J. Fucci, MD
Julie Furdyna, MD
Daniel Ganc, MD
Soha N. Ghossaini, MD
Paul W. Gidley, MD
Frederick A. Godley III, MD
Lindsay I. Golden, MD
Myrle R. Grate Jr., MD
John J. Grosso, MD
David W. Hall, MD
Matthew B. Hanson, MD
Ronald D. Hanson, MD
James M. Hartman, MD
Michael R. Holtel, MD
John W. House, MD
John J. Huang, MD
Kenneth V. Hughes III, MD
Joseph Hutchison, MD
Jon E. Isaacson, MD
Lisa E. Ishii, MD
Ofer Jacobowitz, MD, PhD
Stephanie Joe, MD
J. Randall Jordan, MD
Matthew J. Kates, MD
Steven T. Kmucha, MD, JD
Michael J. Kortbus, MD
Jeffery J. Kuhn, MD
J. Walter Kutz Jr., MD
Miguel A. Lasalle Jr., MD
Pierre Lavertu, MD
Jonathan A. Lesserson, MD
Paul W. Loeffler, MD
David L. Mandell, MD
Alexander K. Mandych, MD
Frances E. Marchant, MD
Megan Marcinko, MPS (Staff)
Bradley F. Marple, MD
Ralph Marrero, MD
Jeffrey S. Masin, MD
W. Scott McCary, MD
Carl W. Moeller, MD
Christie L. Morgan, MD
Ravindran Nadarajah, MD
V. Rama Nathan, MD
David C. Norcross, MD
John W. Nurre II, MD
Randall A. Ow, MD
Ira D. Papel, MD
Michael L. Patete, MD
Philip W. Perlman, MD
Lisa C. Perry-Gilkes, MD
Luke Philippsen, MD
Thomas E. Phillips, MD
Karen T. Pitman, MD
Christopher P. Poje, MD
Gregor N. Postma, MD
Angela M. Powell, MD
Nikhila P. Raol, MD, MPH
Elliot Regenbogen, MD
Madison F. Richardson, MD
Karen A. Rizzo, MD
Pamela C. Roehm, MD, PhD
Michelle M. Roeser, MD
Daniel Santos, MD
Cecelia E. Schmalbach, MD
Jerome Steven Schwartz, MD
Janice L. Seabaugh, MD
Merry E. Sebelik, MD
Merritt J. Seshul, MD
Rasesh P. Shah, MD
Elizabeth A. Shaw, MD
Paul F. Shea, MD
Jack A. Shohet, MD
Lawrence M. Simon, MD
William H. Slattery III, MD
Richard V. Smith, MD
Timothy L. Smith, MD, MPH
Aaron T. Spingarn, MD
Robert J. Stachler, MD
Jamie Stern, MD
Wendy B. Stern, MD
Michael G. Stewart, MD, MPH
Gregory Tarasidis, MD
J. Regan Thomas, MD
Debara L. Tucci, MD, MBA
Gale T. Tuper Jr., MD
Betsy Vasquez, MD
Ralph F. Wetmore, MD
Malaika Witter Hewitt, MD
Daniel L. Wohl, MD
Erika A. Woodson, MD
Murray A. Woolf, MD
Glen Y. Yoshida, MD
Jan S. Youssef, MD

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

READ MORE ONLINE
Longer list available

Top 100 ENT services for 2018

The AAO-HNS has prepared resources outlining the 100 most frequently reported Current Procedural Terminology (CPT) codes by providers with subspecialty designation "4-Otolaryngology" within the Medicare enrollment database. In an effort to provide the most up-to-date resources for Academy members, two updated charts are now available—**2018 Top 100 ENT Codes Billed in a Physician Office** and **2018 Top 100 ENT Codes Billed in the Hospital Outpatient Department**.

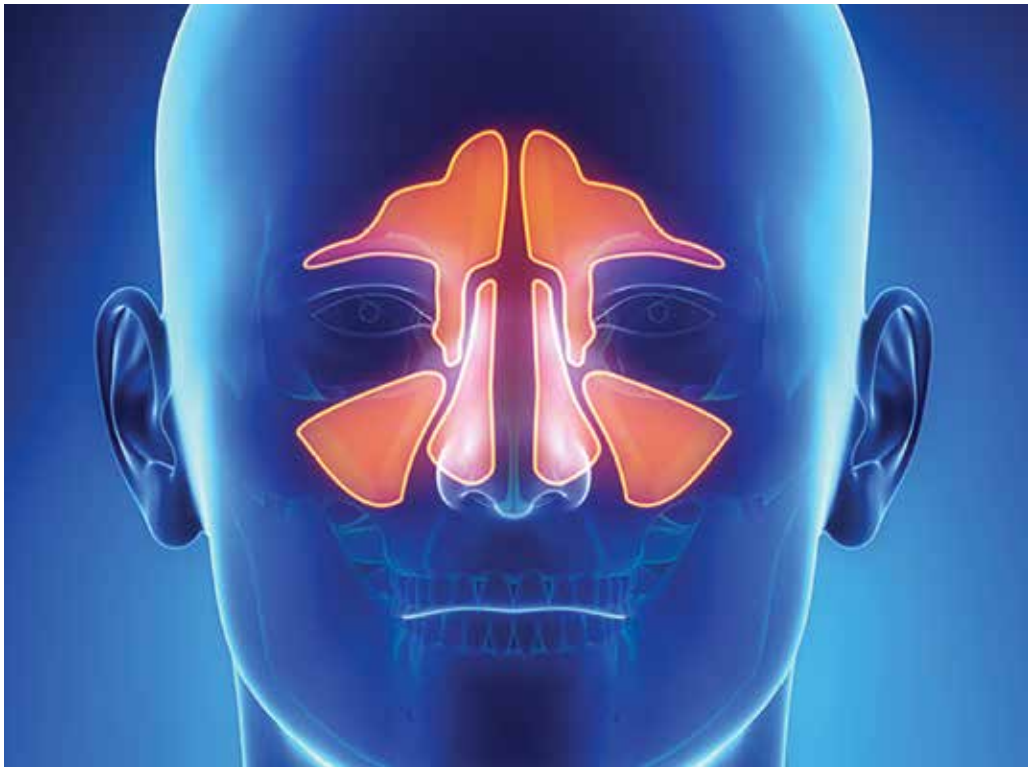
Volumes for both charts are based on the 2016 Medicare claims data. Further information and the chart files can be accessed at www.entnet.org/content/top-100-ent-cpt-codes-2018 as part of the Academy's Coding Corner (www.entnet.org/content/coding-corner). The Coding Corner is a valuable resource available to AAO-HNS members that includes CPT for ENT articles, annual code change summaries, and advocacy statements. ■

Understanding 2018 CPT changes to FESS and BSD codes

The 2018 Medicare Physician Fee Schedule (MPFS) contains significant changes to the Endoscopic Sinus Surgery (FESS) and Ostial Sinus Dilation (BSD) family of codes. In January 2015, the FESS and BSD code families were captured in a CMS screen of services that are typically reported together more than 75 percent of the time. As a result, these codes were required by CMS to be reviewed no later than the 2017 MPFS rulemaking cycle.

The AAO-HNS has been working diligently for the past three years to ensure appropriate Medicare reimbursement for these services. Our initial recommendation for no action related to these code sets was rejected by CMS at the April 2015 AMA RVS Update Committee (RUC) meeting, and a request after the meeting also resulted in the requirement to move forward with bundled codes. To help mitigate the anticipated reductions, the Academy convened a task force in June 2015, which included experts from the American Rhinologic Society and the American Academy of Otolaryngologic Allergy. The task force created the combined codes and developed consensus recommendations for presentation to the RUC in January 2017.

The results of an RUC survey, which received a robust physician response, demonstrated a significant decrease in reported intraservice and total time required to complete many of the procedures in the code family. This was particularly significant in the FESS codes, which had not been surveyed since the early 1990s. The BSD codes, which had been surveyed more recently



in 2011, produced data that was more consistent with the previous values, and thus their values were impacted far less.

Since the proposed values were released in July 2017, the AAO-HNS has been continuously engaged in advocating to CMS for appropriate valuation of these codes. CMS considered further reductions to many of these codes in the 2018 MPFS proposed rule. However, due to the Academy's comments opposing these reductions (**www.entnet.org/content/regulatory-advocacy**), CMS elected to finalize the RUC-recommended values.

To assist members in better understanding the new bundled codes, the Academy prepared a CPT for ENT article, "Changes to the FESS and BSD Family of Codes for CY 2018." To access this resource, visit **www.entnet.org/content/cpt-ent-FESS-BSD-code-changes-2018**. The AAO-HNS worked with the above-mentioned task force to develop a CPT® Assistant article to address these coding changes. This article has been submitted to AMA and is pending publication. ■

MAKE YOUR INVESTMENT IN THE FUTURE OF THE SPECIALTY

Reg-ent[SM]

ENT CLINICAL DATA REGISTRY

Reg-ent benefits the future practice of otolaryngology by:

- Safeguarding the role of otolaryngologist—head and neck surgeons in defining the best care for their patients.
- Creating a national repository of clinical data specific to the specialty, which will demonstrate the value of otolaryngology—head and neck surgery to both public and private payers.
- Serving as the first national data repository of otolaryngology-specific data that may be mined for research purposes.
- Providing access to future private payers quality programs.

Your Reg-ent dashboard helps you today by:

- Providing a visual representation of your patient data.
- Calculating benchmarks that can be used to compare your performance against your peers across the country and the specialty.
- Giving you the tools to monitor your practice and the outcomes of your patients.

www.reg-ent.org

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

MIPS for ENTs

What's New in the Quality Payment Program Year 2?

