

bulletin



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

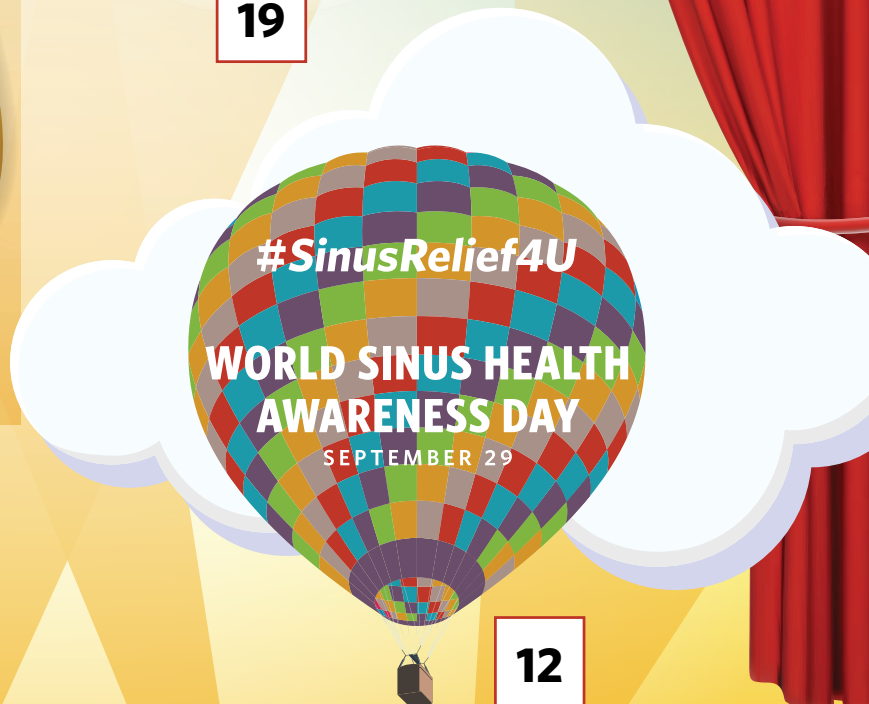
AUGUST 2021



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19



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bulletin features

August 2021

Volume 40, No. 7

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

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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

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BULLETIN ADVERTISING

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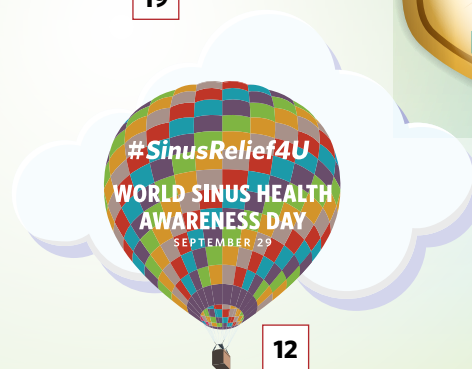
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At the forefront

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REGISTRATION NOW OPEN

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October 3-6, for the 125th Anniversary

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- ★ Introduction of the New 'Personal and Professional Development' specialty track
- ★ New features include the Great Debates, Simulation Activities, and ENTrepreneur Faceoff
- ★ **SATURDAY, OCTOBER 2, 6:00 PM (PT), AT XBOX PLAZA**
Presidents' Reception
- ★ **MONDAY, OCTOBER 4, AT CEDARS-SINAI**
Worst Case Scenarios: Managing OTO Emergencies in Practice Simulation Workshop

We hope to see you in LA, but if you are unable to attend in person, you can also access **#OTOMTG21 virtually**.



TO LEARN MORE AND REGISTER

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Valuing One Another

“People will forget what you said. People will forget what you did. People will never forget how you made them feel.”

— Maya Angelou

The American Academy of Otolaryngology—Head and Neck Surgery is truly a remarkable organization. Over the past year, I have had the opportunity to witness firsthand the remarkable dedication and commitment of our members and our Academy staff. I am so very proud of how our members and our Academy staff continue to work collaboratively, innovatively, and unselfishly.

Our Academy staff is 66 strong, and they continue to work tirelessly to support the Academy’s mission. Like the rest of us, they have had to pivot many times over the past year and a half, often on a moment’s notice. They support work in advocacy, education, business of medicine, research, and quality in practice; coordinate our meetings; support our global initiatives; maintain our access to cutting-edge technology and innovation; advance our communications; and support our 60+ committees. These valued team members are absolutely critical. Without them, we would not be able to realize our Core Purpose, which is to engage our members and help them achieve excellence and provide high-quality, evidence-informed, and equitable ear, nose, and throat care through professional and public education, research, and health policy advocacy.

