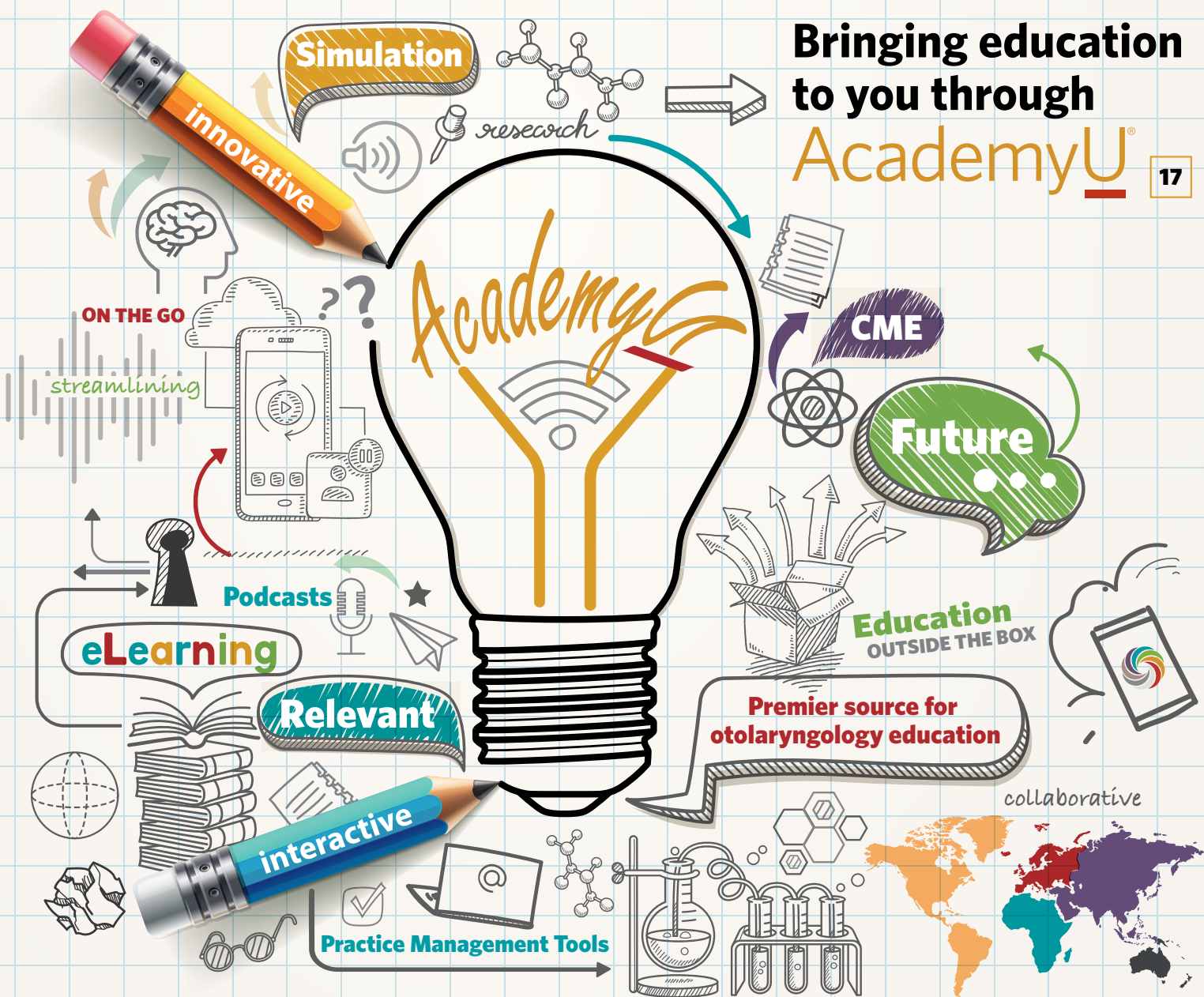


# bulletin

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

SEPTEMBER 2019



**15** #OTOMTG19 provides exclusive education opportunities beyond New Orleans

**24** Tonsils, adenoids, and long term immune function

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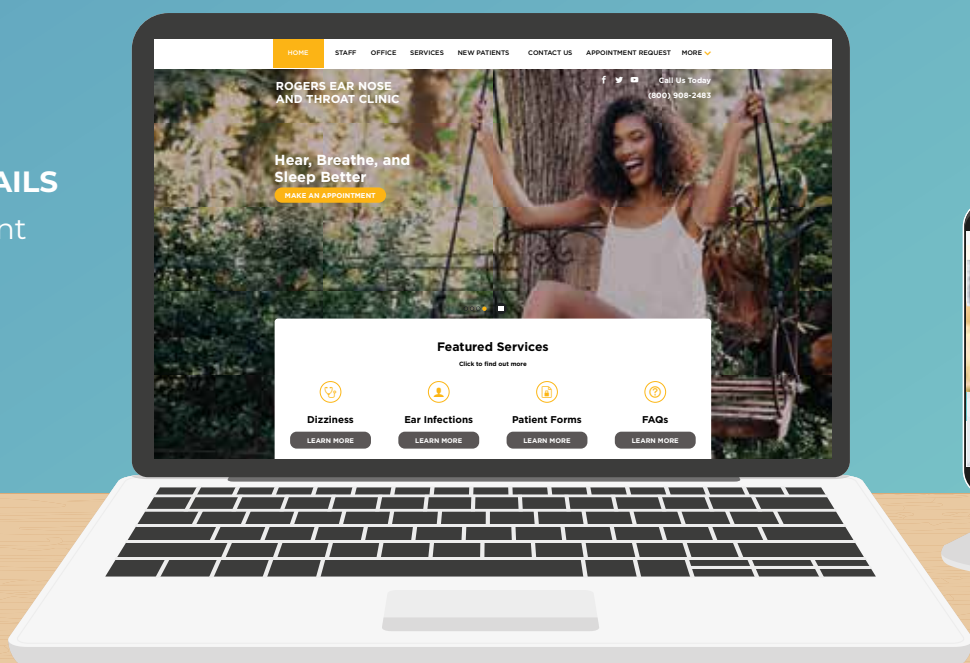
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# bulletin features

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# Are we there yet? The AAO-HNS/F journey continues

The M Team (the Merati family) is climbing into the M-Mobile\* and hitting the road again this summer. We are fortunate to have this freedom and capacity to explore our beloved U.S. for leisure time together. The 2019 summer plan is a grand loop from Seattle out to Glacier National Park and up into the Okanagan in British Columbia.

This has been a year for road trips for me professionally as well. I have had the privilege of visiting, listening, and sharing with otolaryngologists from all over the U.S. and around the world during my time as AAO-HNS/F President. This has included stops in New York City, San Diego, Charlottesville, Montana, and Salt Lake City—spacious skies and amber waves. It has been amazing. Just this June, I managed to get to Berlin, Little Rock, Shreveport, and Ann Arbor, for example. Otolaryngologists love otolaryngology. Although they may not love aspects of their practice, their expenses, or the regulatory environment they practice in, they do love talking about their patients, their communities, and the cases and connections they make. That is our engine, both individually and collectively as the AAO-HNS/F.

The concerns and opportunities for the future are real, and bringing issues to my attention directly (and indirectly) are critical to a successful journey. Getting with the Joint Commission to move toward regulatory sanity and fighting off the incorrect interpretations of the Modifier 25 policy, for example, all started with members contacting the AAO-HNS. Changing the voice of the trainees in AAO-HNS committees, registration flexibility for our military otolaryngologists, and standing up for and committing to diversity and inclusion—these conversations were all built from the voices of our members.

The most memorable conversations were, like many moments in life, unexpected. Some conversations led to change and some did not. We had a year of great success: Reg-ent<sup>SM</sup> has matured and blossomed, AAO-HNS membership is up, engagement is up, and registration for our AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans is up. New visions for the AAO-HNS/F education products as well as for continuing the success and Board of Governors—our grassroots dynamo—are coming soon. It has been a great run this past year.

As you can imagine, I have also failed many times. Sometimes the ground just isn't ready to be cracked open. Sometimes we delude ourselves that we are the weather; sometimes we serve best as the weathervane.

Next year's agenda will include one legacy project for me as I move into the role of Past President. I will focus on AAO-HNS members who attend the moveable feast that is our Annual Meeting and imagine what the next 10 and 20 years of attendees want from AAO-HNSF meeting logistics—particularly relating to the rich interactions most of us enjoy with specialty organization conferences. I believe we can do even better by our AAO-HNS members than we do today. Please send me any ideas as we move forward with this project.

So are we there yet? Of course, the journey continues. While the AAO-HNS/F President is often and reasonably thought of as the person behind the wheel of the organization (I confess I occasionally prefer to be thought of as the hood ornament), I will hand the driving over to a remarkable leader in **Duane J. Taylor, MD**, during our Annual Meeting in New Orleans. The AAO-HNS/F journey will continue, and we are all better if you are an active part of it. This happens not just by joining Dr. Taylor and me and nearly 7,000 attendees and exhibitors in New Orleans, but by engaging and by speaking up throughout the year. Call the AAO-HNS, or email me or any of our AAO-HNS/F leaders about an idea or a concern. Renew your membership. Join a committee; the cycle for applications opens in November. Let's be prepared for the next year's journey and beyond. ■



**Albert L. Merati, MD**  
AAO-HNS/F President

“Otolaryngologists ... love talking about their patients, their communities, and the cases and connections they make.”

\* A 2013 Ford Expedition, bought used. As the Queen song goes, “I’m in love with my car.”  
Pro tip: If you buy a used car in December, don’t forget to try out the AC.



M Team at Glacier National Park



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# Roadmap for education

Thirty-seven years ago, New Orleans hosted the first Annual Meeting of the newly formed American Academy of Otolaryngology–Head and Neck Surgery. Medicine has changed a great deal since that hallmark meeting, but the educational mission that led the former American Academy of Otolaryngology and American Council of Otolaryngology to merge remains alive and well at your current day AAO-HNS/F. Our organization has been blessed with a series of dedicated, focused medical educators who have served as Coordinators for Education. Each has left his or her personal imprint on our education programs and raised the bar for their successors. **Richard V. Smith, MD**, is no exception. Dr. Smith concludes his exceptional term as Coordinator for Education this meeting and deserves the sincere gratitude of our members and plaudits for the significant advances made during his term. Prior to his departure, Dr. Smith chaired the AAO-HNSF Future of Education Task Force appointed by your President, **Albert L. Merati, MD**. In collaboration with his successor **Jeffrey P. Simons, MD**, **Mark K. Wax, MD**, (Annual Meeting Program Coordinator), and the rest of the task force, Dr. Smith presented a compelling road map to guide our education programs over the next five to 10 years.