This resource highlights the changes established in the CY 2018 Quality Payment Program (QPP) final rule. This fact sheet is a non-exhaustive list of changes to the Merit-based Incentive Payment System (MIPS), performance categories, small practice thresholds, and Alternative Payment Models (APMs) in CY 2018. Please consider your reporting method, practice size, patient mix, and performance period to choose the reporting period and measures that best suit you. You can access a full list of the measures and requirements at **www.qpp.cms.gov**.

CY 2018 MIPS CHANGES

- Automatic Extreme and Uncontrollable Circumstances Policy: To account for Hurricanes Harvey, Irma, and Maria, and other disasters that occurred during CY 2017 MIPS, Eligible Clinicians (ECs) in the impacted areas will automatically be identified and receive a neutral MIPS payment adjustment unless they submit data for any of the MIPS performance categories by the March 31, 2017 submission deadline.
- Increases the low-volume reporting threshold to include individual ECs or groups with ≤$90,000 in Part B allowed charges or ≤200 Medicare Part B beneficiaries.
- Increases the performance threshold to 15 points in Year 2 and maintains the exceptional performance threshold at 70 points.
- Adds five bonus points for ECs that treat complex patients (previously three points).
- Allows ECs to participate in MIPS as an individual, a group, an APM entity, or a virtual group.

SMALL PRACTICES

- Creates virtual groups to assist small practices.
- Adds five bonus points to your final MIPS score if you have a practice of 15 or fewer clinicians.
- Adds a Significant Hardship Exception for the ACI performance category.
- Exempts practices of 15 or fewer clinicians from the All-Cause Readmission measure.

APMs

- Excludes ECs who are QPs for a year from the MIPS reporting requirements and payment adjustments and receive a five percent APM Incentive Payment for the year from 2019-2024.
- Maintains the current definition of a Physician-Focused Payment Model (PFPM) to include only payment arrangements with Medicare as a payer.

QUALITY

- Decreases the weight to 50 percent of final score.
- Provides a minimum of three points for reporting a quality measure, regardless if it meets data completeness.
- Maintains the number of quality measures ECs must report for full participation.
- Increases the maximum number of points an EC can earn on topped out measures to seven points.
- Increases the reporting threshold to 60 percent of applicable patients.

ADVANCING CARE INFORMATION (ACI)

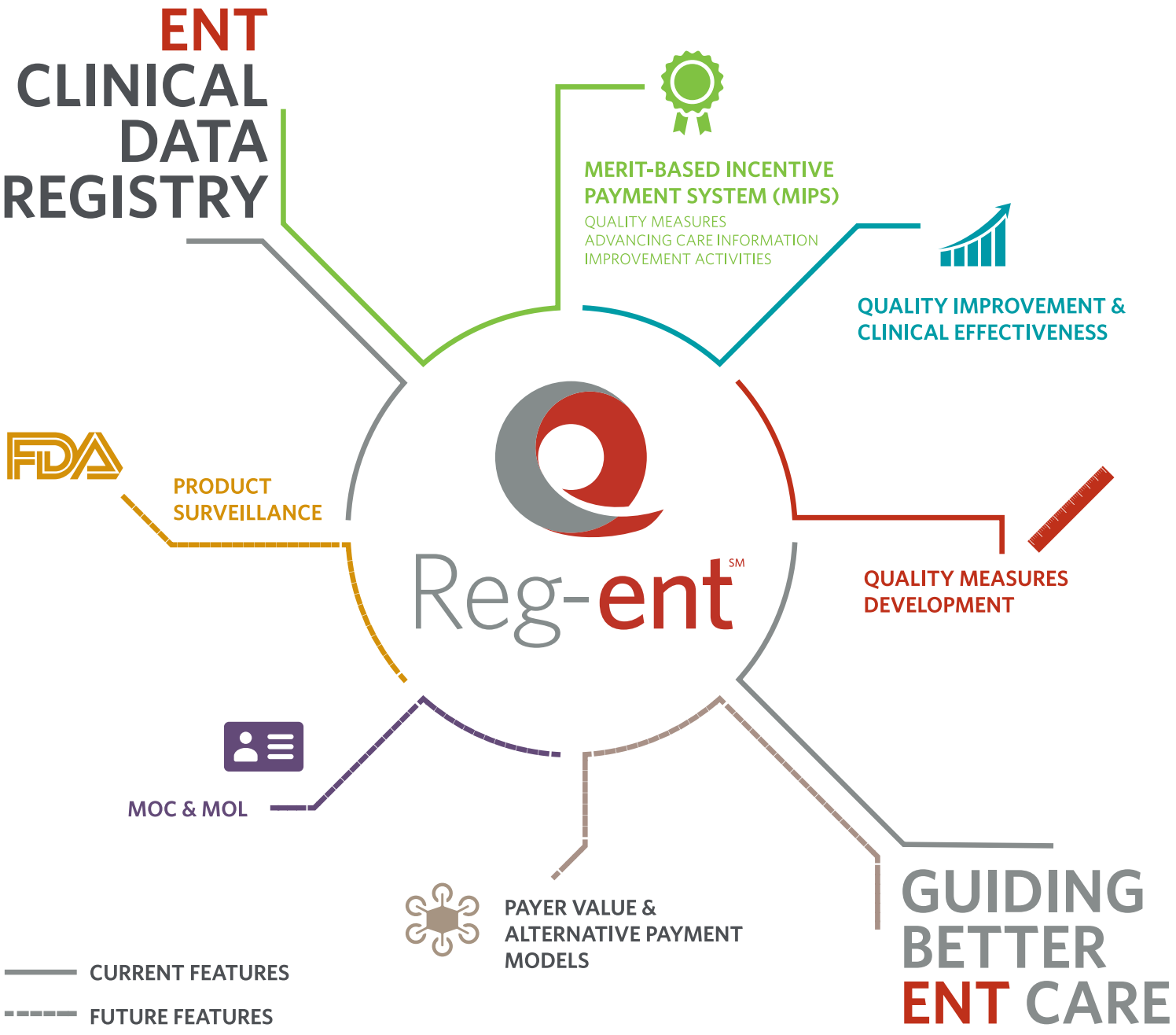
- Establishes 25 percent of final score, unless EC is participating in a MIPS APM, at which point the category would be 30 or 75 percent of the final score (requirements apply).
- Enables ECs to use 2014 OR 2015 CEHRT in CY 2018.
- Finalizes exclusions for e-prescribing and health information exchange measures.
- Permits modified Stage 2 reporting in CY 2018.
- Permits earning of 10 percentage points for

IMPROVEMENT ACTIVITIES

- Details 21 new and 27 updated improvement activities.
- Increases the number of improvement activities eligible for the ACI bonus.
- Allows a TIN to receive credit if reporting as group, only one MIPS EC in a TIN performs the Improvement Activity.
- Permits reporting through attestation.
- Establishes the performance period as a minimum of a continuous 90-day period within CY 2018.

COST

- Increases the weight to 10 percent of final score for CY 2020 (percentage will rise to 30 percent for 2021).
- Indicates CMS will not use the 10 episode-based measures that were adopted for the 2017 MIPS performance period.
- Includes the Medicare Spending per Beneficiary (MSPB) and total per capita cost measures.
- Ensures new episode- based measures with stakeholder input will be developed.


ENT CLINICAL DATA REGISTRY
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)
QUALITY MEASURES
ADVANCING CARE INFORMATION
IMPROVEMENT ACTIVITIES
QUALITY IMPROVEMENT & CLINICAL EFFECTIVENESS
FDA
PRODUCT SURVEILLANCE
Reg-ent SM
QUALITY MEASURES DEVELOPMENT
MOC & MOL
PAYER VALUE & ALTERNATIVE PAYMENT MODELS
GUIDING BETTER ENT CARE
CURRENT FEATURES
FUTURE FEATURES

Reg-ent[SM] value beyond MIPS: Why participate?

The Reg-ent registry allows otolaryngologists in the practice setting to benchmark their patient outcomes, professional performance, and care processes against other otolaryngologists across the country. Reg-ent is able to capture the continuum of care from the patient's initial visit, through intervention and follow up, collecting data that has endless possibilities.

- **Research:** Reg-ent is the first national data repository of otolaryngology-head and neck surgery specialty-specific data that may be mined for research purposes and will define quality otolaryngology care. Reg-ent data will serve to safeguard the role of otolaryngologist-head and neck surgeons in defining the best care for their patients. Currently, there are close to five million unique patients and 10 million patient encounters in Reg-ent from the initial year of operation.

- **Visual Representation of Your Data:** Reg-ent provides a visual representation of individual physician performance in an easy-to-use dashboard that provides meaningful and actionable data for providers to create self-directed quality improvement projects.

- **Comparison to Peers, Benchmarks:** Each member in Reg-ent can see real-time data on the dashboard to identify gaps in care and benchmark against their performance in comparison to other otolaryngologists nationally.

- **Define best practice:** More than reporting on generic measures for MIPS, Reg-ent gives otolaryngologists in practice, including employed physicians, the opportunity to define ENT care and improve quality for patients with otolaryngologic-specific diseases. See this Reg-ent FAQ for Employed Physicians for more: **http://www.entnet.org/content/reg-ent-faqs-employed-physicians**.

Other tangible benefits of Reg-ent:

- A national repository of clinical data specific to the specialty will demonstrate the value of otolaryngology-head and neck surgery to both public and private payers. Many societies are realizing the advocacy benefit of their registries.

- It is the only registry with otolaryngology-head and neck surgery specialty-specific quality measures. Evaluate your performance on 19 specialty measures only available in Reg-ent: **http://www.entnet.org/content/reg-ent-mips-2018-measures**.

- Eligible physicians and care team members, who sign up and meet MIPS reporting requirements, can streamline their MIPS (UC) 2018 reporting by completing all three performance categories through Reg-ent: Quality, Advancing Care Information, and Improvement Activities.