During the pandemic our staff took on the personality and professionalism of our members, recognizing our physicians’ needs to be able to take the best care of their patients. Working from home in a new situation for most, they adopted an “all-hands-on-deck,” “on-call” mentality, working seven days a week throughout the height of the pandemic to provide the most up-to-date information available to our members. Their underlying desire to contribute, each in their own way, helped the entire team to get through this unprecedented time in our history. Each person’s work, no matter what their job or title, ultimately leads to healing people, taking care of one another, and saving lives. *Nothing could be more valuable.*

I am sure you will recall the story of the janitor who, when asked by President John F. Kennedy what his role at NASA was, replied, “I’m helping put a man on the moon!” His wonderful answer speaks volumes about NASA’s culture. Each of us clearly understands how our roles ladder up to an overarching core purpose. As a result, we ought to feel proud and valued.

My goal with this column is to let you know that you and your work are extremely valuable, that your contributions are powerful and meaningful, and that each day you help the Academy deliver on its Core Purpose. I also hope you’ll help others feel the same way. Below are some ways you can do that.

Regularly tell our Academy staff members and colleagues how much you appreciate them. Listen intently. Thank them for their outstanding commitment. Congratulate them on years of service. Thank them when you next see them. Tell them how much you enjoy working with them. Make sure they feel valued.

Each and every one of you is important, and I truly value you. It is an honor to work with you and to serve as your President. It has been a truly remarkable year and I feel truly privileged and honored to have had the opportunity to serve. I know we have accomplished some pretty remarkable work. We could only have done this because of each and every one of you.

I cannot wait to see you in Los Angeles in October. When I do, I will be sure to thank you for your commitment and your effort.

Please plan to arrive early and join me for a special Presidents’ Reception on Saturday, October 2, 6:00 – 8:00 pm (PT), at Xbox Plaza. This special event, commemorating the AAO-HNS/F 125th anniversary, is open to all attendees. It will be an unforgettable occasion marking our long, rich history of specialty unity with current and past presidents of the Academy, as well as those of all specialty societies participating in our meeting programming this year. Kick off your 2021 Annual Meeting experience and connect with colleagues from coast to coast and around the globe—something that we have all missed throughout the pandemic. ■



Carol R. Bradford, MD, MS
AAO-HNS/F President

“My goal with this column is to let you know that you and your work are extremely valuable, that your contributions are powerful and meaningful, and that each day you help the Academy deliver on its Core Purpose.”

GOT FLEX?

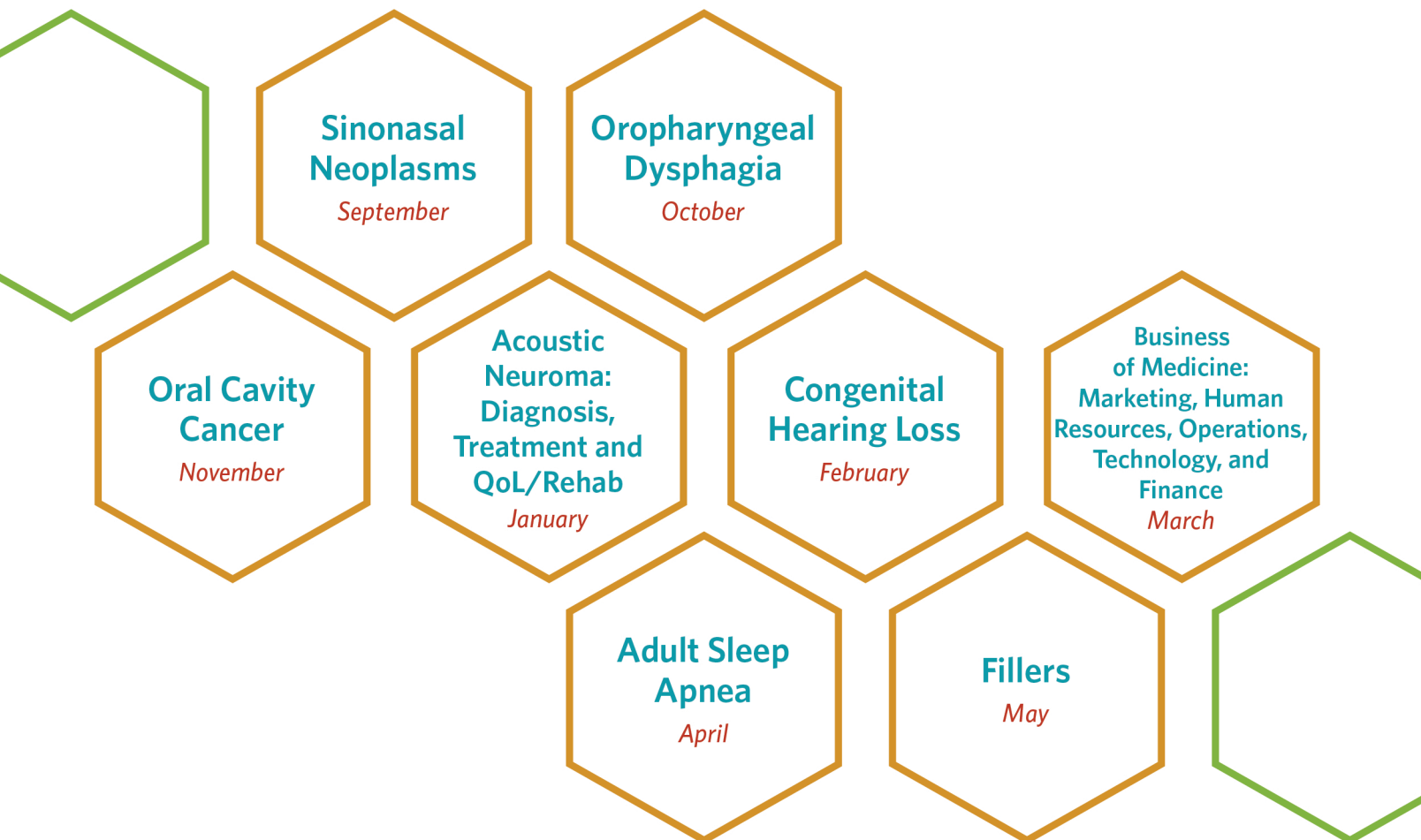
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Building a Reliable, Equitable Healthcare Infrastructure for Patients