Much has changed since 1982, but like our predecessors, we are embracing technology's role in physician and patient education. Rapidly advancing technology is altering the way education is developed and delivered to healthcare providers and their patients. We are more accurately able to determine educational needs and gaps, both individually and as a group. Our goal is to deliver the content our members want when and where they want it, in the format they choose, and through the device they prefer. Streamlining their education and research needs will also improve their practice logistics. This will lead to customized, collaborative content that will satisfy multiple needs, including CME, continuing certification, licensure, and privileging requirements with a single product. Simulation technology is rapidly advancing and will be used for both training and assessment in the future. Imagine being able to routinely “practice” difficult procedures through simulation on a model with all the nuances you will face with your actual patient during the actual operation.

Our Task Force on the Future of Education has

recommended a course that will take us in that direction over the next five years. The Home Study Course, a mainstay of our education program for over three decades, will be transitioning from its current model to a more timely, responsive, and interactive educational tool beginning in the summer of 2020. That is just one of several planned changes for the rebranded education portfolio. Please keep in mind that the comprehensive education offerings are made possible by the tremendous work done by the volunteer members of our education committees and our staff.

In addition to the news on the education front, the Foundation has identified a long-term partner to work with us to ensure Reg-ent<sup>SM</sup>, our clinical data registry, reaches its full potential as we move into Phase II. This agreement will ensure the long-term financial viability of the registry in addition to providing us the resources to accomplish our goals. As new devices, pharma products, data sources, and treatments come online, it is incumbent on us to demonstrate value and efficacy accurately in a rapidly changing landscape. Through the de-identified data accumulated through the records of thousands of providers, both in academic and private practice, we are in a position to develop “real-world evidence,” allowing us to assess comparative outcomes both retrospectively and prospectively; define “best care paradigms” for the diseases otolaryngologists care for; integrate patient-reported outcomes, hospital, ASC, and payer data; carry out clinical trials; identify gaps in care; and design performance improvement activities. Additionally, the information derived from this data aggregation will allow a customizable care plan specific to individual patients and their needs that also predicts treatment progress and facilitates early alteration of treatment plans experiencing suboptimal results.

There have been a significant number of memorable moments and accomplishments since last year's Annual Meeting, in great part due to the outstanding leadership of your president, Albert L. Merati, MD. It is been my honor and pleasure to work with him over the last year and observe his approach to situations in his ability to be a “convener.” His contribution to our member engagement initiative has been transformative. On behalf of the membership and staff, I thank him for his selfless contributions this year. ■



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

“Our goal is to deliver the content our members want when and where they want it, in the format they choose, and through the device they prefer.”

# ■ at the forefront

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American Society of Geriatric Otolaryngology report

New practice management resources for young physicians

BOG highlights opioid epidemic

#OtoJournal Podcast: Barriers Pushed Aside: Insights on Career and Family Success from Women Leaders in Academic Otolaryngology

AAO-HNS releases new position statement

Coding Alert

AAO-HNSF International Visiting Scholarship Q&A with Rohit Singh, MBBS, MS, DNB, Manipal, India

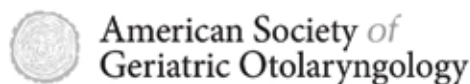
AAO-HNSF Joint Meeting: International Congress of ORL-HNS 2019

## ➔ READ MORE ONLINE

American Society of Geriatric Otolaryngology report

New practice management resources for young physicians

BOG highlights opioid epidemic



## American Society of Geriatric Otolaryngology report

■ Ozlem Tulunay-Ugur, MD, President

The American Society of Geriatric Otolaryngology (ASGO) was founded in 2007 by a group of otolaryngologists who recognized the needs of the fast-growing older population. The care of geriatric patients requires knowledge not only of the disorders they are likely to acquire, but also of the critical differences in management. It is estimated that approximately one-third of the patients seen by general otolaryngologists are age 65 years or older. Consequently, we must prepare the next generation of otolaryngologists with the knowledge and compassion required to meet the many medical and social needs of this growing population.

Education has been the primary mission of ASGO since its founding, with diverse topics covered during the annual meetings that have coincided with the winter Triological Society meeting for the past four years.

Our current goal is to increase partnership with other societies in order to disseminate knowledge through the subspecialty societies. This year has been exciting for ASGO due to outstanding collaborations with the American Laryngological Association and the American Broncho-Esophagological Association during COSM, offering panels discussing voice and swallowing problems of the older patient.

Multiple members of ASGO have received the Jernigan Grant from the American Geriatric Society (AGS). This grant aims to advance geriatric care in surgical specialties through well-rounded resident training. Recipients such as **G. Carl Shipp, MD**, and **Kourosh Parham, MD, PhD**, have continued their collaboration with AGS and attend its annual meetings.

For more information about our upcoming meeting that will take place with the Triological Winter Meeting in January 2020, go to <http://geriatricotolaryngology.org/>. ■

## New practice management resources for young physicians

■ Cristina Baldassari, MD, YPS Chair

The Academy's Young Physicians Section (YPS), which includes all AAO-HNS members less than 40 years old and/or less than eight years in practice, has had a productive year. A recent survey of YPS members highlighted a need for more information regarding practice management topics. Thus,

the YPS convened a Practice Management Working Group and developed a new Practice Management Resource webpage that will be introduced at the AAO-HNSF 2019 Annual Meeting & OTO Experience. The webpage includes resources that were selected and graded by YPS members on various topics, from billing and personal finance to marketing your practice. To access this new resource, go to <https://www.entnet.org/content/yips-resources>.



YPS has also launched a series of live webinars on practice management topics with up-to-date information tailored to young physicians. The first webinar in the series focused on contract negotiations and included insights from an experienced attorney.

Recordings of these webinars will be available on our YPS webpage.

During the YPS General Assembly meeting in New Orleans, we will award the YPS Model Mentor Award and host the first-ever YPS Wellness Fair.

Also new this year, 10 YPS members received travel grants to attend the Annual Meeting and will participate in one of our YPS Working Groups over the next year. We encourage all young physicians to become more involved in section activities. Visit our newly updated YPS website for more information (<https://www.entnet.org/content/young-physicians-section>). ■



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## BOG highlights opioid epidemic



■ Samantha Anne, MD,  
BOG Secretary

I learned about the role the Board of Governors (BOG) serves to our Academy in my initial years as an

Academy member, but it wasn't until I went to my first BOG committee meeting that I learned what it really does. The BOG serves as our direct route to communicate with the AAO-HNS Board of Directors and to advocate and educate on our behalf on issues that are most concerning to our practices.

Currently, one of the most pressing issues in our practice is the epidemic of opioid overdose and overuse. At the AAO-HNS/F 2019 Leadership Forum & BOG Spring Meeting, **David S. Boisoineau, MD**, led a panel on the opioid crisis with **Todd E. Falcone, MD**, and **Ryan J. Li, MD**. The panel discussed the current state of the opioid crisis, highlighting that even a limited exposure to postop opioids carries a six percent or greater chance of long-term



use. There is significant regional variation in opioid prescribing among otolaryngologists, with the greatest use in the midwestern states and among otolaryngologists trained prior to the mid-1990s. Recent research and practice experience demonstrate that most otolaryngology procedures have minimal or even zero opioid requirements for adequate pain control, and institutional efforts to significantly reduce opioid prescriptions post-surgery are proving to be successful.

The BOG will continue this discussion and others during sponsored events at the AAO-HNSF 2019 Annual Meeting & OTO Experience. We hope to see you in New Orleans, and we encourage you to attend and become involved in your BOG! Join us at the Annual Meeting for the following BOG activities and events:

### Saturday, September 14

- Regional Representatives Meeting
- Committee Meetings
- General Assembly
- BOG Reception

### Sunday, September 15

"Developing Professional Expertise: Plan, Publish, and Present," includes panelists **Stacey L. Ishman, MD, MPH**, **Jay F. Piccirillo, MD**, and **Mark K. Wax, MD**. They will discuss practical aspects of identifying and developing a career niche, technical aspects of presenting nationally, and practical tips on how to develop a research portfolio.

### Monday, September 16

"Opioid Use, Overuse, and Abuse" includes Julia Shi, MD, a board-certified physician in addiction medicine, **Karen A. Hawley, MD**, an otolaryngologist and activist who has endured a personal loss to the opioid epidemic, and Dr. Li, a head and neck surgeon actively introducing prescription protocols at the institutional level with documented improvements in prescription patterns. ■

## AAO-HNS releases new position statement

Following an extensive review process by multiple AAO-HNS committees and the Physician Payment Policy (3P) Workgroup, the Executive Committee approved a new Position Statement on "In-Office Placement of Tubes in Pediatric Patients While Awake." The new statement and its references, which was also endorsed by the American Neurotology Society (ANS), the American Otological Society (AOS), and the American Society of Pediatric Otolaryngology (ASPO), is available on the Academy's website.

<https://www.entnet.org/content/placement-tubes-pediatric-patients-while-awake> ■

## Coding Alert

Proper coding of medical and surgical physician services is critical for accurate and efficient functioning of the fee-for-service payment system most of us operate under. Considerable effort goes into assignment and description of CPT codes used to describe physician services, which are then valued through an equally stringent process. This valuation includes delineation of the actual physician work, the expense necessary to perform this work, and a component for malpractice expense.

When codes are used inappropriately there is an adverse effect on the whole healthcare system affecting resource availability for all. The Academy has recently learned of a specific coding situation that causes us considerable concern. CPT codes 31295, 31296, 31297, and 31298 describe nasal/sinus endoscopy with dilation of a sinus ostium. This is typically, but not specifically associated with balloon dilation of sinus ostia. These codes have been defined and valued

through the CPT/RUC process and payment for these codes includes the cost of the balloon kit used for dilation of the respective sinus ostia. There are other techniques of dilation that do not use balloon technology, but rather reusable fixed dilators costing considerably less than the balloons.

The Academy's understanding is that CPT codes 31295, 31296, 31297, and 31298 for ostial dilation of the sinuses were intended to be billed when performed with a balloon. Reimbursement for these codes includes the price of a balloon kit for every two sinuses. The practice expense portion of these codes account for the vast majority of the overall payment and to accept reimbursement for the cost of the balloon kits if they were in fact not used is inconsistent with the intent and valuation of the codes. The Academy, therefore, recommends ostial dilation of the sinus ostia that does not utilize balloon technology should be coded using CPT code 31299 (unlisted procedure, accessory sinuses). ■





## ■ at the forefront

# Q&A

**D**r. Singh received the first AAO-HNSF International Visiting Scholarship for the AAO-HNSF 2010 Annual Meeting & OTO Experience from **Gregory W. Randolph, MD**, Past President, in Boston, Massachusetts, who was serving as the AAO-HNSF International Coordinator at the time.