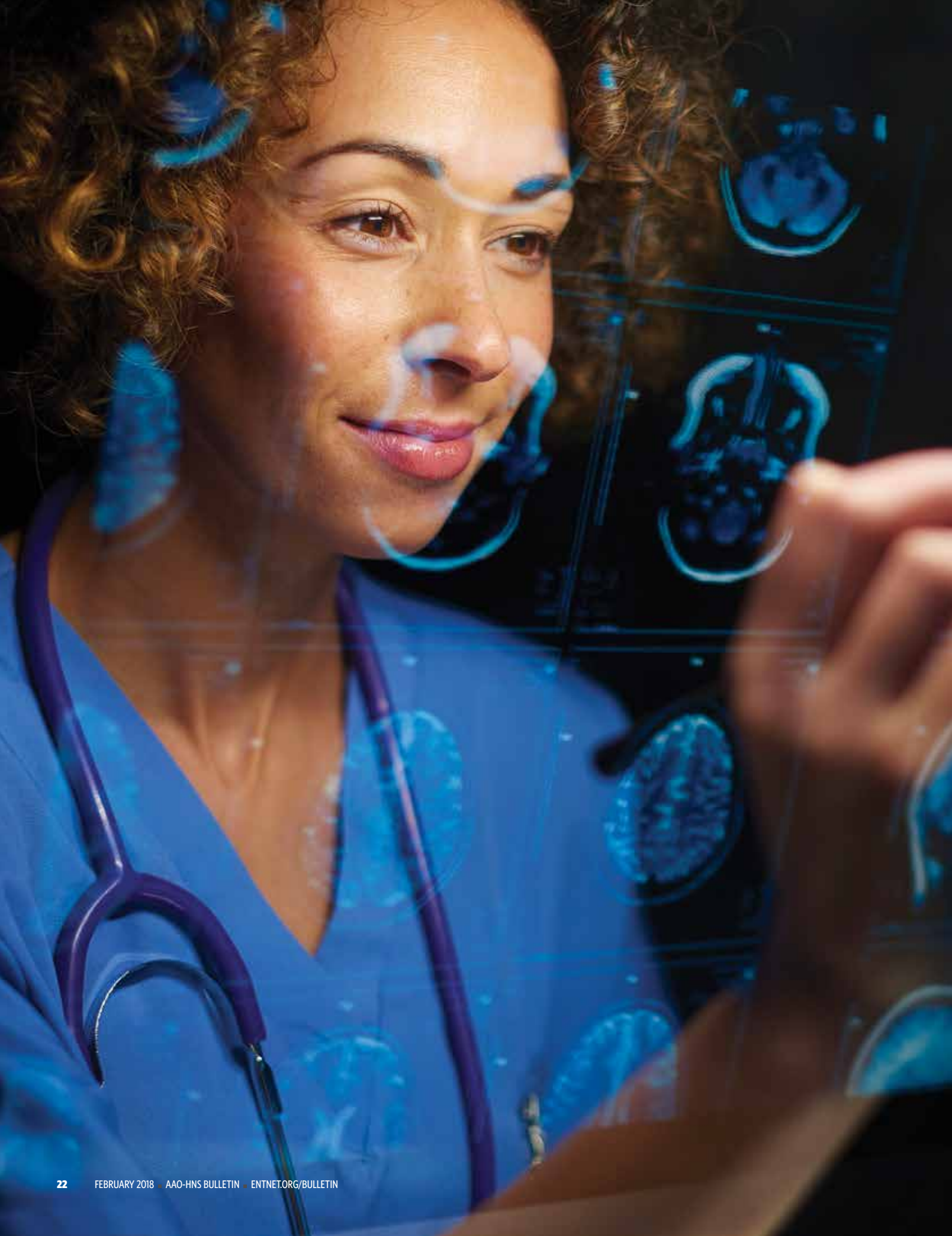
- The Reg-ent registry will assist with research and development of new treatments, as well as pre- and post-market surveillance with the FDA. It will also demonstrate the value of otolaryngology patient care to outside entities.

- **Long-term benefits of Reg-ent:**

  – *Private payers quality programs:* FIGmd is working with private payers to develop incentive-based programs for participants in FIGmd registries including those participating in Reg-ent.

  – *Maintenance of Certification requirements:* Over time, Reg-ent will help otolaryngologists meet Maintenance of Certification requirements. Aggregate data also will be used by the Academy to identify topics for the development of CME activities.

Every member should invest in Reg-ent—the future of otolaryngology. In light of Reg-ent's importance to the future practice of otolaryngology, we encourage you to make the decision that almost 2,000 clinicians have made so far and join the Reg-ent registry today. View answers to the most frequently asked questions at: **http://www.entnet.org/content/reg-ent-mips-2018-measures** ■



New Clinical Consensus Statement on Balloon Dilation of the Sinuses

The AAO-HNSF's *Otolaryngology–Head and Neck Surgery* journal recently published the Clinical Consensus Statement (CCS) on Balloon Dilation of the Sinuses (BDS) that was previewed at our Annual Meeting in Chicago last year. I would like to thank and congratulate the participants on the panel that produced the statements of agreement related to this evolving tool for treating disorders of the sinonasal tract.

The use of this technology as it continues to evolve has proven to be a valuable addition to the armamentarium of the otolaryngologist treating sinus-related diseases. The Academy felt that it would be beneficial to produce a CCS that describes best practices and current management paradigms based on existing scientific literature and a panel of experts in the field of rhinology. This document would provide guidance to practitioners treating sinus-related disease, patients affected by these diseases, and the payers covering these treatments.

I feel this CCS accomplishes that goal, based on our current knowledge. As the field progresses and further advancements are made, evidence may accumulate that warrants future updates to all or part of this document. As is the case with all our CCS and CPG products, the CCS on BSD will be reviewed on a regular basis and updated based on the most current literature and experience.

The following organizations have endorsed the CCS: American Academy of Allergy, Asthma & Immunology; American Academy of Otolaryngic Allergy; American Rhinologic Society; and the Triological Society. ■

— ***James C. Denneny III, MD***

Patient criteria

1. Balloon dilation is not appropriate for patients who are without both sinonasal symptoms and positive findings on CT.
2. Balloon dilation is not appropriate for the management of headache in patients who do not otherwise meet the criteria for chronic sinusitis or recurrent acute sinusitis.
3. Balloon dilation is not appropriate for the management of sleep apnea in patients who do not otherwise meet the criteria for chronic sinusitis or recurrent acute sinusitis.
4. CT scanning of the sinuses is a requirement before balloon dilation can be performed.
5. Balloon dilation is not appropriate for patients with sinonasal symptoms and a CT that does not show evidence of sinonasal disease.
6. Balloon dilation can be appropriate as an adjunct procedure to FESS in patients with chronic sinusitis without nasal polyps.
7. There can be a role for balloon dilation in patients with persistent sinus disease who have had previous sinus surgery.
8. There is a role for balloon sinus dilation in managing patients with recurrent acute sinusitis as defined in the AAO-HNSF guideline based on symptoms and the CT evidence of ostial occlusion and mucosal thickening.

Perioperative considerations

9. Surgeons who consider reusing devices intended for dilation of the sinuses should understand the regulations set forth by the FDA for reprocessing such devices and ensure that they are followed.
10. Balloon dilation can be performed under any setting as long as proper precautions are taken and appropriate monitoring is performed.
11. Balloon dilation can be performed under local anesthesia with or without sedation.

Outcomes

12. Balloon dilation can improve short-term quality-of-life outcomes in patients with limited CRS without polyposis.
13. Balloon dilation can be effective in frontal sinusitis.

Clinical consensus statements vs. clinical practice guidelines

The AAO-HNS Foundation produces two primary quality products, clinical consensus statements (CCSs) and clinical practice guidelines (CPGs), that are used to define best practices, create performance measures, and educate clinicians and the public about current management of common problems. Both products are evidence-based, using the best available evidence to address perceived gaps in care and opportunities for quality improvement.

A CCS is defined as statements of fact developed by a group of content experts, for which consensus is sought using an explicit, *a priori* methodology to identify areas of agreement and disagreement. The statements that reach consensus are intended to improve patient care and clinical outcomes, but are not explicit recommendations for action. Instead, their impact on clinical care requires interpretation and value judgments by clinicians and policy makers. The core of a CCS is a series of statements for which a level of agreement (consensus, near consensus, no consensus) is sought using a modified Delphi method, a systematic iterative approach that does not require face-to-face interaction. The current AAO-HNS methodology for CCS development was published in 2015 (Rosenfeld RM, Nnacheta LC, Corrigan MD).

A CPG is defined as recommendations intended to optimize patient care that are informed by a systematic review of the evidence and an assessment of benefit and harms of alternative care options. In contrast to a CCS, the key statements in a CPG call for explicit action by clinicians, with associated levels of obligation (strong recommendation, recommendation, option), an action statement profile, and supporting text. An algorithm is included to show the interrelationship of the key action statements, and secondary products are developed, including an executive summary, plain language summary, and

patient decision aids. The current AAO-HNS methodology for CPG development was published in 2013 (Rosenfeld RM, Shiffman RN, Robertson P).

Whether a specific topic is best suited for a CCS or a CPG depends primarily on the level of underlying evidence and the intended target audience. A CPG is most applicable to a multidisciplinary audience with a robust evidence base that includes randomized trials, systematic reviews, and other guidelines. A CCS is most applicable to situations where the evidence base is insufficient for a clinical practice guideline but for which significant practice variations and quality improvement opportunities exist, primarily for an audience of otolaryngologists. A more detailed comparison of characteristics of guidelines versus consensus statements is shown in the table. ■

References

1. Rosenfeld RM, Nnacheta LC, Corrigan MD. Clinical consensus statement development manual. Otolaryngol Head Neck Surg; 2015; 153(Suppl 2S):S1-S14.
2. Rosenfeld RM, Shiffman RN, Robertson P. Clinical practice guideline development manual, 3rd edition: a quality-driven approach for translating evidence into action. Otolaryngol Head Neck Surg 2013; 148(Suppl 1):S1-S55.