Even as the positive signs of increased travel, people taking vacations, school openings, return to in-person work, and meetings and in-person gatherings gain momentum, it is critical that we remember and acknowledge the lessons that we paid a high price to learn and act on them as a profession and an organization to help prevent and manage future events. Equally as important on the advocacy front, physicians need to lead the charge that will create and maintain a reliable infrastructure that can serve all our citizens equitably and instill confidence in those it serves. The time has long come for the healthcare community to unite in putting aside differences, recognizing and overcoming biases, and evaluating the needs of **all patients** to address them equitably without regard to any demographic.

As an organization, we can and will continue to fight for systemic changes that help create affordable, equitable access opportunities for all while creating usable and reliable public health systems based on broad data input and efficient interoperability of the multiple systems that currently exist. These are significant needs that have been present for some time, and despite active pursuit of these goals across the house of medicine, few have been realized. Reality suggests at best that this is a longer-term goal pursuit. In the interim, the Academy continues to focus on quality improvement for our patients but also ramp up our efforts in creating “patient friendly” information for public consumption that can be consistently relied upon across the breadth of our specialty.

Realizing the need for this type of information, we launched ENTHealth.org almost three years ago to help fill a void and desire from the public for unbiased health information in a language they could understand. We have made continued progress on this website during that period but can still broaden and improve our offerings. That was difficult during the pandemic, but as it continues to improve, resources will be freed up that will allow us to move forward more quickly. The COVID-19 experience exposed a number of issues, but in this area, it was quite obvious the thirst that the public had for up-to-date, reliable information and their willingness to consume information from all sources, exists. That was followed by severe frustration as many of these information sources purveyed “news stories”

that were often inconsistent from day-to-day and unreliable at the best. The politics of the time served to worsen the situation.

Our policy of having all our medical content shared on [ENTHealth.org](https://www.enthealth.org), in the *Bulletin*, on social media channels, and via eblasts written and reviewed by our expert physician contributors was validated repeatedly over the last 18 months. Even though it added significant time to the process, it was essential to creating the “trusted source” we aspire to be. The head and neck location of the coronavirus infection created an opportunity to educate the public on many aspects of the anatomy, physiology, and disease processes particularly in the nose, sinus, nasopharynx, hypopharynx, the laryngotracheal, and bronchial areas and differentiate symptoms related to COVID-19 and those of sinonasal and upper airway disease processes.

The Academy is excited to announce that we will be sponsoring the inaugural “World Sinus Health Awareness Day” on September 29, 2021, as a vehicle to inform and educate sinus sufferers around the world about the causes and options for improving these symptoms as well as how to differentiate these complaints from COVID-19-related maladies. In collaboration with Intersect ENT, this patient-centered campaign will be celebrated yearly and highlight a wide range of events designed to speak to patients in their own language. Please read the feature on pages 12-13 for more details.