"Dr. Singh typifies the wonderful potential of our international colleagues who benefit from this program. We have now a lifelong colleague and friend who has raised the standard of care in his country and continues to form a connection between India and our Academy going forward. In this, Dr. Singh and our Academy change the landscape of global otolaryngology," said Dr. Randolph.

Dr. Singh spoke with the *Bulletin* and shared more about his experience and the value of the IVS program for international collaboration in the otolaryngology specialty.

**Q** What value and benefit did you obtain for you and your practice by attending the AAO-HNSF Annual Meeting & OTO Experience?

**A** **Singh:** A single platform where the world renowned who's who of ENT comes together is the AAO-HNSF Annual Meeting & OTO Experience. It is rightly coined as an "experience" indeed—an experience to remember and cherish. It's an ideal meeting to learn the latest protocols, present your work, and network, and it leaves behind memories for a lifetime. I take pride in saying that I went from the 2010 Annual Meeting where I was an IVS recipient to the 2018 Annual Meeting in Atlanta, Georgia, where I graduated to become guest faculty and conducted an international symposium.

## AAO-HNSF International Visiting Scholarship Q&A with Rohit Singh, MBBS, MS, DNB, Manipal, India



**Q** Tell us about your observership, where it took place and what you focused on.

**A** **Singh:** Getting an observership of choice at Massachusetts Eye and Ear, Harvard Medical School, in Boston, was indeed delightful. Andrea Zwiebel was accommodating, and I was able to get a spot right after the AAO-HNSF Annual Meeting. She even helped my wife get an observership in ophthalmology. I shadowed with **Ralph B. Metson, MD**, who was handling the rhinology program. It was indeed a nice experience to interact with faculty and residents, attend the grand rounds, and spend quality time in the operating room. The interactions we had and the techniques seen and learned were implemented after I got back to my parent institution in Manipal.

**Q** What would you say to encourage others to apply for an IVS as well as donate to the AAO-HNS foundation to continue the support of this program around the world?

**A** **Singh:** IVS is an excellent opportunity for early career ENT surgeons and fellows. It is always good to visit a new center to interact, learn, and network, or else you are like a frog in the well. Any program needs support to sustain itself. Following role models like **Gregory W. Randolph, MD**, and **Nikhil J. Bhatt, MD**, I would strongly request everyone at the Academy to support IVS so that its benefits can be globally enhanced. ■



ICORL 2019 leadership, attendees, and faculty.

## International Congress of ORL-HNS 2019

**T**he International Congress of ORL-HNS 2019, in conjunction with the 93rd Annual Congress of the Korean Society of Otorhinolaryngology-Head & Neck Surgery and the 2019 Spring Meeting of the Korean Association of Otorhinolaryngologists, was held April 25-28 in Seoul, South Korea. This high-level scientific conference brought together specialists from Korea and around the world to share knowledge and expertise in the field of ORL-HNS. ■



The reach of the IVS Grant Program is dependent upon generous donations to the AAO-HNS foundation. Consider making a donation today of \$2,000 in support of an IVS grant by contacting Marylou Forgione, Senior Manager/Development, at [mforgione@entnet.org](mailto:mforgione@entnet.org).



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# How to champion the Reg-ent registry in your institution

Need help getting your colleagues and/or leadership team on board with joining the Reg-ent registry? Here are a few key steps to help you get your organization signed up and started with Reg-ent.

## Gather support, spread the message, and get approval

**1** Identify and involve decision-makers. In most cases, your department chair is the key decision-maker and is the first person to approach. Schedule time with your department chair to review and discuss the benefits of Reg-ent to your department and institution, your patients, and to the otolaryngology specialty. Your department chair will likely have questions that you aren't able to answer; we ask that you please direct your department chair to the Reg-ent team at [reg-ent@entnet.org](mailto:reg-ent@entnet.org) and the Reg-ent website ([www.entnet.org/reg-ent\\_toolkit](http://www.entnet.org/reg-ent_toolkit)) to address questions they have about Reg-ent, the integration process, and associated fees. Specific content that your department chair may find especially useful can be found at [www.entnet.org/reg-ent\\_for\\_institutions](http://www.entnet.org/reg-ent_for_institutions).  
**Note:** If you are the department chair and are interested in moving forward with the Reg-ent registry, please contact the Reg-ent staff at [reg-ent@entnet.org](mailto:reg-ent@entnet.org).

**2** Reach out to your peers in other departments to see if their specialty has a FIGmd registry already up and running in your institution. If there are other specialty registries in place, this will facilitate contract review, IT review, security audit, and integration processes.

**3** Collaborate and involve other decision-makers in the process under the guidance of your department chair. The individuals we recommend reaching out to include staff leadership from IT, informatics, legal/contracts, finance, data security, quality, compliance, and any others who will be involved in the review, approval, integration, and/or oversight processes.

**4** Let Reg-ent staff know if you need to give a presentation to the administration or your department. The Reg-ent team is available to speak with you and assist you in your preparations. Email: [reg-ent@entnet.org](mailto:reg-ent@entnet.org).

**5** Schedule time for Reg-ent registry staff to connect with your organization to discuss the registry and integration processes. Email: [reg-ent@entnet.org](mailto:reg-ent@entnet.org).

## The contracting and payment processes

**6** Once it is confirmed that your organization intends to proceed with Reg-ent, please designate primary points of contact from each of the following departments: IT, legal/contracts, finance, data security, quality, compliance, and "other." The Reg-ent team will then work with your legal/contracts department(s) to complete execution of the Reg-ent contract ("Participation Agreement").

**7** With assistance from your department administrator, complete the required Appendix A ("Participant's List of Clinicians Participating in the Registry") to the contract. Clinician details including name, NPI, AAO-HNS ID, and email address are required to add clinicians to your account, generate an invoice for payment, and, most importantly, enable Reg-ent to secure data for your department members.

**8** Once the contract is signed, it is recommended that both a clinical and operations project manager is assigned to assure success.

## Congratulations! Your contract is signed, and your payment is made—now what?

**9** After signing up, registry staff will contact you and the other identified individuals, including those from IT, to begin technical integration and preparation of your Reg-ent registry dashboard.

**10** Once your Reg-ent registry dashboard is available, data validity and mapping will take place with designated staff from your department to assure accurate data in your Reg-ent registry dashboard.



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# Staying true to her calling

"On day one I was hooked. I immediately saw otolaryngology as a career that changed the way patients experience the world and the way the world sees them. This seemed like such an intimate field of medicine that I knew I wanted to be a part of it," said **Dana L. Crosby, MD, MPH.**

Southern Illinois University (SIU) School of Medicine is the practice home of Dr. Crosby, who just earned her Master of Public Health with an emphasis in epidemiology. She was recently promoted to Associate Professor as of July 1 and has been Residency

Program Director for the Department of Otolaryngology-Head and Neck Surgery since 2017. In addition, she is Director of Rhinology and Endoscopic Skull Base Surgery and Director of Otolaryngic Allergy.

As Dr. Crosby speaks about her journey, she takes special note of those supportive and skeptical influencers. "I attribute any success I have achieved in my life to two groups of people—those like my family who supported every crazy dream

or idea I ever had as well as those who told me I wouldn't, shouldn't, or couldn't accomplish my goal. I believe that it is important to have both types of people in your life to support you and to challenge you. Support is necessary for times when you doubt yourself, and challenges are required to ensure that you never again make the mistake of doubting yourself."

Dr. Crosby was raised in Reynoldsville, PA, a small rural town in the western part of the state. She is an only child of parents who demonstrated a work ethic that "served as a guiding light" throughout her career. Growing up in a small town, Dr. Crosby worked at a water and sewage treatment plant with her dad and spent summers during college working at a glass bottle manufacturing plant. "Based on my parents' example, I was very dedicated to education from a very early age, but these work experiences also taught me a great deal that I carry with me to this day."

As a first-generation college student, Dr. Crosby attended a small liberal arts school, Allegheny College. She then attended Drexel

University College of Medicine, where, during her first year, she stated she would never choose otolaryngology.

"In retrospect, this was a clear moment of foreshadowing that this was obviously the career for me. During my third year of medical school, I continued to hear that the otolaryngologists were excellent surgeons with great personalities and a meticulous nature." This was all she needed to explore this as an

option during the last rotation of her third year.

Dr. Crosby did her residency in otolaryngology at SIU. As a resident she was drawn to a career in rhinology and endoscopic skull base surgery and earned a fellowship position at the University of Pennsylvania. When she was interviewing for fellowship at Penn, she was asked to describe why she thought she belonged there. Her answer, "I don't belong here," elicited laughter. Then she explained, "I did not think anything

was given but instead had to be earned, and if the opportunity arose, I would work my hardest to become somebody who belonged."

Dr. Crosby describes her fellowship as a true turning point in her career, where she was surrounded by amazing mentors whose support and mentorship pushed her to pursue opportunities that she would never have considered before.

She chose to return to Southern Illinois University because of the "strong focus on community, which makes the large academic institution feel far more personal." Many of the patients Dr. Crosby sees come from rural farming communities and have decreased

“

"I attribute any success I have achieved in my life to two groups of people—those like my family who supported every crazy dream or idea I ever had as well as those who told me I wouldn't, shouldn't, or couldn't accomplish my goal."

”







access to care. “I like the idea of providing care to those who have difficulty accessing it. I feel that a lot of the patients I see are similar to the friends and family I grew up with in rural western Pennsylvania.”

In addition to her leadership roles at SIU, Dr. Crosby has a practice in rhinology and endoscopic skull base surgery, which she started in 2014.

Every time Dr. Crosby sees a patient, she asks herself two questions:

- What would I want for this patient if this was one of my family members?
- If my patient interaction or treatment plan was printed on the front page of the newspaper, would I be proud of what I saw?

“I think as physicians, there are so many pressures that take away time, energy, and emotional capacity. It is so important that we continue to check ourselves frequently to ensure that we are staying true to the reason we all wanted to be physicians in the first place: to help people,” said Dr. Crosby.

Serving as the Residency Program Director since 2017 is an important role for Dr. Crosby. “One of the most rewarding aspects of my career is the ability to teach. I also believe that I learn so much more by having residents working with me in clinic and the operating room. It is a very mutually beneficial relationship, and I can’t imagine a career without it.”

In describing her pursuit of her MPH, Dr. Crosby noted the unique position of physicians to be able to make an impact at both the individual and total population level. “I felt that having a strong background in research techniques would help strengthen my ability to

make this type of impact, not only considering the one patient in the exam chair, but also the population as a whole.”

This research is invaluable to Dr. Crosby’s practice and core vision for patient care in general. “One thing that research teaches us is the more we know, the more we realize we know very little. We are barely scratching the surface of understanding these diseases that impact the quality of life of our patients. There is so much more to learn for our patients, the specialty, and medicine in general. This is one of the many things that makes rhinology such a fantastic career.”