CHARACTERISTIC	CLINICAL CONSENSUS STATEMENT	CLINICAL PRACTICE GUIDELINE
Primary output	Statements of fact based on best evidence and expert consensus	Recommendations for action based on best evidence and explicit consideration of benefits, harms, values, and preferences
Level of evidence	Observational studies and expert consensus; higher levels of evidence when available	Systematic reviews and randomized controlled trials; lower level evidence as needed for research gaps
Size of development group	8 to 10; possibly more	15 to 20
Target audience	Primarily otolaryngologists who interact with the target patients	Clinicians in any discipline or specialty who interact with the target patients
Composition of development group	Otolaryngologists; content experts a majority; may include other disciplines as needed	Multidisciplinary, including consumers; content experts a minority; includes all stakeholders in the target audience
Perspective of development group member	Member serves as a content expert based on individual knowledge and experience	Member advocates for the discipline or constituency they were appointed to represent
Time frame	6 to 8 months	12 to 18 months
Meeting venues	Conference calls and electronic mail	In-person meetings, conference calls, and electronic mail
External review	Limited review by relevant stakeholders	Extensive review by all stakeholders, including open public comment

Awareness of the dangers of button battery ingestion in children

Ryan H. Belcher, MD; C. Anthony Hughes, MD, MBA, MPH; Rose J. Eapen, MD; Robert H. Chun, MD; Craig S. Derkay, MD

Over the last few decades, there has been a notable increase in electronics, toys, watches, greeting cards, and other devices powered by button batteries. These seemingly innocuous objects can be found in nearly all households. During the same time period, there has been a dramatic rise in the prevalence of button battery injuries, the overwhelming majority occurring in children.

Prior to 1983, there were only six reported cases of button battery ingestion in the scientific literature.[1,2] Now in the United States, a child may present to the emergency department for a battery-related complaint as often as every three hours.[3]

In 2010, the National Capital Poison Center published a seven-fold increased risk of major effect on the morbidity and mortality in button battery ingestions in children compared to previous reported literature.

How does battery ingestion cause complications?

Swallowing a battery or applying a battery to a moist surface (e.g., the ear canal, throat, or the nose) can result in injury because the moisture in these areas can result in leaching of hydroxide from the battery's negative pole. This will damage and liquefy the lining of the esophagus, nose, or ear drum, resulting in a severe burn or perforation.

If the diagnosis is confirmed with x-ray imaging and/or there is a strong clinical suspicion, emergency removal of the battery is the next step. This is typically managed in the operating room by an otolaryngologist, particularly if the button battery is lodged in the esophagus or airway. The esophagus is the site of the most severe complications because of the moist environment, close proximity of tissues, and slow movement.

What to do if a child ingests a button battery or if there is suspicion of an event

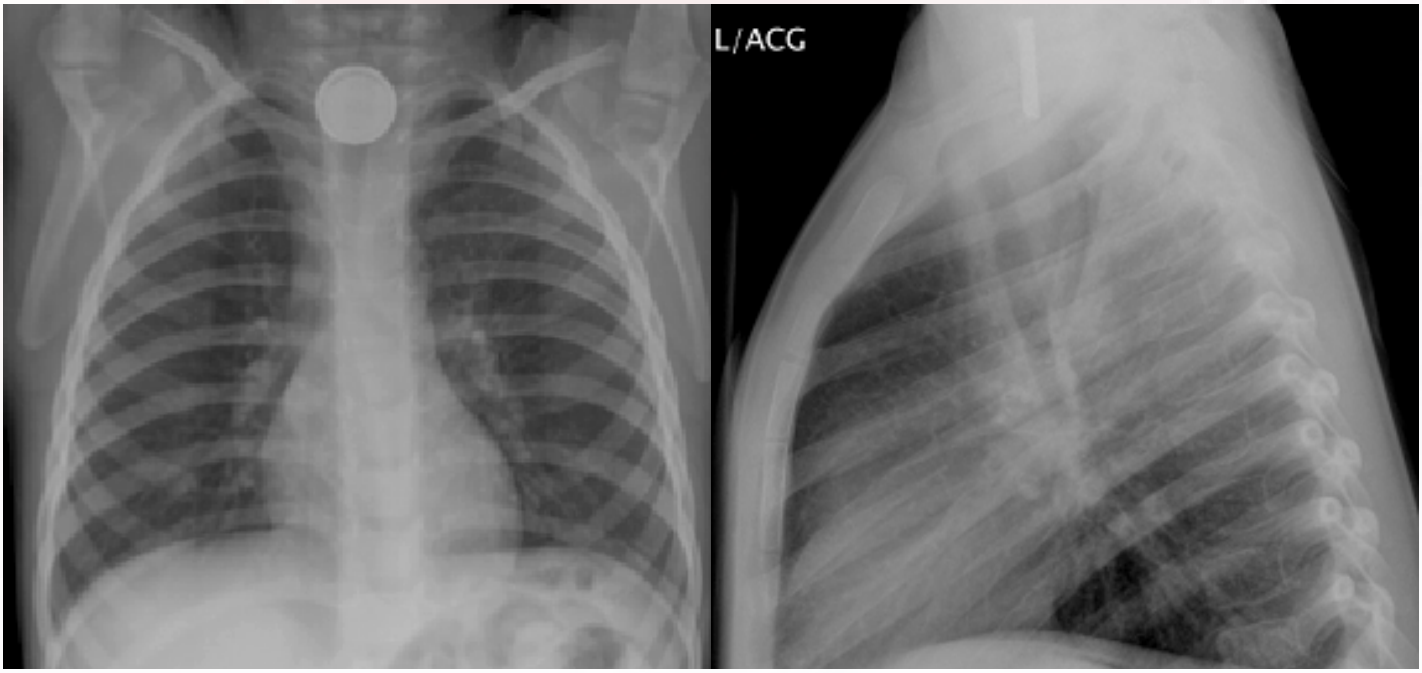
If a caretaker does not witness the ingestion event, it can be hard to diagnose this problem, as the symptoms (e.g., drooling, vomiting, fever, decreased oral intake, difficulty swallowing, cough) may mimic other common disease processes in children, such as viral illnesses. Should there be any suspicion of a button battery ingestion, even if the event is not witnessed, the parent or caretaker should seek immediate medical help in the emergency room setting. If there is a witnessed ingestion, the poison control website (poison.org) has a list of steps to take.

If anyone ingests a battery, this is what you should do:

1. Immediately call the 24-hour National Battery Ingestion Hotline at 800-498-8666 (or 202-625-3333).
2. If readily available, provide the battery identification number, found on the package or from a matching battery.
3. In most cases, an x-ray must be obtained right away to be sure that the battery has gone through the esophagus into the stomach. (If the battery remains in the esophagus, it must be removed immediately. Most batteries move on to the stomach and can be allowed to pass by themselves.) Based on the age of the patient and size of the battery, the National Battery Ingestion Hotline specialists can help you determine if an immediate x-ray is required.

   In any cases of clinical suspicion, a simple two-view chest/neck x-ray should be obtained to diagnose and distinguish a button battery with the "double ring" sign from the ingestion of a simple coin. (See Figure 1.)
4. Don't induce vomiting. Don't eat or drink until the x-ray shows the battery is beyond the esophagus.
5. Watch for fever, abdominal pain, vomiting, or blood in the stools. Report these symptoms immediately.
6. Check the stools until the battery has passed.
7. Your physician or the emergency room may call the National Button Battery Ingestion Hotline at the National Capital Poison Center at 800-498-8666 (or 202-625-3333) for consultation about button batteries. Expert advice is available 24 hours a day, seven days a week.[4]

Figure 1



Once the battery is removed endoscopically, the physician is encouraged to report the case to the National Battery Ingestion Hotline with the size/type of battery, source of battery, and any available clinical data.[5]

In delayed button battery removal or significant esophageal injury, an esophagram may be performed before advancing diet, and a "second look" endoscopy two to four days post-removal can be useful in reassessing injury. Children may require careful monitoring to ensure no further injury occurs even after the battery is removed. Vascular injuries have been described, and an MRI of the chest to determine proximity of injury to the aorta or CT angiography to exclude aortic injury may be considered.

What are some preventive strategies?

Given the severe complications that ingested button batteries can cause within a short timeframe (two hours), preventive strategies cannot be stressed enough. While the distribution of information and increased awareness of the dangers of button batteries to caregivers, parents, and medical professionals is helpful, these are not sufficient by themselves to prevent injuries. It is believed that securing the battery compartment of the product is the single most important intervention required to prevent battery ingestion injuries.[5] Other strategies include avoiding loose or accessible button batteries and redesigning battery packages with child-resistant packaging.[5]

It is important that parents and caregivers are knowledgeable about which devices and toys require button batteries. Hearing aid batteries are the most frequently reported source of ingested batteries out of all devices. Lithium batteries have become increasingly popular as a result of longer shelf life and increased stability. However, these larger 20mm batteries have an increased voltage (3V) and increased risk of impaction and have also contributed to 94 percent of known battery fatalities.[5] Most often these 20mm batteries are used for games and toys, watches and stopwatches, flameless candles, bathroom and kitchen scales, and key fobs.[5]

What are other areas of concern in the head and neck?