I would like to congratulate the Awards Task Force, chaired by **Al Merati, MD**, for their hard work in recommending an outstanding first class of initiates for our new Hall of Distinction that was unveiled last month. These outstanding contributors to the Academy and otolaryngology over the past 125 years will be recognized by President **Carol R. Bradford, MD, MS**, at a special Panel Presentation on Tuesday, October 5, 2021, at the 125th Anniversary AAO-HNSF Annual Meeting & OTO Experience in Los Angeles, California. A celebratory reception will follow. You can review our inaugural class on pages 8-9. Member contributions of their time and talents are the backbone of the organization, without which we could not exist. To these exceptional individuals, along with the thousands of others who have given so much, we salute you! ■



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

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125 STRONG CAMPAIGN

Creating a Pathway to Sustaining Wellness, Resilience, and Well-Being



WELLNESS

Dana M. Thompson, MD, MS

Chair, 125 Strong Campaign

Cultivating physician well-being and resilience is a key to enhancing the quality of otolaryngology care and the sustainability of our physician workforce. Creating a pathway to sustained wellness is at the center of the conversation and a strategic priority in celebration of our 125th year anniversary. The stressors of the past year and the impact of an unprecedented once-in-a-lifetime pandemic serve as a clarion call that investment in our own resilience is essential. The funds raised with the Academy's **125 Strong Campaign** will be utilized to create resources aimed at building resilience and wellness through connection, outreach, education, and advocacy to support our workforce.

Goal #1. As taking care of self is essential to care for others, we aim to create an **Online Catalog of Wellness Resources** for any Academy member to access at any time. This website will have a repository of all recorded AAO-HNSF courses, Panel Presentations, webinars, and keynote addresses related to health, wellness, and resilience from which members can listen, learn, and grow. We aim to have additional resources for self-maintenance and guides

to help build resilience in key areas such as healthy habits, diet, exercise, prevention, and mental health. We envision the online catalog of resources to also include supportive information and a tool kit for when we experience challenges such as “imposter syndrome” or “second victim” from an unexpected outcome of a surgical complication. We see it as our responsibility to provide supportive tools for surgeons to tap into when this happens.

As we aim to expand the diversity of the membership, we must find ways to welcome and support members and the future pipeline. As a specialty that lags in diversity, we aim to create a substrate inclusivity and one where all can thrive. As inherent biases are part of the human condition, our biases unconsciously impact our ability to recognize when someone who we see different than ourselves is experiencing burnout or the emotional tax of who they represent. In alignment with the initiatives of the **Diversity, Equity, and Inclusion domain** of the **125 Strong Campaign**, we aim to provide resources to support underrepresented communities, women, LGBTQ, and others who experience the emotional tax on their well-being in their work environments. Resources will be developed to educate others who may be unaware of the impact of such biases, to create inclusive working spaces, and to help our physicians recognize the impact of bias on health outcomes and patient wellness.

In alignment with the **125 Strong Campaign** in the **Leadership Development, and Mentorship domain**, we envision additional resources to support leaders in creating a healthy work environment and supporting our leaders in their wellness and resiliency journey. We envision creation of tool kits to help leaders

recognize workspace triggers of burnout and address them proactively as investment in the workforce and organizational resilience.

Goal #2. Through a self-paced online curriculum based on the content available in the Online Catalog of Wellness Resources, we aim to create a **Wellness Certificate Program** for any Academy member. Successful completion of the curriculum would lead to an AAO-HNSF-endorsed certificate of completion. Our members who complete the certificate program can take their added knowledge and advocacy back to serve their communities, practices, and local membership. Those who complete the certificate training program will be invited to serve as AAO-HNS Wellness Ambassadors for sustainable change.

Goal #3. As wellness, resilience, and well-being are all part of being connected and feeling supported by similar experiences, we aim to create a team of colleagues to serve as Wellness Ambassadors through the certification process to facilitate connection and the mission of wellness. Through Academy-provided resources supported by the **125 Strong Campaign**, these ambassadors will leverage network effects of social media and other modalities of synchronous and asynchronous connection for peer support. We envision our **Wellness Ambassadors** to be part of an ongoing advisory team who will be charged with providing a menu of wellness events at our Annual Meeting. We hope you will join us in supporting our goal to have 10% of our membership as part of the Wellness Ambassador team.

To create a pathway for our sustained wellness, **please join us in investing in each other and our collective future.** ■



Announcing the 2021

The American Academy of Otolaryngology–Head and Neck Surgery and Foundation (AAO-HN/F) is excited to announce the selection of the inaugural class of the “Hall of Distinction.” The Awards Task Force, chaired by Al Merati, MD, selected six individuals from the “Pioneer Hero” category and six individuals still living. Those recommendations were approved by the Executive Committee. President **Carol R. Bradford, MD, MS**, will honor this outstanding class of inductees on Tuesday, October 5, 2021, at 3:30 pm (PT), followed by a reception. Dr. Bradford will lead the attending inductees in a panel discussion “How Can the Past Inform the Future?” The combined wisdom of this group makes this a can’t-miss event!