To further support the field of peer-reviewed research, Dr. Crosby is fully involved with the AAO-HNSF journal, *Otolaryngology–Head and Neck Surgery*. She was recently asked to join the Editorial Board and has been a mentor in the Resident Reviewer Development Program.

Dr. Crosby, who is a member of the International Volunteer Faculty for the Academy’s Global Affairs Program, also finds time to dedicate toward the global otolaryngology community.

“This is something that I did not expect to have the opportunity to do but have found the relationships that I have established to be so valuable. I have definitely learned far more than I taught in these experiences,” she said.

In addition to supporting the AAO-HNSF journals and international program, Dr. Crosby also stays involved with and connected to the Academy for the education opportunities and online materials, standardized resident curriculum, clinical practice guidelines, and advocacy efforts. “I think the Academy does a fantastic job advocating for what is best for otolaryngologists. I would like to see continued advocacy focusing on

delivering high quality care to underserved populations,” she said.

In looking to what lies ahead for the specialty, Dr. Crosby shares her thoughts on both the challenges and opportunities of achieving equal representation and diversity in otolaryngology. “I believe that otolaryngology has done well with this, but we can always do better. The challenge is to continue to strive for perfection in this arena. The opportunities are limitless. Equality and diversity bring varying viewpoints that can only help to enhance and strengthen our position. Patients that we see in this country are very diverse, and I think that having diverse providers is necessary for best patient care.”

In achieving this and so much more, Dr. Crosby focuses on her interactions with international otolaryngologists that open doors for collaboration on all levels. “With the technology that exists today, the world is very small. We should continue to bring together diverse experiences and ideas in order to push our field forward in treating patients around the globe and at home.” ■

**Department of Otolaryngology – Head and Neck Surgery**  
University of California, San Francisco • School of Medicine

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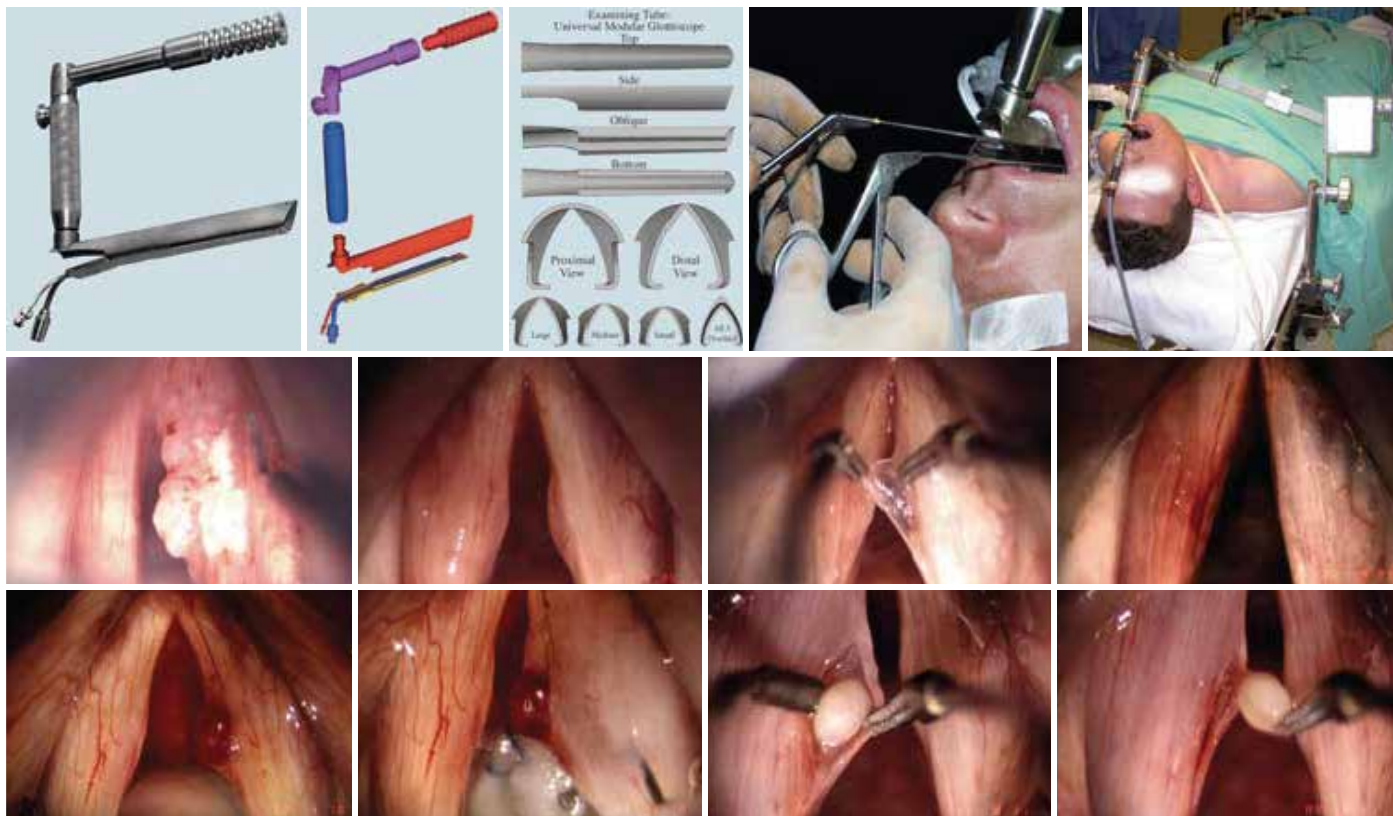
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# Guide to completing your Annual Meeting evaluation

The American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The AAO-HNSF designated the 2019 Annual Meeting activity for a maximum of 29 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the

extent of their participation in the activity.

The CME Evaluation site allows you to complete your session evaluations for the programming you attended, share your feedback via the Overall Meeting Evaluation, and email yourself a copy of your Certificate of Attendance and Award Certificate.

**Conference attendees have until October 18, 2019, to complete their CME evaluations. ■**

## #OTOMTG19 provides exclusive education opportunities beyond New Orleans

The Annual Meeting education opportunities don't end when you depart New Orleans, LA. All attendees who purchased a "Full Conference" registration will receive unlimited access to all 2019 recorded education sessions through AcademyU® for three years.

Watch your favorite session again or explore a new topic for the first time while you earn CME credits by viewing a CME Annual Meeting webcast and completing the posttest and evaluation. Webcasts are also available for purchase for those who either registered under a different category or were not able to attend the conference.

### How does AcademyU work?

If you are visiting AcademyU for the first time, we encourage you to update your member profile information by clicking "My Account" in the top right corner, then click "Edit My Profile" under the "My Info" tab. To provide the best learning experience on AcademyU, you should also update your primary specialty, secondary specialty, and certification date under the tab as well.

Once you have updated your profile, select your preferences, also found under "My Account." By selecting your forums of interest

and specialties, you will become fully engaged with others in the AcademyU community.

### How do I access the Annual Meeting Webcasts?

From the home page, simply click the Annual Meeting Webcast icon to view the activity description page, and then click the "Launch" button at the top left. The activity will open immediately.

Scroll through the full catalog of recorded education sessions and start watching.



### How do I claim CME credit for an activity?

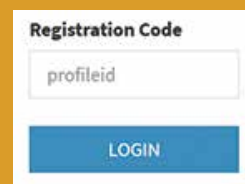
In order to receive credit for any education activity that is designated for CME credit, you must first view the activity and complete a posttest assessment with a passing score of 70 percent. Instructions are provided at the beginning of each CME-accredited activity on how to access the posttest. Once you achieve a passing score, credit is automatically awarded and immediately accessible on the "My Transcript" tab.

For more information, visit [www.AcademyU.org](http://www.AcademyU.org). ■

To get started, enter your personal "Registration Code" located on the upper-right corner of your name badge.

### Step 1: Confirm the sessions you attended or add sessions

The sessions you attended have been prepopulated in the evaluation system. You can also manually add a session if it does not appear.



Registration Code

LOGIN

Continuing Medical Education (CME)/ Maintenance of Certification (MOC) credit is awarded based on the length of the sessions you evaluated per course. Only sessions that have taken place can be evaluated.

### Step 2: Overall evaluation

Please complete the overall evaluation after you have evaluated the education sessions you attended for the entire conference.

### Step 3: Award Certificate

Click to view your Award Certificate—a listing of the sessions you attended and evaluated. You can also have this summary emailed directly to you.

### Step 4: Certificate of Attendance

Click to view your Certificate of Attendance. The Certificate of Attendance may be emailed as well.

If you experience technical difficulties or need to retrieve your "Registration Code," please email: [info@globalregsolutions.com](mailto:info@globalregsolutions.com).

Attendees must complete evaluations to receive credit. An official 2019 transcript will be available at [www.AcademyU.org](http://www.AcademyU.org) by February 2020. ■