All caretakers and parents should also be aware that children can often place the batteries in the ear or get them lodged in the nose. The corrosive nature of the batteries can destroy the surrounding tissues in these areas and create multiple complications including conductive hearing loss, ear canal stenosis, septal perforation, nasal obstruction, or scar bands. As in the esophagus with ingestions, there is a narrow time window in which the button battery needs to be removed from the ear or nose to avoid catastrophic tissue damage. ■

Bibliography

1. Buttazzoni E, Gregori D, Paoli B, et al. Symptoms associated with button batteries injuries in children: an epidemiological review. International journal of pediatric otorhinolaryngology. 2015; 79:2200-2207.
2. Reilly D. Mercury battery ingestion. BMJ. 1979; 1:859.
3. Sharpe SJ, Rochette LM, Smith GA. Pediatric battery-related emergency department visits in the United States. Pediatrics. 2012; 129(6):1111-1117.
4. Poison Control. Swallowed a button battery? Battery in the nose or ear? www.poison.org/battery. Accessed 11/29/17, 2017.
5. Jatana KR, Litovitz T, Reilly JS, Koltai PJ, Rider G, Jacobs IN. Pediatric button battery injuries: 2013 task force update. International journal of pediatric otorhinolaryngology. 2013; 77:1392-1399.

RENEW YOUR MEMBERSHIP TODAY

TO CONTINUE TO RECEIVE EXCLUSIVE MEMBER BENEFITS

- Subscriptions to the peer-reviewed scientific journal, *Otolaryngology–Head and Neck Surgery* and the highly-rated *Bulletin* magazine
- Participation in Reg-ent℠, the ENT Clincial Data Registry *(additional fees apply)*
- Savings on Annual Meeting & OTO Experience Registration
- OTO News, your personalized weekly eNewsletter
- Listing in Find an ENT
- Access to the AcademyU® learning platform, which offers over 200 member-discounted education opportunities
- Access to ENTConnect, the members-only online community

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Value 4U

You care for patients. We care for YOU.

Renew Today: **www.entnet.org/renew**

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

MEETING HIGHLIGHTS:

- **Keynote Speaker:** *Albert Merati, President Elect AAO*
- **Signature Social Event – Chihuly Glass Museum**
- Cadaver Prosections
- Primary frontal sinus surgery: To do, or not to do?
- Second chances: Finding success in revision sinus surgery
- Would you do this in your office?
- Nasal polyps, our nemesis
- Complications of endoscopic sinus surgery: Managing the worst-case scenario
- Surgical failures after a textbook surgery: The chronically infected sinus
- Coding controversies. How would I code this? A case based panel
- Cough, throat clearing, and postnasal drip; tips for treatment of these challenging symptoms
- I don't have migraines, Doc, I have sinus headaches
- Balloon Dilation: From sinuses to eustachian tubes
- Topical therapies for chronic rhinosinusitis
- Prednisone: Friend and foe
- Epistaxis, hemostasis and HHT
- Epiphora – I'm really not crying
- Technical tips for successful orbital decompression
- Defining Appropriate Medical Therapy for CRS
- Understanding the International Consensus on Allergy and Rhinology Statements…and the most recent Allergic Rhinitis installment
- Controversies in allergy testing and immunotherapy: Challenging traditional practice
- The functional nose: When to do more than septoplasty and turbinate reduction
- Contemporary approaches to the turbinates, nasal septum, and nasal obstruction
- Endotypes matter in CRS management
- Asthma update: What every ENT should know about state of the art asthma treatment
- Runny noses: A comprehensive approach to the medical and surgical treatment of pediatric sinusitis
- Management of CSF Rhinorrhea
- Frontal drill out: When, why and how
- Complex inflammatory sinusitis cases: Case presentations
- Pituitary surgery: Pearls and Pitfalls
- Skull base cases: Case presentations
- Women in Rhinology Lecture

ANCILLARY NON-CME & Social Events

THURSDAY, 7/12/18

5:15 - 6:15 pm
Acclarent Evening Symposium
Leveraging New Advancements in 3D ENT Navigation

FRIDAY, 7/13/18

7:30 – 8:30 am
Intersect ENT Breakfast Symposium
Advancing Care for Recalcitrant Polypoid Patients with SINUVA

12:00 – 1:00 pm
Cook Medical Lunch Symposium
Nasoseptal Flap Donor Site Repair Using Biologic Grafts

12:00 – 1:00 pm
Entellus Medical Lunch Symposium
Office Based Sinus Surgery for Chronic Sinusitis, Eustachian Tube Dysfunction and Nasal Airway Obstruction

1:00 – 5:00 pm
Entellus Medical Cadaveric Lab
Approaches to Office-Based Sinus Surgery: A Hands-On Lab

1:00 – 5:00 pm
Olympus Cadaveric Lab
Enhanced Visualization in Advanced Surgery Techniques for Practicing Rhinologists

12:00 – 1:00 pm
Stryker Lecture and Mobile Lab
Frontal Sinus Masterclass Using Building Blocks® Anatomy Planning and Target Guided Surgery Dissection

SATURDAY, 7/14/18

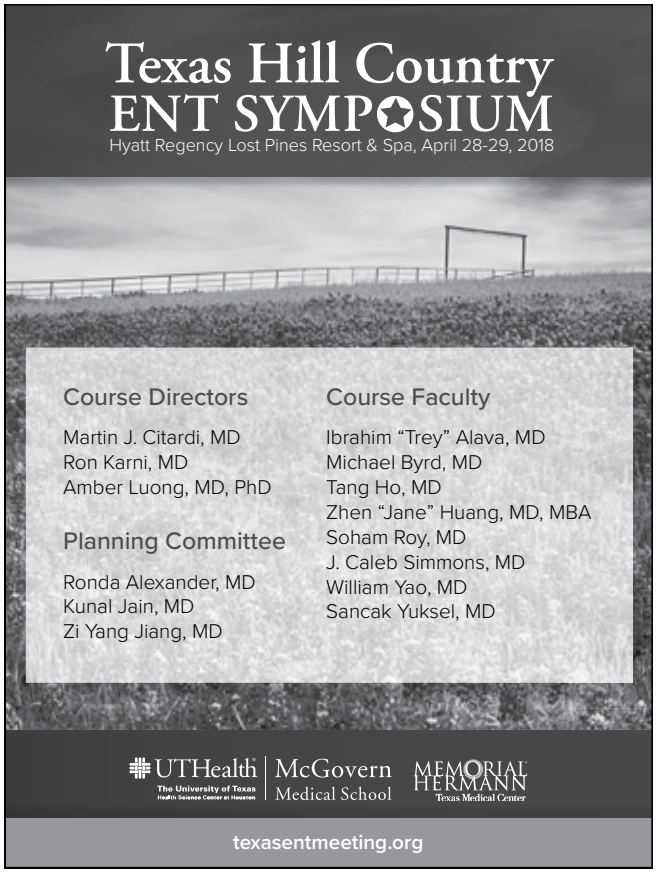
7:30 – 8:30 am
OptiNose Breakfast Symposium

12:00 – 1:00 pm
Women in Rhinology Lunch Program

Details at *http://www.american-rhinologic.org/sss*

Contact: Wendi Perez, Executive Administrator, ARS, PO Box 269, Oak Ridge, NJ 07438 | Tel: 973-545-2735 | Fax: 973-545-2736 | wendi@amrhso.com

www.american-rhinologic.org



EMORY UNIVERSITY SCHOOL OF MEDICINE

Atlanta, GA, USA

Department of Otolaryngology – Head and Neck Surgery

Course Director:
Esther X. Vivas, MD

Course Faculty:

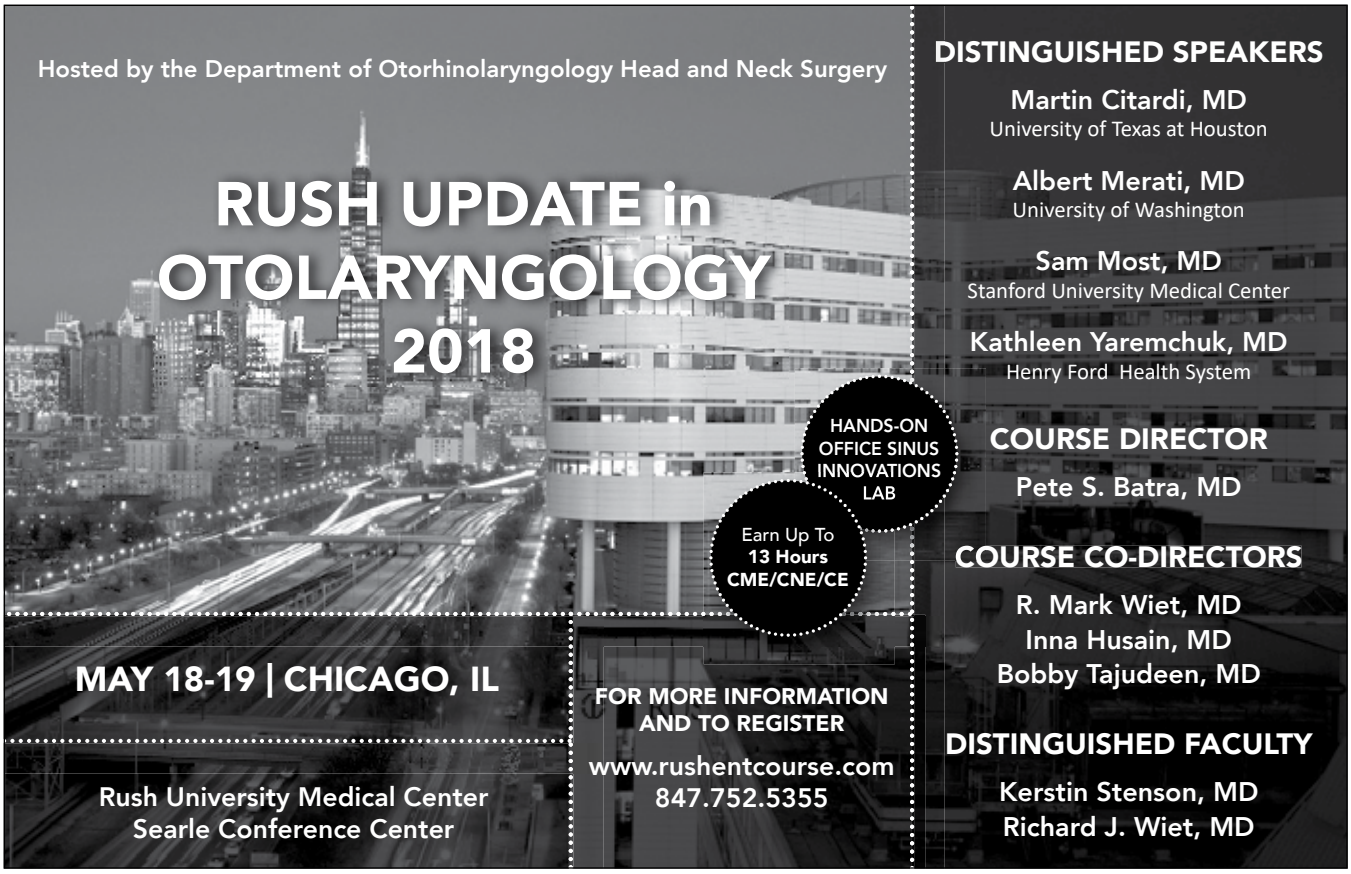
Esther X. Vivas, MD	C. Arturo Solares, MD
Kavita Dedhia, MD	Douglas E. Mattox, MD
Malcolm D. Graham, MD	N.Wendell Todd, MD, MPH