Pioneer Hero Inductees

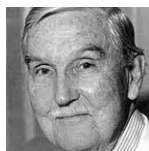
William Harry Barnes, MD



William Harry Barnes, MD, was truly a pioneer in American medicine throughout his career and clearly a man of great

determination. He attended medical school at the University of Pennsylvania in his hometown of Philadelphia after receiving the first scholarship awarded to an African American. After receiving his medical degree, he became the first African American to be board certified in any specialty in 1927. He subsequently studied bronchoesophagology under Dr. Chevalier Jackson and moved to Howard University College of Medicine in Washington, DC. He then became president of the National Medical Association in 1936. His career has been a true inspiration to many that followed after him.

John J. Conley, MD



John J. Conley, MD, was a true giant in otolaryngology in all respects. He was known as a great surgical innovator in head and neck

surgery as well as facial plastic surgery, and his artistic drawings of new procedures are legend. A genuine Renaissance man, he lectured internationally and promoted ethics in medicine, endowing the John Conley, MD Lecture on Medical Ethics at the AAO-HNS. He served as president of the American Academy of Ophthalmology Otolaryngology

in 1974, as well as president of the American Society of Head and Neck Surgery and the American Academy of Facial Plastic and Reconstructive Surgery. He received innumerable awards from major medical organizations worldwide.

Antonio De la Cruz, MD



Antonio De la Cruz, MD, was the first President of Hispanic origin in the history of the AAO-HNS when he presided from

1997 to 1998. He moved from his native Costa Rica and received his medical training at the University of Miami. As a member of the prestigious House Ear Institute as a private practitioner, he was also well respected in academic circles as an author, educator, researcher, and mentor in otology and neurotology and lectured extensively worldwide. He was an ardent supporter of the expansion of the AAO-HNSF international program and particularly active in the Pan-American Association of Oto-Rhinolaryngology. He was known as a consensus builder who could get things done.

Hal Lovelace Foster, MD



Hal Lovelace Foster, MD, is considered the founder of the precursor organization to the AAO-HNS. In 1896 he invited over 500

otolaryngologists and ophthalmologists to a meeting of the Western Ophthalmological, Laryngological, Rhinological Association in Kansas City, Missouri. He personally

covered the \$400 expense of the meeting and later stated, “The money I spent in calling those specialists together was the best investment I ever made.” He remained a driving force in the organization until 1941 even though he never agreed to serve as President. He was known as a quiet man who worked behind-the-scenes but was instrumental to AAO-HNS/F’s continual development. He was also a charter member of the American College of Surgeons.

Chevalier Jackson, MD



Chevalier Jackson, MD, has a profound legacy in laryngology. Through his leadership, innovation, and educational efforts,

laryngology advanced significantly during his career. Thousands of lives were saved through his work with foreign bodies and caustic poisons. His work resulted in the Federal Caustic Poison Act of 1927. He was also ahead of his time in training female physicians in a specialty field and became president of the Woman’s Medical College of Pennsylvania. In addition to his scientific expertise, he was an accomplished artist. Some of his works are displayed at Academy headquarters, and his extensive foreign body collection is housed at the Mutter Museum in Philadelphia, Pennsylvania.

Helen F. Krause, MD



Helen F. Krause, MD, was an exemplary, energetic leader in otolaryngology for more than 40 years who was always there when you

needed her. As a private practitioner, she was very active in the Board of Governors (BOG) as well as in her field of expertise, allergy. She was Chair of the Allergy and Immunology Committee and president of the American Academy of Otolaryngic Allergy. In 2003, she received the BOG Practitioner Excellence Award. She was also an

Hall of Distinction Inductees

exceptional advocate for women in the specialty, which was commemorated by the WIO Trailblazer Award being named after her. Her dedication and persistence elevated all those around her. She also particularly liked to get involved with advocacy efforts and patient education.

Current Member Inductees

M. Jennifer Derebery, MD



M. Jennifer Derebery, MD, is a true trailblazer in otolaryngology beginning with her innovative combination allergy and otology practice at the House Ear Institute. Her clinical and advocacy expertise led to her election as president of the American Academy of Otolaryngic Allergy from 1999 to 2000. She subsequently was elected President of the AAO-HNS/F and served as the first woman President in the 113-year history of the organization from 2003 to 2004. During her presidency, federal and private payer advocacy was at the forefront. She continues to be a strong advocate for the promotion of women in otolaryngology and equality in pay for the same work.

K.J. Lee, MD



K.J. Lee, MD, emigrated from Malaysia at age 17 and from there prepared himself to embark on a remarkable medical career taking him through Harvard under the tutelage of Harold F. Schuknecht, MD. He then entered private practice with the renowned Howard W. Smith, MD, in New Haven, Connecticut, where he honed his skills in practice management and the socioeconomics of medicine and technology and became an effective advocate for all in these areas. He was elected Secretary-Treasurer, At-Large Board of Directors member, and then served as President of the

Academy from 2001 to 2002. Dr. Lee has always been a great advocate of international collaboration and has been instrumental in the Academy's international efforts.