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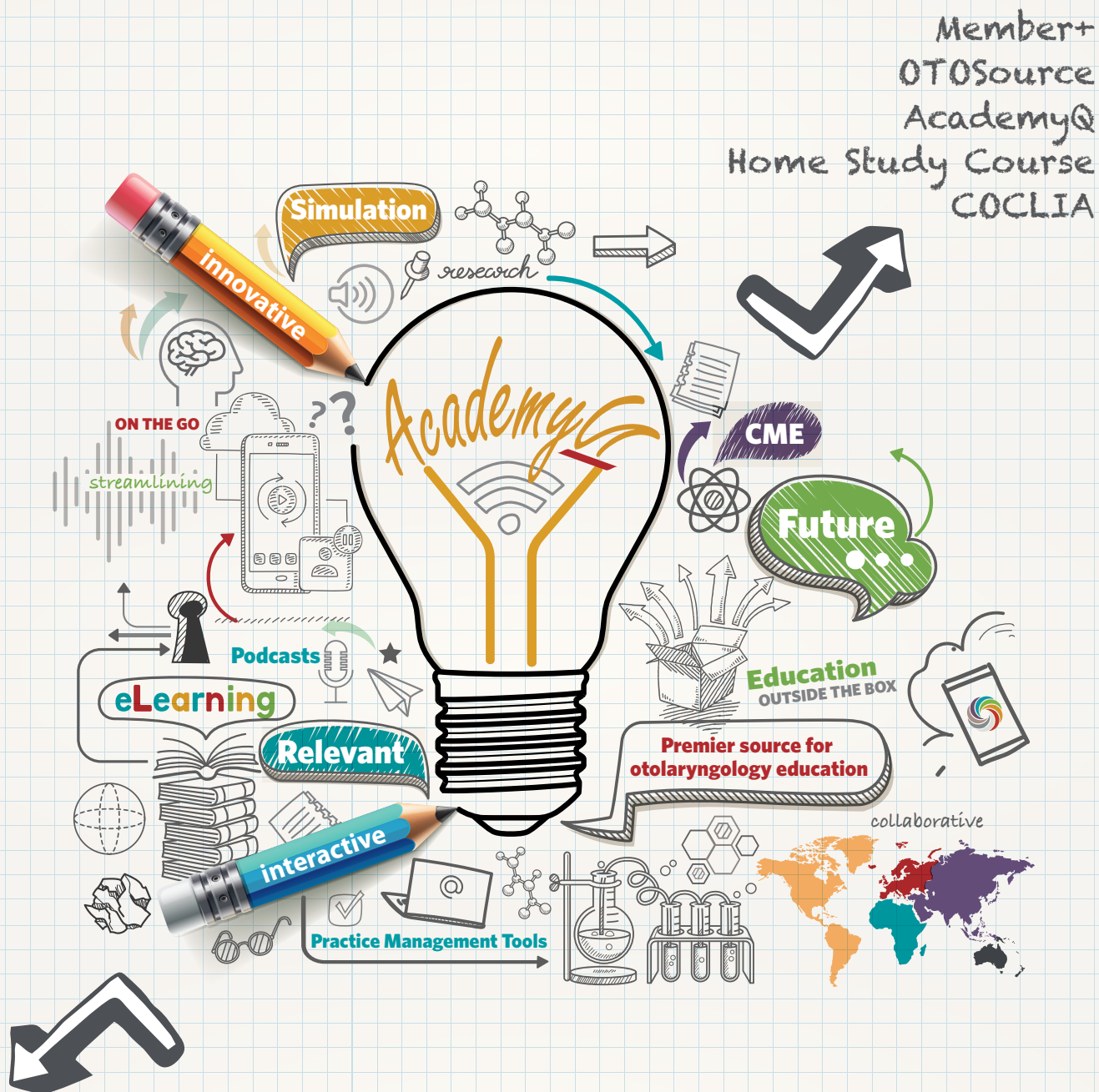
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This has been an exciting time for Foundation education. From spending this past year on an extensive assessment of the Academy's education offerings to charting a course for the future of education, much work has been done by the education volunteers and Foundation education team led by Tirza Lofgreen, CHES, Director of Education.

**Richard V. Smith, MD**, has been an inspiring and dedicated Coordinator for Education over the last four years. Through his hard work, Foundation professional development has evolved to the highest levels in offerings, enrollments, and engagement through AcademyU. The Foundation thanks Dr. Smith for his tireless efforts and devotion to education and ongoing support of staff and volunteers who have worked with them.

In this issue of the *Bulletin*, many of these accomplishments are highlighted. We also have a change in leadership with Dr. Smith finishing his term as Coordinator for Education and **Jeffrey P. Simons, MD**, assuming this leadership role.

We celebrate our successes and set the stage for the future of Foundation education.



# Education: core to our mission

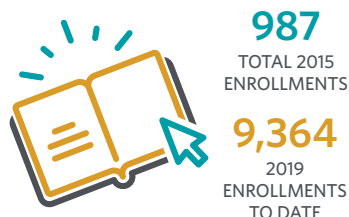
**Richard V. Smith, MD, AAO-HNSF**  
Coordinator for Education

**A**t the end of September, my term as AAO-HNSF Coordinator for Education will come to an end. Over the past four years, I've had the privilege of working with a dynamic group of Education Committee Chairs, a strong cadre of committee members across the breadth of the specialty, and a talented Foundation education team—all of whom care deeply about how we educate ourselves and care for our patients. It has been quite a journey!

Each year has brought new opportunities to engage the profession on different levels and find ways to advance the Academy's mission of lifelong learning. I'd like to highlight some of our most impactful accomplishments of the past four years:

## COURSE ENROLLMENTS

INCREASED BY NEARLY 850% OVER 4 YEARS

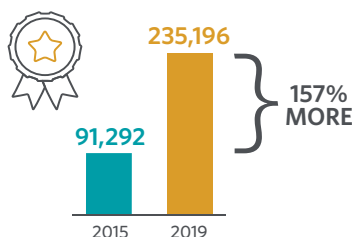


## OTOSource

The recent completion of OTOSource, the single-source online repository for otolaryngology education, is a highlight of my term. More than 200 otolaryngologist-head and neck surgeons authored 226 modules for the 11 subspecialty units. This was a monumental effort initiated in 2015 under the direction of **Sonya Malekzadeh, MD**, and developed by the Comprehensive Curriculum Task Force and Work Group, composed of representatives from all otolaryngology subspecialty societies. The Academy Education Committees are currently working on adding annotated surgical procedure

videos for 170 topics, an important addition to traditional education offerings. It has also been exciting to learn how **Sarah N. Bowe, MD**, has started to use OTOSource and COCLIA with her residents at Fort Sam Houston, TX (see page 19). Although many consider this a resident benefit, it is meant to be a comprehensive resource for physicians at any stage of their career, linking to important education content across the specialty.

## CME CREDITS ISSUED



## ABOHNS initiatives

In August 2018, the Accreditation Council for Continuing Medical Education (ACCME) and the American Board of Otolaryngology - Head and Neck Surgery (ABOHNS) announced a new collaboration to expand opportunities for ABOHNS diplomates to receive Maintenance of Certification (MOC) credit by participating in accredited continuing medical education (CME). Through this collaboration, the AAO-HNSF offers MOC credit for new and current CME activities in AcademyU and at the Annual Meeting. In addition, beginning in 2020, the Academy will award 10 CME/MOC credits annually for diplomates participating in ABOHNS CertLink™. This new education initiative will also enable diplomates the ability to seamlessly access AcademyU activities to address specific knowledge gaps.

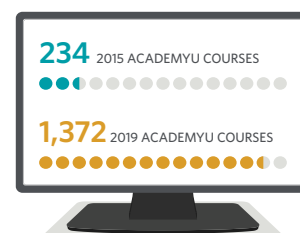
## New guideline for creating unbiased education content

In October 2018, we removed an AcademyU Patient Management Perspectives (PMP) course as it had culturally insensitive and biased language. Although this course was created nearly a decade ago, it quickly brought

to light an opportunity to improve the way we approach education in our specialty and to develop a guideline to ensure we are creating unbiased education content. We were one of the first specialties to address this important topic at the Academy level.

## AVAILABLE COURSES

MORE THAN QUADRUPLD OVER 4 YEARS



## AcademyU

The Academy's online education has grown exponentially over the years in terms of course offerings and major technology platform enhancements. In 2015 when my term began, there were 234 courses, and now it has grown to 1,373. I have tremendous respect for our Education Committee faculty members who have given their time and expertise to develop these courses while juggling demanding clinical and academic responsibilities. As of August 2018, AcademyU now supports a fully responsive web design across all technology platforms with an improved search functionality and quick links to the latest releases. Over the past four years, we've maintained our commitment to ensure AcademyU provides our members the knowledge, education, clinical tools, and professional support to help you meet the challenges in your otolaryngology practice and build mastery throughout your career. We continually reassess our courses to incorporate new and interactive learning formats.

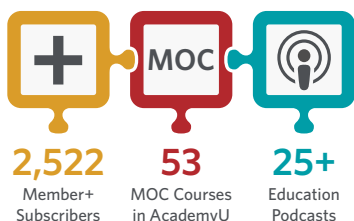
## Simulation

It is clear that an important and expanding component of medical education involves simulation. One of my earliest priorities was to form a Simulation Education Committee

to develop and incorporate simulation across our education offerings. The Annual Meeting will offer 10 sessions, plus a preconference workshop on six simulated otolaryngology emergencies. In addition, the annual SIM Tank competition and Simulation Reception will showcase innovative and novel otolaryngology simulators and simulations projects.

## GROWING RESOURCES

NEW PRODUCTS LAUNCHED  
BETWEEN 2015-2019



### Member+ Campaign

Ensuring members have access to AcademyU through an affordable subscription model was a high-priority for me during my term as Coordinator. In September 2017, we debuted this exclusive "200 CME courses in AcademyU for the price of one subscription," and it quickly gained positive traction. Now in its second year, we have more than 2,545 subscribers, surpassing last year.

I have been an active member of our Academy since residency, serving in many capacities, and I started serving on the Academy's Education Committees in 2002 as a Home Study Course author. It has been a true honor to participate in the education efforts and developments of our Academy, and I am very proud of all our group has accomplished. As in so many other aspects of our Academy, I've seen tremendous evolution, expansion, and improvement since beginning my involvement in 1993. It is clear that we have a forward-facing, future-oriented Academy in which education is core to its mission. I am confident the ability of our Academy, through its volunteers and education staff, to adapt and excel will keep us at the forefront of educational innovation and excellence.

Thank you to all who have helped us fulfill our commitment to excellence and our specialty! ■



## OTOSource and COCLIA: Impact learning for resident education

■ **Richard V. Smith, MD, AAO-HNSF**  
Coordinator for Education

The goals of OTOSource and COCLIA are to provide residents, program directors, faculty, and practicing otolaryngologists a standard study guide with teaching tools to assist with board certification, recertification, and lifelong learning. Both online resources have a fully responsive web design, which allows seamless access across all platforms for learning "on the go" with the ability to quickly search by topic, access to references, relevant education activities, and surgical video procedures.

I recently had the opportunity to connect with **Sarah N. Bowe, MD**, who completed her fellowship in pediatrics last year. She is leading efforts at the Brooke Army Medical Center in Fort Sam Houston, TX, to design a two-year rotating

curriculum of topics utilizing COCLIA and OTOSource. As a member of the Comprehensive Curriculum Task Force and Work Group, I have been impressed with her initiative and energy to meld these education tools together for impact learning.

"While we are in the early stages of incorporating COCLIA and OTOSource, I look forward to seeing where this academic journey takes us. Our academic program is also in the process of merging with another program. While we are embarking on many changes, we are confident utilizing these resources while we combine our education plan will help our residents learn mastery in otolaryngology education," said Dr. Bowe. ■



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# Leadership transition in



Richard V. Smith, MD



Jeffrey P. Simons, MD

## ■ Richard V. Smith, MD; Jeffrey P. Simons, MD

**J**effrey P. Simons, MD, has been actively involved in otolaryngology education on a national level since his residency, first as a member of the Core Otolaryngology Education Faculty of the AAO-HNSF followed by many years as a member of the Pediatric Otolaryngology Education Committee (POEC). Since 2015, he has served as Chair of the POEC and a member of the Education Steering Committee. In this role, he was responsible for the development and production of all pediatric

otolaryngology education products, leading a team of approximately 30 committee members from across the country. Under his leadership, a number of successful and innovative education products were developed for AcademyU.