Temporal Bone Surgical Dissection Courses

5 Day Courses
March 26-30, 2018
October 1-5, 2018
March 25-29, 2019
October 28-Nov 1, 2019

Fee: $1800 Physicians in Practice
$1500 Residents (with letter from chief)
CME: 45 Category 1 Credits

For more information, please visit our website at:
www.otolaryngology.emory.edu
or you may email us at:
emoryotolaryngology@emory.edu



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
Physician Executive for Growth
Assoc. Chief Physician Executive for Faculty Group Practice
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.

South Florida General Otolaryngologist

Single specialty, independent practice. Currently, 2 physicians, one PA, one Doctor of Audiology. 2 offices. Ancillary services include audiology and hearing aid sales. In addition, strong allergy practice with immunotherapy including SLIT. Excellent support staff with very low turnover including two RN's and a business manager who has been with the practice for over 10 years. Large referral base. I am looking for an entrepreneurial MD/DO who is motivated to join a thriving, independent practice.

- Salary: Base salary plus incentive
- Full time/permanent position
- 4 day work week Monday through Thursday
- On-call not required
- Surgical/office or entirely office practice
- Health and dental insurance covered 100%
- Life insurance
- Malpractice insurance
- PTO 5 weeks.
- CME Reimbursement
- Relocation Allowance
- 401K program

Community description: Naples, Bonita Springs and Estero—on the Gulf of Mexico. Thriving, growing community. Good schools including FGCU the fastest growing Florida University. Cultural activities abound. The best weather in the US with mild, nonexistent winters. This allows you to enjoy the outdoors 12 months of the year. Gallup-Hathaway rated Naples Number one as the happiest, healthiest city in the U.S. for the last two years in a row!

Please contact or send CV to:
Mark Montgomery MD
9240 Bonita Beach Rd
Suite 1106
Bonita Springs, Florida 34135
drmarkmontgomery.com
239-495-6200

Synergy® ENT SPECIALISTS
Advanced Ear, Nose & Throat Care

OTOLARYNGOLOGY OPPORTUNITY
ST. LOUIS, MISSOURI

Synergy ENT Specialists and the St. Louis Sinus Center are seeking a BC/BE Otolaryngologist to join our busy and thriving private practice in the St. Louis Metropolitan area. We are one of St. Louis, Missouri's premiere Otolaryngology practices, with offices in both St. Louis and its southern suburb. Our newly opened St. Louis location, located in the heart of Ladue, in one of the most technologically advanced ENT offices in the country.

Our practice provides comprehensive, state-of-the art, on-site diagnostic and treatment services including ICACTL accredited MiniCAT CT scanning, Allergy Skin Testing, Allergy Immunotherapy, Image Guidance, Audiologic Testing, Hearing Aids and In-Office Surgery. We are certified as a National Center of Excellence and a premiere training site for In-Office Balloon Sinus Dilation, training physicians from all over the country each week.

We are also partnered with two, physician-owned, outpatient surgical centers and there is opportunity for immediate ownership in these thriving, busy centers.

We are seeking a highly motivated BC/BE Otolaryngologist with excellent interpersonal skills and great training to join our team. We have opportunity for either a straightforward partnership track or a simple employment. We are offering an excellent salary with bonus structure, paid vacation, 401-K, CME and license reimbursement and paid malpractice insurance.

For more information on this exciting opportunity, please contact James D. Gould, MD, FACS, Owner and Executive Director, at **1-314-494-3246** or by email: jgould@SynergyENTSpecialists.net

Please visit our websites at:
www.SynergyENTSpecialists.net
www.STLSinusCenter.com

ENT AND ALLERGY ASSOCIATES, LLP
ENTANDALLERGY.COM

Full time Specialty and Sub-Specialty Positions Available At the Preeminent Otolaryngology Partnership in the Nation

Here's your opportunity to become a member of ENT and Allergy Associates, LLP (ENTA) and serve patients in state-of-the-art clinical offices in **New York**, the **Hudson Valley**, **Long Island** and **New Jersey**.

We have current openings in Midtown NYC, **Bronx**, **White Plains**, **New Rochelle**, **Wayne**, **Somerset**, **Hauppauge**, **Port Jefferson**, **Southampton**, **Patchogue**, **Middletown** and **Rockville Center**.

We offer new associates:

- The collegial expertise and guidance of nationally and internationally recognized specialists and subspecialists
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including Mount Sinai, Northwell and Montefiore
- A starting salary of $300,000
- A well-traveled road to partnership without buy-ins and buy-outs
- A governance structure that gives you a voice from Day 1, and colleagues who understand there is more to life than just practicing medicine

Our continued growth, coupled with upcoming physician retirements, means opportunity for you!

For more information, contact our President, **Robert Green, MD** (Rgreen@entandallergy.com) or our Chief Executive Officer, **Robert Glazer** (Rglazer@entandallergy.com or call 914-490-8880).

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

ENT Opportunity

Bend, Oregon

Cascade ENT, a sole-practitioner practice, in Bend, Oregon, is seeking a dedicated Otolaryngologist to join our practice serving 2 area locations.

This is an opportunity to work with an experienced, highly skilled ENT/Facial Plastic Surgeon, in a well-established practice with a fantastic group of support personnel. The position is a full-time opportunity with partnership potential.

The position requires:

- MD/DO degree
- Board certification, board eligibility or fellowship-trained
- Licensed in Oregon or eligible for Oregon Licensure

Cascade ENT is expanding due to community growth. Bend, Oregon has a population of 92,122 in a county of 175,268. Bend is best known for its recreational opportunities such as water and snow skiing, hiking, biking, camping, fishing and hunting, and various youth sports, to name just a few area offerings. Bend is home to a community college and a university, a well-known ski resort, excellent golf courses, museums, as well as many fine restaurants and cultural activities. Bend is routinely on publishers' "Best lists" and is committed to maintaining a high quality of life for residents and visitors alike as it continues to experience significant growth.

For more information about our community visit www.visitbend.com

Please email your resume and letter in interest to manager@cascadeent.com

Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

Otorhinolaryngologist

Rutland, Vermont

We are looking for an Otolaryngologist, for to join our well established, hospital owned practice. This is a fulltime position with an annual salary of $350k base plus production incentive. $25k signing bonus. ER call 1:4. Join 2 other surgeons in this practice, with three Physician Assistants. Clinical faculty appointment possible. Teaching opportunity with med students and Advanced Practitioner students if desired. Board Certified or Board Eligibility with intent to become board certified.

Generous benefits of Malpractice, Health, Dental, and Disability insurances, 403b with hospital match, Defined Contribution retirement account, and tax-deferred earnings program. $6000 annual CME allowance. Up to $10k in relocation assistance.

There are two office locations. Each location has a fully developed Audiology program.

Well established EMR with hospital and home digital x-ray viewing capability.

100 bed community hospital with ER volume of 36,000 patient visits per year. ER physicians are residency trained. ICU with 24-hour intensivist coverage. Hospital based Community Cancer Center with COC certification. Service area 85,000 and new ENT Medical Office Building plans.

Great family oriented community with vast array of outdoor activities at your doorstep including 2 ski resorts within 20 minutes of hospital. Located in the Heart of the Green Mountains, near the base of Killington Ski Resort, our location offers wonderful recreational fun, good schools in safe communities, and easy access to Boston, Montreal, and NYC. This is a chance to practice and live in a location most desire for vacation.

RRMC was recognized by U.S. News and World Report as one of 42 Best Hospitals for Common Care conditions and procedures. We received an "A" rating from The Leapfrog Group" for hospital safety and 2015 Healthgrades Patient Safety Excellence Award. RRMC scored in the top 5% of hospitals in national standardized Press-Ganey Physician Survey for "Teamwork between providers and nurses", "Expertise of nursing staff", and "Performance of Administration". We are also a recognized Nursing Magnet Hospital.

Rebecca Banco, CMSR, DASPR
Inhouse Physician Recruiter, Rutland Regional Medical Ctr, bbanco@rrmc.org

ENT PHYSICIAN - Central Coastal Florida

Sign-On/Relocation Bonus!

Health First Medical Group is part of Health First, a healthcare Integrated Delivery Network (IDN) located on Central Florida's east coast and Brevard Country's only IDN. Health First Medical Group has more than 250 physicians and over 25 office locations.

Our IDN is comprised of several services, including four hospitals. Our largest hospital facility, Health First's Holmes Regional Medical Center, has 514 beds, is a premier tertiary referral hospital and the only state-accredited Level II trauma center in Brevard and Indian River counties.

We are situated just a few miles from several beautiful Florida beaches and are close to major airports, shopping and many Florida attractions. Alongside all the fun, Brevard County has excellent public and private schools and great housing options.