Eugene N. Myers, MD, FRCS Edin (Hon)



Eugene N. Myers, MD, FRCS Edin (Hon), dedicated his career and life to advancing otolaryngology-head and neck surgery on a global basis. Dr. Myers has given hundreds of presentations around the world promoting education, as well as being a prolific author. He served as President of the AAO-HNS/F from 1994 to 1995 and was president of the American Board of Otolaryngology in 1996. He was responsible for creating the Academy's international program and served as its first coordinator from 1996 to 2002. His advice has led to expansion of the Academy's international efforts on two occasions. The Eugene N. Myers, MD International Lecture on Head and Cancer remains the premier yearly event in head and neck cancer education.

James L. Nettekville, MD



James L. Nettekville, MD, is a humble man who has dedicated his life and career to education, training future otolaryngologists, and humanitarian activities. In addition to his extensive contributions in laryngology and head and neck surgery, he is never too busy to help a patient, resident, or community-based colleague in need. He has organized many humanitarian missions during his career and was awarded the AAO-HNSF Distinguished Award for Humanitarian Service in 2004. He served as an At-Large member of the Boards of Directors and was subsequently elected and served as President of the AAO-HNS/F from 2012 to 2013 where he was involved in global education, the

Choosing Wisely® campaign, and the "Community of Otolaryngology" promotion.

Gavin Setzen, MD



Gavin Setzen, MD, has spent his career advocating for better practice conditions for academic and private practice otolaryngologists both at the state and national levels. His activity in the AAO-HNS Board of Governors propelled him to be elected Chair from 2009 to 2010. He was then elected AAO-HNS/F Secretary-Treasurer where he continued to demonstrate his proficiency in advocacy enabling the Academy's relationship with the Intersocietal Commission for the Accreditation of Computed Tomography Laboratories that allowed office-based CT scanners to be paid for in physician's offices. He then served as President from 2017 to 2018, where he started the Future of Otolaryngology Task Force that was so critical during the COVID-19 pandemic. He has continued to work actively for the specialty after completing his term.

Gayle E. Woodson, MD



Gayle E. Woodson, MD, stayed in Texas to train at Baylor University under **Bobby R. Alford, MD**, AAO-HNS/F Past President from 1980 to 1981, and a giant in the specialty. He served as a role model and mentor leading Dr. Woodson to a great career of her own, both clinically and as a leader of our specialty. She served as chair of three different otolaryngology departments. She was elected AAO-HNS/F President and served from 2014 to 2015. She was instrumental in expanding the international program as well as promoting specialty unity. She and her husband Thomas K. Robbins, MD, started a residency program in Tanzania for otolaryngology during this time period as well. ■

■ milestone moments



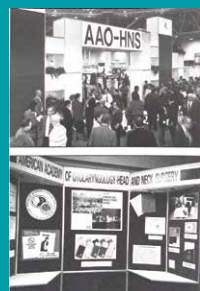
1977 Annual Meeting Scientific exhibit



1977 Continuing Education exhibit



1978 exhibits with 1940 exhibits in left bottom inset



1993 exhibits



2016 OTO EXPOSM



2019 OTO Experience

Coming Soon! 2021 Annual Meeting Debuts a Video Series on Implicit Bias

During the 125th Anniversary Annual Meeting & OTO Experience in Los Angeles, California, October 3-6, the AAO-HNSF is debuting an education video series on implicit bias. This professionally produced series includes separate videos on 10 different scenarios where implicit bias is prevalent as well as an introductory video discussing the topic. This project came about following discussions between the staff of the Membership and Global Affairs Business Unit and Past Chair of the Diversity and Inclusion Committee, **Christina Cabrera-Muffly, MD**. The production of this valuable series was made possible by a significant staff effort to identify funding sources and secure the needed resources for the production.

Dr. Cabrera-Muffly worked with the Diversity and Inclusion Committee to secure authors for each of the diverse clinical situations covered in the series, "How to Avoid Implicit Bias when Treating Patients." The series currently includes the following topic areas:

- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) Patients

- Transgender Patients
- Older Patients
- Spanish Speaking Patients
- Patients from Rural Areas
- Women
- Black, Indigenous, People of Color (BIPOC) Patients
- Obese Patients
- Patients with Cultural Dress
- Hispanic Patients

After their release at the Annual Meeting, they will be housed on www.entnet.org and donated/distributed to all otolaryngology academic programs. They will also be available for free download for other interested parties. For all attendees at the Annual Meeting, the entire video series will be available through the Juno virtual platform. We would like to thank our sponsors—Medtronic, the Josiah Macy Jr. Foundation, Acumed, Integra Foundation, and Olympus Corporation—for their generous support that allowed production of this valuable resource. ■

AAO-HNS/F COMMITTEES

2021 AAO-HNS/F Committee Excellence Award Winners

The AAO-HNS/F Committee Excellence Award recognizes committees that contribute in ways that lead to the overall success of the AAO-HNS/F vision as the global leader in optimizing quality ear, nose, and throat care. These committees demonstrate a passion for the AAO-HNS/F's vision and for accomplishing the activities outlined in the AAO-HNS/F Strategic Plan.