In addition to his work with the Academy, Dr. Simons has served in a number of other leadership roles in otolaryngology. He is Director at Large on the Board of Directors of the American Society of Pediatric Otolaryngology (ASPO), a member of the Education and Curriculum Committee for ASPO, and a member of the Executive Council for the Section of Otolaryngology-Head and Neck Surgery for the American Academy of Pediatrics. Dr. Simons also recently completed a two-year term as President of Pennsylvania Academy of Otolaryngology-Head and Neck Surgery (PAO-HNS). In addition, he is an Editor-in-Chief for the Fifth Edition of the textbook, *Bluestone and Stool's Pediatric Otolaryngology*.

Dr. Simons has received an Honor Award from the AAO-HNS and the Helen Krause, MD, Distinguished Service Award from the PAO-HNS for his commitment and service to these organizations.

Some of Dr. Simons' specific goals during his tenure as Coordinator for Education include:

- Introducing new, innovative education products that meet the needs of today's practicing physicians, residents, medical students, and advanced practice providers
- Incorporating the use of simulation and gaming in new otolaryngology education tools
- Continuing collaboration with the American Board of Otolaryngology-Head and Neck Surgery (ABOHSN)
- Exploring opportunities for education product development with the otolaryngology subspecialty societies

- Enhancing collaboration with other Academy programs (e.g. Research and Quality, the AAO-HNSF journal *Otolaryngology-Head and Neck Surgery*, and the Annual Meeting & OTO Experience)
- Increasing the utilization of [OTOSource.org](https://www.otosource.org)—the single-source online repository for otolaryngology education
- Advancing the capabilities of AcademyU, the Academy's online learning management system, so that it remains one of the preeminent online sources for medical education

**Richard V. Smith, MD, spoke with Jeffrey P. Simons, MD, about his vision as Coordinator for Education.**

**Dr. Smith:** You have served on AAO-HNSF Education Committees for over 15 years. What do you want to bring to your new role as Coordinator?

**Dr. Simons:** You are leaving big shoes to fill. I am honored to build on your many accomplishments over the past four years. As the next Coordinator for Education, I plan to bring a passion, drive, and collaborative approach to ensure that our education offerings reflect the future of learning. There have been significant changes in the delivery of medical education over the past several years. The demand for new formats and more varied options is higher than ever. It is important for the Foundation to embrace these changes, develop new, innovative education modalities, and keep pace with advancing eLearning technologies.

**Dr. Smith:** What priorities do you have for the next four years?



# Foundation education

**Dr. Simons:** My number one priority is to position the education content of the Foundation so that it serves as the premier source for otolaryngology education and the first place members turn to for continuing professional development across all stages of their careers. It will certainly be important to increase the awareness and utilization of AcademyU as the primary platform for all online otolaryngology education. Over the past year, I have had the privilege of serving on the AAO-HNSF Future of Education Task Force that you chaired. The findings from member surveys, focus groups, Annual Meeting evaluations, and AcademyU data have provided tremendous insight to new ideas, formats, and learning experiences that we can develop and offer for our members. Many of my specific goals are listed on the previous page.

I am looking forward to leveraging the deep expertise of the Education Steering Committee and the members of our Education Committees, supported by the Foundation's devoted education staff, to develop a plan to bring many of these new ideas to fruition.

**Dr. Smith:** How is the Academy positioning itself to meet the needs of 21st century learners with innovative modalities?

**Dr. Simons:** Some of the more important changes I believe we will see in the future of otolaryngology education will likely involve embracing new paradigms for medical education, such as microlearning, simulation, and gaming. Responding to new learning styles that are case-based, interactive, and relevant to practice will be important. I would also like to see us develop more podcasts, expert interviews, and case discussions that physicians can work through in the morning before office hours, in between cases in the OR, or even

during their commute to the hospital. Adopting the use of "Visual Abstracts" as a strategy to enhance learning and promote AcademyU offerings is a new tactic I am excited to put into action this coming year.

**Dr. Smith:** The new ABOHNS CertLink™ program is a positive step forward for the Academy and diplomates. How do you see this benefiting members?

**Dr. Simons:** CertLink for ABOHNS diplomates provides approximately 10-15 practice-focused questions per quarter that can be answered on their own schedule. Diplomates who successfully participate in CertLink will receive both Part II (Self-Assessment) and Part III (Continuing Certification) Maintenance of Certification credit. This program truly allows ABOHNS diplomates and Academy members to focus on continuing professional development and lifelong learning rather than studying for a recertification exam every 10 years. Beginning in 2020, through a joint CME providership agreement, the Foundation will award 10 CME/MOC credits annually to ABOHNS diplomates participating in CertLink. Our collaboration with ABOHNS will also allow participants the ability to seamlessly access relevant AcademyU education activities and OTOSource modules directly from CertLink to address specific knowledge gaps.

**Dr. Smith:** Resident education remains an important focus. What changes have you seen in that sector, and how can we adapt to continue to provide the best education for residents in our specialty?

**Dr. Simons:** The Academy certainly prioritizes resident education. Over the past

year, I have spent a lot of time talking with residents and residency training program directors across the country to better understand their evolving needs for learning. With OTOSource.org now completed, residents, program directors, faculty members, and practicing otolaryngologists can use this free, comprehensive online study guide while seamlessly accessing topical education activities available in AcademyU or the Otolaryngology Specialty Society. The other tools we currently have available, such as HSC+ for Member Residents, the Resident How To Guide to AcademyU, COCLIA (Comprehensive Otolaryngologic Curriculum Learning through Interactive Approach), and AcademyQ – Knowledge Assessment mobile app are all widely used, but we know, based on feedback, that residents will be looking in the future for different tools and products. For example, gaming applications, instructional surgical videos, products to help with board preparation, and timely summaries of research publications with relevant clinical interpretation are some of the education modalities that today's residents are seeking. I plan to continually assess these needs with the help of the Education Steering Committee as we introduce new education products over the next few years.

## Final Thoughts

Overall, there are many exciting changes and innovative ideas for how to deliver otolaryngology education. It is clear to me that AAO-HNSF is devoted to serving the needs of its members and is committed to providing the best in high-quality otolaryngology education well into the future. I am honored to serve as your next Coordinator for Education. I look forward to hearing your ideas and learning ways I can deliver on my vision. ■



# Quality care for the transgender patient



Wendy B. Stern, MD



Jeffrey H. Spiegel, MD

**W**endy B. Stern, MD, a member of the AAO-HNS Diversity and Inclusion Committee, interviews Jeffrey H. Spiegel, MD, Chief of the Facial Plastic Surgery Program and Professor of Otolaryngology-Head and Neck Surgery at the Boston University School of Medicine, regarding caring for transgender patients.

**Dr. Stern:** How did you first become interested in working with transgender patients?

**Dr. Spiegel:** About 20 years ago, a transgender woman came to see me and asked if I could help her to look more feminine. I

explained that while I knew how to do facial surgery, I did not know exactly what to change. I checked the very limited literature and told her what I suggested. To my surprise, she desired to go forward, and we went ahead and did a cranioplasty plus several other procedures. She was happy with the outcome and went off, leaving me thinking this was probably a one-time interesting case. But she sent someone else, and that continued, and now we see dozens of people for facial feminization surgery each week. Additionally, I found it fascinating that there was so little information available about how we determine gender when we look at someone's face. As an academic surgeon, I began doing research on that. It has been extremely gratifying to learn more about this and discover how fundamental gender is to our understanding of beauty and attractiveness.

**Dr. Stern:** I imagine there are many hurdles to overcome in order to provide high quality care, starting with the mechanics of the office or clinic. Did you in-service your staff specifically for working with the transgender community?

**Dr. Spiegel:** Absolutely. I have learned so much from interacting with thousands of transgender women over the last 20 years and regularly teach my own staff, hospital staff, and people at conferences how to most effectively care for transgender patients. To be honest, it's truly just common sense. I think that any transgender patient who seeks my care is heroic in their willingness to face the challenges they've been given and to take active steps to live their best life. That being said, there are many specific ways to make these patients comfortable in your office.

**Dr. Stern:** How can physicians who are unfamiliar with transgender and LGBTQ healthcare imperatives improve their ability to

welcome, engage, and care for this community?

**Dr. Spiegel:** Perhaps the best way is to recognize that acceptance and respect are the key. If you have the skills to enable a person to look better, you can improve their health. Caring for transgender patients allows you to use all of your skills to truly and deeply help people. I think the key is to treat LGBTQ patients exactly as you would any other patient; that is, each individual has a unique medical history that contributes to their needs and treatment plan, but all of your patients are reaching out for assistance.

**Dr. Stern:** I know that the use of language plays an important role in developing relationships and caring for LGBTQ patients. What other dynamics should we be sensitive to? How do we finesse our history, physical examination, and counseling?

**Dr. Spiegel:** If you have a person whose legal name seems inconsistent with the way they are presenting, it's a good idea to ask the person what they "go by." Most EMR software can put in a "goes by" or "nickname" in the identification data fields. Then, use the pronouns (e.g., she, he, they) most consistent with the person's identity. You'll make some mistakes in the beginning, but people can tell if you are being rude or if it was an innocent error. If you slip up, just apologize and correct yourself without making a big deal about it. I assume that each of us wants all patients who come to our offices to feel welcomed and cared for in a professional environment. Being respectful and treating all people the same is an obvious part of that.

As far as our medical records, being transgender, for example, is simply one component of a person's medical history and should be documented as such. For example,



“Patient X is a 35-year-old transgender woman.” This would mean they were born with male anatomy but identify and likely present as a woman. I also make sure that my transgender patients understand the many healthcare prerequisites that need to be considered before undergoing transformative surgery, such as adjusting hormones around the time of surgery and the type and duration of hormone treatment that will effect what type of surgery they’ll need. As a result, I coordinate care with their medical doctors. I also work with the patients’ therapists and mental health professionals to determine appropriateness and timing of surgery.

**Dr. Stern:** Education has always been central to what we do. Any recommendations?

**Dr. Spiegel:** Education is key. I give lectures regularly on how to best serve the

transgender population, including coaching employees on how to address their needs. Ultimately, it all comes down to understanding, caring, and empathy. Plus, you need a sense of personal pride in yourself and your office. When you take pride in your own work, you strive to provide the best experience for everyone who comes to see you. I have included some references for those who might be interested below.