When you join our team, you can expect a two-year guaranteed base salary in addition to a bonus plan, full benefits offered to you and your family, vacation time, Continuing Medical Education (CME), retirement benefits, relocation allowance, welcome bonus and more.

Email CV to HFMG Senior Provider Recruiter, Ernesto D'Escoubet, at Ernesto.D'Escoubet@health-first.org or call Ernesto at 321-725-4500, Ext 5582. Visit myHFMG.org.

EOE

Health First

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

- **Laryngologist or General Otolaryngologist with an interest/experience in Laryngology**
- **Pediatric Otolaryngologist**
- **General Otolaryngologist**

Title, track, and salary are commensurate with experience. These positions are affiliated with MU Health Care which include the University of Missouri Hospital and the MU Women and Children's Hospital.

- Competitive production incentive
- Established research program focusing on voice and swallow disorders
- Well established and expanding hospital system
- Ranked by *Money and Forbes* magazines for career growth and best places to live.

For additional information about the positions, 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/
The University of Missouri is an Equal Opportunity/Access/Affirmative Action/Pro Disabled & Veteran Employer.

The Ohio State University
Department of Otolaryngology - Head and Neck Surgery

General Otolaryngologists to work in Community Practices

OSU currently has multiple positions available within the Central Ohio region. Positions combine the ability to practice in a community setting while being affiliated with Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

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

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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

CARLISLE EAR, NOSE & THROAT
Richard E. Ferraro M.D.

Carlisle Ear, Nose & Throat Associates is seeking a Board Certified/ Board Eligible Otolaryngologist to join an established and rapidly growing solo-practice in Carlisle, Pennsylvania.

This is a dynamic one physician practice with new, well-equipped office space, including room for in-office procedures ranging from sinus to minor head and neck procedures. Dr. Richard Ferraro is general practice with a concentration in rhinology and allergy. The practice offers complete audiological care, hearing aid dispensing as well as immunotherapy.

Seeking general otolaryngologist, sub specialty interests will be considered, especially in head and neck or Otology.

Central Pennsylvania has been recognized nationally as one of the best areas to live in the country and enjoys some of the largest growth rates in Pennsylvania with the lowest unemployment.

Carlisle Ear, Nose and Throat Associates is an independent practice with no direct affiliation with any hospital system. Call coverage is minimized by covering only one local hospital, usually under 100 patients. Carlisle Regional Medical Center has recently joined Pinnacle Health, part of the larger University of Pittsburgh Health System.

Interests please contact:

Stacey Rogers
srogers@carlisleENT.com
Ph: 717-243-0616

Richard E. Ferraro, MD
rferraro@carlisleENT.com
Ph: 717-243-0616

9 Brookwood Ave Carlisle, PA 17015 Ph: 717-243-0616

General Otolaryngology Academic Practice Physician – Palos South Campus – Loyola University Medical Center – near Chicago, IL

Loyola University Health System and Loyola University Chicago Stritch School of Medicine seek a general practice Otolaryngologist to join the Department of Otolaryngology – Head & Neck Surgery and have the opportunity to work at the Loyola Palos South Campus as well as Loyola University Medical Center, Hines VA, and Gottlieb Memorial Hospital sites.

The ideal candidate will have an interest in academic otolaryngology, a commitment to resident and medical student education and clinical research, and a desire to build a busy academic general practice. Furthermore, the ideal candidate will enjoy working near one of the finest cities in the United States for a large group with a strong reputation for clinical care and research.

The Department of Otolaryngology – Head & Neck Surgery at Loyola University Health System is among the top Ear, Nose and Throat (ENT) programs in Illinois and in the country. Currently rated 35th in the nation according to U.S. News & World Report, this Department is consistently identifying ways to improve its clinical, training, and research programs.

The Loyola Center for Health at Palos South Campus includes a 25,000 square foot ambulatory center located in Orland Park, IL. Additionally, the campus features radiation oncology and ambulatory surgery centers through the Loyola Palos South Campus Partners. This site will include a variety of specialty and sub-specialty care as well as primary care and brings the expertise of academic medicine to the community setting.

Candidates should be board-certified or board-eligible by the American Board of Otolaryngology and must be licensed or eligible to practice in Illinois. Interested candidates should address a cover letter and CV to Dr. Sam Marzo, Chair of Otolaryngology, and email to Michelle Pencyla, Physician Recruitment Director, at mpencyla@lumc.edu as well as apply online at www.careers.luc.edu.

Sam Marzo, MD
Professor and Chair, Otolaryngology
Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Loyola is an equal opportunity and affirmative action employer/educator with a strong commitment to diversifying its faculty.

Alaska Center for Ear, Nose and Throat

Job Location: Anchorage, Alaska

Job Type: Permanent

Discipline: Physician-Otolaryngology, ENT, Facial Plastics and Reconstruction

Job Description

The Alaska Center for Ear, Nose and Throat is searching for a board-certified otolaryngologist to join our private practice. Our well-respected and established team consists of four otolaryngologists and two nurse practitioners. In addition to a busy, well-rounded practice, we provide cosmetic, sinonasal, laryngological, and neuro-otologic needs for the community. An additional physician is desired to serve a consistently growing service area and increasing patient volumes.

Our patients enjoy an onsite audiology department, CT scanner, a medical spa as well as other ancillary services. In addition to our main office, the practice offers satellite services in Homer, Alaska. We offer an excellent salary/bonus with partnership opportunity, health insurance, malpractice insurance, paid vacation, CME reimbursement and numerous other benefits.

Set amid the coastal Chugach Mountains, Anchorage defies stereotypical Alaskan visions of polar ice caps and frozen tundra. We have long, warm summers with world-class hiking, kayaking, fishing, and hunting opportunities. The winters are active with plentiful skiing, skating, and various outdoor activities. With roughly 300,000 full-time residents, Anchorage is Alaska's most populous city and has one of the lowest overall individual tax burdens in the United States. Anchorage also provides tertiary medical care for the entire state population of 750,000. Come take advantage of this chance to live and work with an experienced team in an exciting, beautiful city.

Private Practice Pediatric Otolaryngology

Connecticut Pediatric Otolaryngology, LLC seeks a fellowship-trained pediatric otolaryngologist for our expanding group in the New Haven area. You will be busy in the clinic and operating room immediately, with the full range of pediatric cases.

Our practice is a rarity: an independent private practice with an academic affiliation. We have the flexibility and efficiency of our own business, but also the opportunity to work with and teach the excellent Yale residents. Candidates interested in pursuing research and educational projects will have an unmatched range of options, including clinical appointments and IRB-approved studies.

We operate at the Yale-New Haven Children's Hospital, with a peerless group of pediatric specialists, and at an outpatient surgery center, where our productivity is very high. The practice also includes three of the most well-respected pediatric otolaryngology nurse practitioners in the business (ask the people you know—they'll confirm it).

It doesn't take much to convince us to go out for a nice meal and a chat, so please contact us if you'd like to hear more. We would love to show you around the area, which includes world-class educational institutions and cultural amenities, natural beauty and recreational opportunities, and close proximity to New York and Boston.

Interested candidates should contact Eric D. Baum, MD (edbaum@yahoo.com).

Connecticut Pediatric Otolaryngology, LLC

Position Title: Otologist

Req # 03552

The University of Chicago's Department of Surgery, Section of Otolaryngology-Head & Neck Surgery, seeks a full-time otolaryngologist with clinical and research interests in otology and neurotology. Responsibilities will include patient care, teaching, and clinical, translational or basic science research. Successful applicants must qualify for a faculty appointment.

Prior to the start of employment, an individual must possess the following qualifications: about (1) have an MD, MD/PhD, or equivalent (2) be board certified or eligible by the American Board of Otolaryngology or equivalent; (3) have completed a fellowship or equivalent training in otology and neurotology; and (4) hold or be eligible for medical licensure in the state of Illinois. Preferred qualifications include: demonstrated clinical proficiency in otology and neurotology in both children and adults, including hearing implants, lateral skull base surgery, middle ear/mastoid surgery, and vestibular disorders; and availability to begin employment during calendar year 2018. Compensation and academic rank are dependent upon qualifications; the position includes a generous package of fringe benefits.

To be considered, those interested must apply online at the University of Chicago's Academic Career Opportunities site at http://tinyurl.com/ycppbag4 by uploading a current curriculum vitae and cover letter.

Review of applications will continue until the position is filled.

The University of Chicago is an Affirmative Action/Equal Opportunity/Disabled/Veterans Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, status as an individual with a disability, protected veteran status, genetic information, or other protected classes under the law. For additional information please see the University's Notice of Nondiscrimination at http://www.uchicago.edu/about/non_discrimination_statement/. Job seekers in need of a reasonable accommodation to complete the application process should call 773-702-0287 or email ACOppAdministrator@uchicago.edu with their request.

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery

AUGUSTA UNIVERSITY
MEDICAL COLLEGE OF GEORGIA

HEAD AND NECK SURGEON

- VA Otolaryngology Division Chief
- Part-time appointment at Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required
- Interest in reconstruction preferred

NEUROTOLOGIST/OTOLOGIST

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

To apply and receive additional information, 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

Augusta University is an Equal Opportunity, Affirmative Action and Equal Access employer.

LSU Health SHREVEPORT

Louisiana State University Health Sciences Center in Shreveport is seeking a Head & Neck Cancer Surgeon interested in joining a thriving academic practice within the Department of Otolaryngology/ Head & Neck Surgery. Applicants must be BE/BC. Responsibilities include teaching of residents, medical students and direct patient care. Clinical/ basic research opportunities are available.

Head & Neck Cancer Surgeon
A unique opportunity for a head & neck surgeon to join a robust established practice treating individuals suffering from head and neck cancer. Our Feist- Weiller Cancer Center team brings state-of-the-art clinical trials, cutting edge research and multidisciplinary expertise to the entire Ark-La-Tex region. Candidate must be fellowship trained in microvascular reconstruction with experience in robotic assisted surgery.