2021 Committee of Excellence Awardees

- Facial Plastic and Reconstructive Surgery Education Committee
- Hearing Committee
- Implantable Hearing Devices Committee
- Diversity and Inclusion Committee
- Patient Safety and Quality Improvement Committee
- Women in Otolaryngology Leadership Development and Mentorship Committee
- Physician Payment Policy Work Group (3P)

To acknowledge extraordinary performance during COVID-19, these committees are recognized for informing the global otolaryngology community of critical COVID-19-related developments, for providing practice management guidance, and for creating opportunities for continued learning.

Pandemic-Related Committee of Excellence Awardees

- Future of Otolaryngology Task Force
- Infectious Disease Committee
- Annual Meeting Program Committee
- Outcomes Research and Evidence-Based Medicine Committee

HUMANITARIAN TRAVEL GRANT

Medical Mission in Guayaquil, Ecuador

In March 2020, **Jason D. Pou, MD**, traveled with the Global Smile Foundation (GSF) to Guayaquil, Ecuador. The team consisted of talented surgeons—**Usama S. Hamdan, MD**; **Babak Azizzadeh, MD**; **Krishna G. Patel, MD**; **Laura E. Hetzler, MD**; **Adam Johnson, MD**; **Robert Mann, MD**; **Grace L. Peng, MD**; and **Alexander P. Marston, MD**—several anesthesiologists, pediatricians, speech therapists, nurses, administrative staff, translators, and local volunteers.

The mission began at the very start of the COVID-19 outbreak, and Dr. Pou and the team took extreme precautions throughout the entire trip to keep patients and volunteers safe. The screening day was decreased to 226 patients to limit unnecessary exposure, and dental procedures were not performed. Still, Dr. Pou and the team performed 82 procedures



on 55 patients. In addition, the team conducted 70 speech therapy sessions, performed 30 psychosocial sessions, and distributed 200 oral hygiene kits.

Fellows, including Dr. Pou, were highly involved, assisting in the screening day clinic and participating in all aspects of the surgeries and postoperative care. Cases were primarily cleft lip and palate surgeries, but many revision cases and velopharyngeal insufficiency procedures were performed.

“I am truly grateful to the AAO-HNSF Humanitarian Travel Grant program for allowing me to participate in this amazing trip. My experience with GSF has strengthened my interest in humanitarian work, and I look forward to future international missions throughout my career,” said Dr. Pou. ■

➔ **READ MORE ONLINE**
Longer article available



OTO Journal 2020 Impact Factor Is Highest Ever

The 2020 Journal Citation Reports' Impact Factors were announced on June 30, 2021. Under the leadership of Editor in Chief **John H. Krouse, MD, PhD, MBA**, *Otolaryngology–Head and Neck Surgery* achieved the highest impact factor in its history. The 2020 Impact Factor for OTO Journal is 3.497, a significant increase from the 2019 Impact Factor of 2.341. OTO Journal is now ranked fifth out of 44 in the “Otorhinolaryngology” category and 55 out of 212 in “Surgery.”

The top cited article in 2020 was the Clinical Practice Guideline: Tonsillectomy in Children (Update), with 73 citations.

The Impact Factor is a publishing standard of a journal's influence and is one determinant that authors use when deciding where to submit their research articles. Learn more at <https://journals.sagepub.com/home/oto>. ■

Now Available! Virtual Global Grand Rounds: From UPPP to Neurostimulation

The AAO-HNSF Global Grand Rounds series is an initiative of the Academy's International Advisory Board (IAB) to improve care of patients and physician education around the globe. It is a virtual event, held quarterly, that is open to all otolaryngologists around the world. Moderated by IAB leaders, each session includes world thought leaders and expert panel presentations followed by an opportunity for attendees to ask questions.

The second webinar of the AAO-HNSF 2021 Virtual Global Grand Rounds, From UPPP to Neurostimulation—The Role of the Otolaryngologist in the Treatment of Obstructive Sleep Apnea (OSA), was held on June 19.