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- Spiegel JH. Phonosurgery for pitch alteration: feminization and masculinization of the voice. *Otolaryngol Clin North Am*. 2006 Feb;39(1):77-86. ■

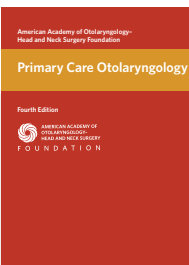
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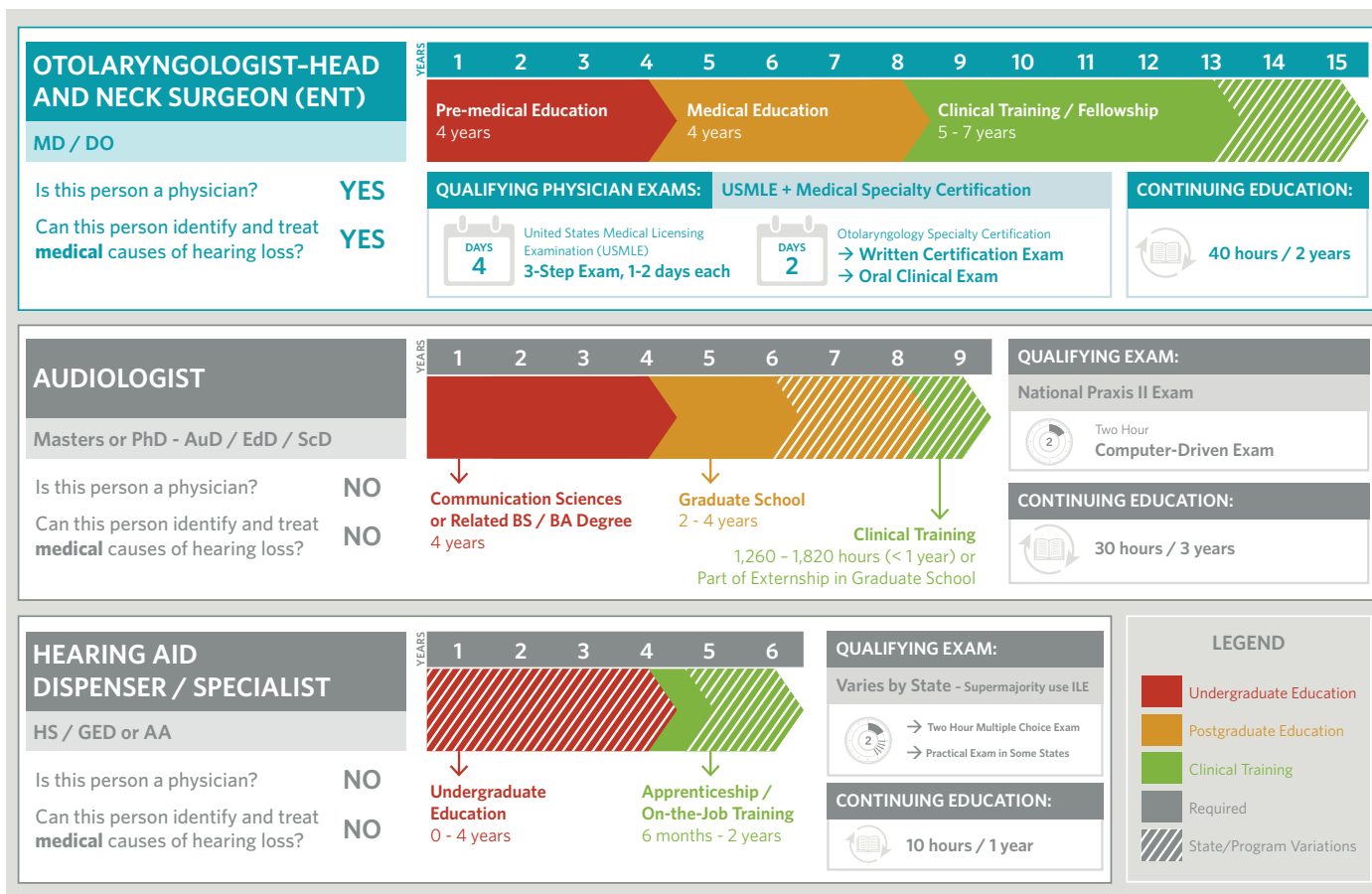
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# Tonsils, adenoids, and long term immune function

■ Derek J. Lam MD, MPH; Marco Antonio Figueroa Morales, MD, MSc; Vikas Mehta, MD, MPH; Joshua R. Bedwell, MD

In this *Bulletin* segment, the AAO-HNSF Outcomes Research and Evidence-Based Medicine (OREBM) Committee shares highlights and accompanying commentary from a 2018 article titled “Association of Long-term Risk of Respiratory, Allergic, and Infectious Diseases With Removal of Adenoids and Tonsils in Childhood” by Byars et al.<sup>1</sup>

For years, we have counseled parents preoperatively that, while the tonsils and adenoids are part of the immune system, removing them does not seem to make a significant difference to long-term immune function. However, a recent study by Byars et al. calls this routine reassurance into question.

A review of the literature shows that our standard preoperative education was generally well-supported. There have been many prior investigations into the relationship between tonsillectomy and immune function. Most studies have focused on short- to medium-term evaluations of humoral immunity. Fewer have looked at changes in cellular immunity. A 2015 systemic review by Bitar included 35 articles spanning from 1971-2014, with a sample size of nearly 2000 patients.<sup>2</sup> Despite heterogeneity in study design (control group versus no, comparison of preoperative versus postoperative levels) and ages of patients that were included, some general themes emerged. Most studies showed no decrease, or an insignificant one, in immunoglobulin levels. However, three of the studies that compared surgical patients to controls did find significant negative alterations.<sup>3-5</sup>

“These are all compelling reasons to be somewhat skeptical of the findings presented and to question their generalizability beyond the study population. Nevertheless, it is certainly a provocative and well-executed study that may add some nuance to how we counsel parents when this all-too-common question comes up.

One study looked specifically at susceptibility to upper respiratory illness and changes in humoral and cellular immunity following tonsillectomy and found some minor alterations in IgA levels and lymphocyte populations but no increase in upper respiratory tract illnesses.<sup>6</sup> None of the studies on cellular immunity demonstrated a negative effect, and many showed improvement after surgery. The review authors concluded that the weight of evidence suggests that there was no negative effect of tonsillectomy on immune function.

The Byars study takes a novel approach, focusing on clinical outcomes rather than immunologic assays. Their population-based cohort study examined almost 1.2 million Danish individuals born between 1979 and 1999. Using linked national registries, the authors compared the incidence of 28 diseases between 10 and 30 years of life in over 60,000 healthy children who had their tonsils, adenoids, or both removed in the first nine years of life (cases) to those who did not (controls). In particular, they focused on infectious, respiratory, and allergic disease. After controlling for the other available significant variables, they found that tonsillectomy was associated with a nearly three-fold increase in risk of an upper respiratory tract disease later in life. Adenoidectomy was associated with a roughly two-fold increase in the risk of chronic obstructive pulmonary disorder and upper respiratory tract disease (RR 2.72 95 percent CI 1.54-4.80 and RR 1.99 95 percent CI 1.51-2.63 and respectively), while adenotonsillectomy was associated with a 17 percent increased risk of infectious diseases (RR 1.17. 95 percent CI 1.10-1.25). Across all 28 disease groups, removal of tonsils or adenoids resulted in increases in relative risk for 78 percent of them, suggesting a significant perturbation in immune system development with the potential to impact a wide range of organ systems.

Though there are myriad confounders that could not be measured in such a large population-based database study, the authors did attempt to adjust for many potential ones. They combined several different national registries to compile comprehensive health and socioeconomic histories for all individuals included in the analysis. Covariates included maternal, birth-related, demographic, and socioeconomic risk factors. The authors concluded that the risks of multiple diseases

later in life, including respiratory and infectious diseases, are significantly increased after removal of tonsils or adenoids, and that the benefits of these surgeries tend to be short-term, while potential long-term benefits are mixed.

In the accompanying commentary, Richard M. Rosenfeld, MD MPH, MBA,<sup>7</sup> points out there are several potential sources of biases that could distort the relationships the authors assessed. These include

- 1) unmeasured confounding variables such as cigarette smoke exposure and antibiotic use,
- 2) reverse causation, where an underlying condition like asthma might lead to more frequent healthcare exposure and therefore more opportunity to be diagnosed with related conditions leading to surgery,
- 3) selection bias, where there are important

known or unknown differences in baseline characteristics in the two groups that could influence later outcomes, and

- 4) measurement bias, where inaccurate or inconsistent coding could introduce unknown bias to the data. These are all compelling reasons to be somewhat skeptical of the findings presented and to question their generalizability beyond the study population. Nevertheless, it is certainly a provocative and well-executed study that may add some nuance to how we counsel parents when this all-too-common question comes up. ■

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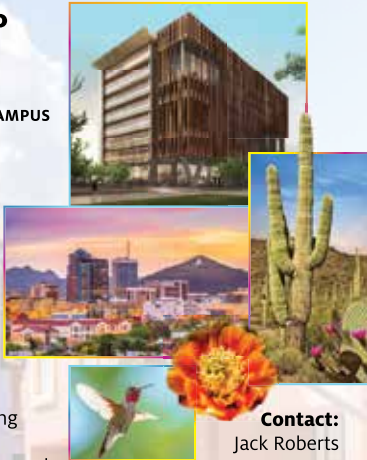
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### Department of Otolaryngology – Head and Neck Surgery

#### Course Director:

Esther X. Vivas, MD

#### Course Faculty:

Esther X. Vivas, MD	C. Arturo Solares, MD
Kavita Dedhia, MD	Douglas E. Mattox, MD
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3. Fellowship trained Neurotologist
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Interested candidates should send their CV and a cover letter to:  
Nadir Ahmad, MD, FACS, Division Head, at [ahmad-nadir@Cooperhealth.edu](mailto:ahmad-nadir@Cooperhealth.edu)

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### **Assistant Professor/Associate Professor/Professor Otolist - Neurotologist**

The Department of Otolaryngology-Head and Neck Surgery at the University of Michigan has an outstanding opportunity for a Board Certified Otolaryngologist.

We are seeking someone who has a commitment to an academic career, research and teaching, along with an interest in practicing Otolaryngology/Neurotology and pursuing scholarship in the field. Duties include patient care, teaching medical students, residents and fellows and establishing an independent research program. Candidates interested in a Clinician/Educator pathway are also encouraged to inquire.

Candidate(s) will join one of the largest and most outstanding clinical, teaching and research programs in the country.

#### **Required Qualifications**

M.D., D.O., Board certification in Otolaryngology, Neurotology certification or successful completion of an ACGME accredited Neurotology fellowship, hold or have the ability to obtain the appropriate medical licenses in the State of Michigan. Evidence of clinical competence is expected. Evidence of scholarly ability (publications in peer-reviewed journals, acquisition of external funding, presentation of research at national meetings) and competence in teaching is also expected.

This position is posted as Assistant Professor/Associate Professor/Professor. Rank of selected candidate is dependent upon qualifications.