Please contact or send CV to:
Cherie- Ann Nathan, M.D., FACS
Professor and Chairman
1501 Kings Highway
Shreveport, LA 71103
cnatha@lsuhsc.edu
318-675-6262

LSUHSC is an AA/EO employer.

Rush University Medical Center, Chicago
Director, Oak Brook Otolaryngology

The Department of Otorhinolaryngology Head & Neck Surgery at Rush University Medical Center is seeking a full-time faculty member to join our Department as the **Director of Oak Brook Otolaryngology**, a position which will focus on general otolaryngology. The selected individual will have an opportunity to join a department of 13 full-time faculty spanning the entire spectrum of otorhinolaryngology subspecialties and have the opportunity to expand this highly ranked* program. Qualified candidates must possess a strong commitment to patient care, resident education, and research. Consistent with Rush's mission, the University and Department place a premium on high quality teaching; therefore, it is expected that this candidate would also be devoted to participation in supervision and education of department residents and institutional trainees. Candidates should be BE/BC and eligible for faculty appointment at the Assistant or Associate Professor level.

Rush University Medical Group is a multidisciplinary group of about 1,500 providers, clinical staff and administrators who deliver state-of-the-art, patient-centric medical care to the communities we serve. The Rush Oak Brook Outpatient Center will feature a multispecialty, state-of-the-art outpatient surgery center; 65 exam rooms for patients; physical and occupational therapy; a laboratory; and full imaging services, including MRI, X-ray and CT imaging as well as a comprehensive breast imaging program with ultrasound and bone densitometry. The 100,000-square-foot facility is a joint venture with Midwest Orthopedics at Rush. Rush is ranked in 8 of 16 categories in U.S. News & World Report's 2016-2017 "America's Best Hospital's" issue, and is one of the two top-ranked hospitals in Illinois overall. *Rush was also ranked 33rd in the nation in Ear, Nose and Throat and the highest for the specialty in Illinois. To learn more about Rush University Medical Center, please visit www.JoinRush.org.

Interested candidates should submit a cover letter and CV to Rose Sprinkle, Manager, Faculty Recruitment at Rose_Sprinkle@rush.edu

Rush is an Equal Opportunity Employer

RUSH

Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology/Head & Neck Surgery

AUGUSTA UNIVERSITY
MEDICAL COLLEGE OF GEORGIA

PEDIATRIC OTOLARYNGOLOGIST

Excellent opportunity for ambitious, energetic surgeon at our world-class Children's Hospital of Georgia

To apply and receive additional information, 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

Augusta University is an Equal Opportunity, Affirmative Action and Equal Access employer.

OTOVEL® (ciprofloxacin and fluocinolone acetonide) otic solution

Brief Summary of Prescribing Information

1 INDICATIONS AND USAGE

OTOVEL is indicated for the treatment of acute otitis media with tympanostomy tubes (AOMT) in pediatric patients (aged 6 months and older) due to S*taphylococcus aureus, Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis,* and *Pseudomonas aeruginosa*.

2 DOSAGE AND ADMINISTRATION

- OTOVEL is for otic use only. It is not for ophthalmic use, or for injection.

The recommended dosage regimen is as follows:

- Instill the contents of one single-dose vial 0.25 mL into the affected ear canal twice daily (approximately every 12 hours) for 7 days. Use this dosing for patients aged 6 months of age and older.
- Warm the solution by holding the vial in the hand for 1 to 2 minutes. This is to avoid dizziness, which may result from the instillation of a cold solution into the ear canal.
- The patient should lie with the affected ear upward, and then instill the medication.
- Pump the tragus 4 times by pushing inward to facilitate penetration of the medication into the middle ear.
- Maintain this position for 1 minute. Repeat, if necessary, for the opposite ear *[see Instructions for Use]*.

3 DOSAGE FORMS AND STRENGTHS

Otic Solution: Each single-dose vial of OTOVEL (ciprofloxacin 0.3 % and fluocinolone acetonide 0.025 %) delivers 0.25 mL of solution equivalent to ciprofloxacin 0.75 mg and fluocinolone acetonide 0.0625 mg.

4 CONTRAINDICATIONS

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other components of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

OTOVEL should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity. Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria and itching. Serious acute hypersensitivity reactions may require immediate emergency treatment.

5.2 Potential for Microbial Overgrowth with Prolonged Use

Prolonged use of OTOVEL may result in overgrowth of non-susceptible bacteria and fungi. If the infection is not improved after one week of treatment, cultures should be obtained to guide further treatment. If such infections occur, discontinue use and institute alternative therapy.

5.3 Continued or Recurrent Otorrhea

If otorrhea persists after a full course of therapy, or if two or more episodes of otorrhea occur within 6 months, further evaluation is recommended to exclude an underlying condition such as cholesteatoma, foreign body, or a tumor.

6 ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Hypersensitivity Reactions [*see Warnings and Precautions (5.1)*]

6.1 Clinical Trials Experience

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

In clinical trials, 224 patients with AOMT were treated with OTOVEL for a median duration of 7 days. All the patients received at least one dose of OTOVEL. There were 220 patients who received at least one dose of ciprofloxacin (CIPRO) and 213 patients received at least one dose of fluocinolone acetonide (FLUO). The most common adverse reactions that occurred in 1 or more patients are as follows:

Table 1: Selected Adverse Reactions that Occurred in 1 or more Patients in the OTOVEL Group

	Number (%) of Patients		
Adverse Reactions[1]	**OTOVEL N=224**	**CIPRO N=220**	**FLUO N=213**
Otorrhea	12 (5.4%)	9 (4.1%)	12 (5.6%)
Excessive granulation tissue	3 (1.3%)	0 (0.0%)	2 (0.9%)
Ear infection	2 (0.9%)	3 (1.4%)	1 (0.5%)
Ear pruritus	2 (0.9%)	1 (0.5%)	1 (0.5%)
Tympanic membrane disorder	2 (0.9%)	0 (0.0%)	0 (0.0%)
Auricular swelling	1 (0.4%)	1 (0.5%)	0 (0.0%)
Balance disorder	1 (0.4%)	0 (0.0%)	0 (0.0%)

[1] Selected adverse reactions that occurred in ≥ 1 patient in the OTOVEL group derived from all reported adverse events that could be related to the study drug or the drug class.

6.2 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of ciprofloxacin and fluocinolone acetonide otic solution, 0.3% / 0.025% outside the US. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Immune system disorders: allergic reaction.
- Infections and infestations: candidiasis.
- Nervous system disorders: dysgeusia, paresthesia (tingling in ears), dizziness, headache.
- Ear and labyrinth disorders: ear discomfort, hypoacusis, tinnitus, ear congestion.
- Vascular disorders: flushing.
- Skin and subcutaneous tissue disorders: skin exfoliation.
- Injury, poisoning and procedural complications: device occlusion (tympanostomy tube obstruction).

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

OTOVEL is negligibly absorbed following otic administration and maternal use is not expected to result in fetal exposure to ciprofloxacin and fluocinolone acetonide (12.3)].

8.2 Lactation

Risk Summary

OTOVEL is negligibly absorbed by the mother following otic administration and breastfeeding is not expected to result in exposure of the infant to ciprofloxacin and fluocinolone acetonide.

8.4 Pediatric Use

OTOVEL has been studied in patients as young as 6 months in adequate and well-controlled clinical trials. No major differences in safety and effectiveness have been observed between adult and pediatric patients.

8.5 Geriatric Use

Clinical studies of OTOVEL did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

10 OVERDOSAGE

Due to the characteristics of this preparation, no toxic effects are to be expected with an otic overdose of OTOVEL.

Distributed by:
Arbor Pharmaceuticals, LLC
Atlanta, GA 30328

Under license of Laboratorios SALVAT, S.A.

U.S. Patent No: 8,932,610

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

For more detailed information, see the full prescribing information for Otovel at www.otovel.com or contact Arbor Pharmaceuticals, LLC at 1-866-516-4950.

arbor PHARMACEUTICALS, LLC

SALVAT

The first and only combination ear drop for AOMT in single-use vials[1]

For treatment of acute otitis media in children with tympanostomy tubes (6 months and older) due to S. aureus, S. pneumoniae, H. influenzae, M. catarrhalis, and P. aeruginosa.

OTOVEL®

ciprofloxacin 0.3% and fluocinolone acetonide 0.025%

Single. Sterile. Simple.

- **14 single-use vials contain 1 premeasured dose** each—dose BID/7 days[2]
- **Every dose is sterile**, precise, and preservative free[2]
- **No drop counting.** No mixing or shaking required[2]

Drop into **www.otovel.com** to learn more about this AOMT treatment.

IMPORTANT SAFETY INFORMATION

Contraindications

OTOVEL is contraindicated in:

- Patients with known hypersensitivity to fluocinolone acetonide or other corticosteroids, ciprofloxacin or other quinolones, or to any other component of OTOVEL.
- Viral infections of the external ear canal, including varicella and herpes simplex infections and fungal otic infections.

The following Warnings and Precautions have been associated with OTOVEL: Hypersensitivity reactions, potential for microbial overgrowth with prolonged use, and continued or recurrent otorrhea.

The most common adverse reactions are otorrhea, excessive granulation tissue, ear infection, ear pruritus, tympanic membrane disorder, auricular swelling, and balance disorder.

For additional Important Safety Information, please see Brief Summary of Prescribing Information on adjacent page and full Prescribing Information available at www.otovel.com.

References: 1. US Food and Drug Administration. Orange Book: Approved drug products with therapeutic equivalence evaluations. https://www.accessdata.fda.gov/scripts/cder/ob/. Accessed February 1, 2017. **2.** Otovel [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC.

arbor PHARMACEUTICALS, LLC

SALVAT