Interested applicants should submit a letter of interest, curriculum vitae and references to the following email address: **[OTO-Faculty-Applicants@med.umich.edu](mailto:OTO-Faculty-Applicants@med.umich.edu)**

Please address materials to:

Mark E. P. Prince, M.D., FRCS(C)

Charles J. Krause M.D., Collegiate Professor and Chair  
Department of Otolaryngology-Head and Neck Surgery

1500 East Medical Center Drive

1904 Taubman Center

Ann Arbor, MI 48109-5312

**T32 Instructor/Postdoctoral Research Fellowship in the  
Department of Otolaryngology-Head and Neck Surgery,  
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The Department of Otolaryngology-Head and Neck Surgery at **Stanford University School of Medicine** seeks a post-residency fellow to join the department to pursue a NIH/NIDCD funded research fellowship. This is a two-year position with 75% dedicated research time and 25% clinical time. The standard National Match process guidelines will be followed. This research training can also be combined with clinical fellowship training in Otolaryngology subspecialties, creating a three-year combined training experience.

We expect the successful candidate to pursue a career as a clinician-scientist and this fellowship offers both the protected, mentored research training and some independent, clinical duties to help prepare for such a career. The candidate will carry out research in areas aligned with the NIDCD mission, join a research-intensive faculty, and be an active teacher of medical students and residents, while developing a robust research program.

Stanford University is an equal opportunity employer and is committed to increasing the diversity of its trainees. It welcomes nominations of and applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions. Per NIH eligibility requirements, the applicant must be a citizen, non-citizen national and permanent resident of the United States.

We are accepting submissions until the position is filled. Please submit curriculum vitae, 1-page statement of purpose discussing long-term goals as a clinician-scientist, 1-page statement regarding Stanford research laboratories applicant are interested in and why, PDFs of research papers applicant has published and the names and contact information of three references to:

Amy Dao  
amydao@stanford.edu 650-721-2880 (phone) 650-721-2163 (fax)  
Department of Otolaryngology-Head and Neck Surgery  
801 Welch Road, 2nd Floor, Stanford, CA 94305

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Contact name: Stacey Citrin, CEO  
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E-mail: [scitrin@southfloridaent.com](mailto:scitrin@southfloridaent.com)

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**GENERAL OTOLARYNGOLOGIST**

The Division of Otolaryngology Head and Neck Surgery in the Department of Surgery at Beth Israel Deaconess Medical Center is seeking applicants for a full-time General Otolaryngology faculty position. Qualified candidates will have completed an ACGME approved residency and be board certified or board eligible by the American Board of Otolaryngology. The candidate will join a team who is expanding Otolaryngology services within multiple health systems in the Massachusetts region. Responsibilities will include teaching, clinical and/or basic research. The successful candidate for this position may be considered for Harvard Medical School appointment as Instructor or Assistant Professor commensurate with experience and achievements.

Beth Israel Deaconess Medical Center, a 672-bed hospital and Level 1 Trauma Center, is renowned for excellence in patient care, biomedical research, teaching and community service. BIDMC is part of Beth Israel Lahey Health, a new health care system that brings together academic medical centers and teaching hospitals, community and specialty hospitals, more than 4,000 physicians and 35,000 employees in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education. BIDMC is a world-class teaching hospital of Harvard Medical School and is located in the heart of Boston's Longwood Medical and Academic Area.

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Applications are made online at [www.hmfphysicians.org/careers](http://www.hmfphysicians.org/careers).

Please respond to requisition 172128



## UF UNIVERSITY of FLORIDA

The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue an academic career in General Otolaryngology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 16 faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Applicants should be board certified or board eligible and licensed (or eligible) to practice in Florida. Significant relevant clinical experience and/or fellowship training in the chosen field is desired. Salary is negotiable and will be commensurate with experience and training.

To apply, please go to <https://facultyjobs.hr.ufl.edu>, search using "Otolaryngology, Gainesville". After applying, please send your CV and cover letter to:

Department of Otolaryngology  
Attn: Brian Lobo, MD  
University of Florida  
PO Box 100264  
Gainesville FL 32610-0264  
Email: [brian.lobo@ent.ufl.edu](mailto:brian.lobo@ent.ufl.edu)

The University of Florida is an equal opportunity institution dedicated to building a broadly diverse and inclusive faculty and staff.

## General Comprehensive Otolaryngologist – Head and Neck Surgeon

The Department of Head & Neck Surgery at the David Geffen School of Medicine at UCLA is seeking full-time, clinical, non-tenure track general otolaryngologists to join its expanding community specialty clinical practice as a Staff Physician. The otolaryngologist will see patients at the community practice locations in the Greater Los Angeles area as needed by the Department, and will perform surgery primarily in community Surgery Centers. Candidates should possess excellent communication skills, be a team player, and be highly motivated to provide general otolaryngology services to the community. Applicants must be Board certified (or eligible) and have (or be eligible to apply for) a current California medical license.

Experience and/or a practice focus in comprehensive otolaryngology - head and neck surgery is preferred.

UCLA seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

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Letters of inquiry and curriculum vitae should be sent to:

Maie A. St. John, M.D., Ph.D., FACS  
Professor and Chair, Department of Head & Neck Surgery  
Thomas C. Calcaterra Chair in Head and Neck Surgery  
Co-Director, UCLA Head and Neck Cancer Program  
Jonsson Comprehensive Cancer Center  
David Geffen School of Medicine at UCLA  
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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](mailto:skountakis@augusta.edu)

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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 website at [hr.missouri.edu/jobs/academic](http://hr.missouri.edu/jobs/academic)  
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## General Otorhinolaryngology Faculty Positions

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting up to 3 general otorhinolaryngologists to join its expanding suburban practices. This is a unique opportunity to join a growing academic department in a large metro area. Interest in sleep and/or allergy is desirable, but not required. These positions also involve a 20% commitment to the Department's teaching sites. Academic appointment commensurate with experience.

Please submit your CV and application here: [www.ent4.me/recruit](http://www.ent4.me/recruit)

*Interest and questions may be directed to:*

**Martin J. Citardi, MD**

**Professor & Chair**

**The University of Texas Health Science Center at Houston**

**Department of Otorhinolaryngology-Head & Neck Surgery**

**Fax: 713-383-1410 Email: [Martin.J.Citardi@uth.tmc.edu](mailto:Martin.J.Citardi@uth.tmc.edu)**

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The Division of Otolaryngology Head and Neck Surgery in the Department of Surgery at Beth Israel Deaconess Medical Center and Harvard Medical School is seeking applicants for clinical fellowship. The 12-24 month fellowship training covers all aspects of head and neck surgical oncology, microvascular and reconstructive surgery including skullbase surgery, transoral robotic surgery and endocrine surgery. The fellow will participate in the management of the head and neck cancer and reconstructive patient as part of a multidisciplinary team. Clinical research is mandated with the assistance of the BIDMC FIRST program. Qualified candidates will have completed an ACGME approved residency and be board certified or board eligible by the American Board of Otolaryngology, American Board of Surgery or American Board of Plastic Surgery. Dual Degree board certified or eligible Oral Maxillofacial surgery candidates are also welcome to apply.

Beth Israel Deaconess Medical Center, a 672-bed hospital and Level 1 Trauma Center, is renowned for excellence in patient care, biomedical research, teaching and community service. Located in the heart of Boston's Longwood Medical and Academic Area, it hosts more than three quarters of a million patient visits annually in and around Boston. The medical center is clinically affiliated with Joslin Diabetes Center and is a founding member of the Dana-Farber/Harvard Cancer Center. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law. Women and underrepresented minorities are particularly encouraged to apply.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law. Women and underrepresented minorities are particularly encouraged to apply.

Interested candidates can send their CV to:

Scharukh Jalisi, MD, MA, FACS  
Chief, Otolaryngology- Head and Neck Surgery  
Beth Israel Deaconess Medical Center  
Boston, MA 02215  
[sjalisi@bidmc.harvard.edu](mailto:sjalisi@bidmc.harvard.edu)



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#### Contact and send CV to:

Jeffrey S. Weingarten, MD or  
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- 5) Sleep Surgeon, Emory University Hospital Midtown Atlanta
- 6) Pediatric Otolaryngologist, Emory + Children's Healthcare of Atlanta

Interested applicants may apply online at [Careers.Emory.edu](http://Careers.Emory.edu) or may also submit a letter of interest and curriculum vitae to: Amaya Fields: [Amaya.fields@emory.edu](mailto:Amaya.fields@emory.edu) and Dr. Douglas Mattox: [dmattox@emory.edu](mailto:dmattox@emory.edu)

The Emory Department of Otolaryngology is the premier clinical/academic/research otolaryngology program in the southeast while serving in one of the largest metropolitan regions in the United States. The training environment encompasses a tertiary care university hospital, the region's sole public hospital and main trauma center, an urban, community hospital, Veterans' hospital and the region's elite pediatric referral center. Faculty research is conducted under the banner of the Emory Research Group in Otolaryngology (ERGO). Research projects span basic science, translational, and clinical investigations, including studies of the mechanisms of deafness caused by genetic mutations, the various implications of office-based rhinologic surgery, reconstruction of head and neck cancer defects, outcomes measurement, healthcare disparities and craniomaxillofacial trauma.

#### Minimum Qualifications:

- Board Certified/Board Eligible in Otolaryngology or hold equivalent qualifications, which would be considered eligible for credentialing in Otolaryngology with Emory Healthcare.
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The Department of Otolaryngology – Head and Neck Surgery at Houston Methodist is actively recruiting a Division Chief of Head and Neck surgery, an Otolaryngology Hospitalist and a Sleep Surgeon to join our growing department.

Houston Methodist Hospital is a nationally recognized health care system located within the heart of the Texas Medical Center; the largest medical center in the world. Recognized as one of the world's leading research and teaching institutions, Houston Methodist Hospital network delivers care throughout the Greater Houston Area with a hospital network that includes seven Regional Hospitals and a physician organization that includes a comprehensive network of providers and specialties. This combination of clinical service, research and academics ensures patients have access to the latest in treatments and technologies while providing the best in comprehensive patient care.

Houston Methodist Hospital is consistently ranked by US News and World Reports as the number one hospital in Texas and one of the top 20 hospitals in the country. This year, Forbes magazine ranked Houston Methodist Hospital the best employer in the state of Texas.

The Department of Otolaryngology-Head and Neck Surgery supports residency education for Baylor College of Medicine and the University of Texas.

We are searching for an individual at the rank of Assistant Professor or higher who possess outstanding clinical acumen, surgical skill, a record of academic accomplishments and a dedication to education.

*Please direct your Letter of Interest and CV to:*

Susan Truax  
Sr. Executive Secretary  
Department of Otolaryngology –  
Head and Neck Surgery, Smith Tower  
6550 Fannin St., Suite 1723, Houston, Texas 77030

**Email:** [struax@houstonmethodist.org](mailto:struax@houstonmethodist.org)





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