Topics included

- Drug-Induced Sleep Endoscopy (DISE): Validity, Reliability, and Results
- Advances and Individualized Approach in Sleep Apnea Surgery

- Coblation-Assisted Barbed Reposition Pharyngoplasty: How We Do It

Panelists

Marina Carrasco Llatas, MD, MS, PhD, Hospital Universitario Doctor Peset-ENT, Valencia, Spain

Maria V. Suurna, MD, associate professor, director of sleep surgery, Weill Cornell Medicine, Otolaryngology-Head and Neck Surgery, New York, New York

Ahmed Yassin Bahgat, MSc, EBE-ORL, consultant of sleep-disordered breathing surgery, Department of Otolaryngology Head & Neck Surgery, Alexandria University Medical School, Alexandria, Egypt

Moderators

Karl Hoermann, MD, PhD, AAO-HNSF International Advisory Board Chair



virtual GLOBAL GRAND ROUNDS



Muaaz Tarabichi, MD, AAO-HNSF International Advisory Board Chair-Elect, cofounder, Tarabichi Stammberger Ear and Sinus Institute

The recording of this webinar is now available. To access this and the full Global Grand Round series, go to <https://www.entnet.org/get-involved/international-programs/global-grand-rounds/> and scroll to the bottom for access instructions. ■

WORLD SINUS HEALTH AWARENESS DAY

SEPTEMBER 29

James C. Denny III, MD

AAO-HNS/F Executive Vice President and CEO

As we move through the worst of the COVID-19 pandemic, the AAO-HNS believes it is critical for patients around the world to be able to differentiate the nasal and sinus symptoms encountered related to COVID-19 from those experienced by patients with chronic rhinitis and rhinosinusitis. Patients who contracted the coronavirus frequently reported taste and smell disorders, nasal obstruction, nasal drainage, and congestion that were often difficult to separate from preexisting underlying nasal and sinus disorders. During the height of the pandemic, many patients were reticent to seek or unable to get the care for this constellation of symptoms and receive an accurate diagnosis that could have led to relief and improved their quality of life.

To that end, the AAO-HNS is excited to be sponsoring the inaugural “World Sinus Health Awareness Day” in collaboration with founding corporate sponsor Intersect ENT, Inc., on September 29, 2021. This project is designed to inform and educate patients around the world about the causes of their nasal and sinus symptoms as well as how they can improve these and when they should seek additional specialized care. This patient-facing campaign will take advantage of an advanced multimedia

strategy utilizing established and novel media outlets, along with social media and our extensive physician network that includes our Board of Governors, 77 international corresponding societies, and our administrator colleagues at ASCENT. Intersect ENT’s extensive network will afford us an additional invaluable resource throughout the campaign. We will take advantage of the expertise residing in the Rhinology and Paranasal Sinus, Rhinology and Allergy Education, Media and Public Relations, and Allergy and Immunology Committees to help produce messaging that will enable sinus sufferers around the world to better understand their condition.

The wide variation in information and recommendations during the pandemic, often highly influenced by political overtones both within the United States and throughout the world, have left patients skeptical of advice and searching for a trusted source that they can count on. One of the major goals of our inaugural patient education campaign associated with “World Sinus Health Awareness Day” will be to delineate chronic rhinosinusitis (CRS) and rhinitis from COVID-19-related symptoms. We will focus on differentiating the symptoms of each based on data-driven information in patient friendly terminology. One of the most valuable contributions will be

the resource references provided for patients that they can use to help decide when they can manage themselves effectively and when they might benefit from additional evaluation and subsequent treatment that currently may not be accessible to them. It will also be important to differentiate evidence-informed treatment for CRS and chronic rhinitis from that of COVID-19-related difficulties and illuminate the patient population as to what are reasonable expectations for relief of their symptoms.

We created **ENThealth.org**, our patient education website, nearly three years ago with just this kind of grassroots effort in mind, and the “World Sinus Health Awareness Day” celebration will help spotlight the already successful website and allow patients from around the world to access information related to CRS and rhinitis, as well as other common otolaryngology diseases. The upgrades of this campaign that will allow us to make to the website, as a whole, will be beneficial to more than just rhinologic patients. The media contacts in addition to the social media aspect will allow us to distribute scientific webinars and videos, as well as patient experiences with CRS and rhinitis, not only in September but also on a year-round basis, which will directly support our mission of improving care for patients within our field.

Look for more information and materials in the coming month on www.entnet.org and in the September *Bulletin*. ■

RUNNY NOSE

HOARSENESS

LOSS OF SMELL OR TASTE



#SinusRelief4U



RELIEF



CONGESTION



PAIN



PRESSURE



ENThealth.org

POWERED BY AMERICAN ACADEMY OF
OTOLARYNGOLOGY-HEAD AND NECK SURGERY



*My*Sinusitis™
from IntersectENT®

BOG 2021 Annual Awards



2021 BOG Practitioner Excellence Award

The BOG Practitioner Excellence Award recognizes the prototypical clinical otolaryngologist that one wishes to emulate. In addition to his or her clinical skills, the nominee possesses civic leadership; charitable activity; leadership involvement with local, state, regional, or national medical organizations; community education; or engagement in local civic and/or community activities.



This year's awardee is **Richard V. Smith, MD.**

He is chair and attending physician in the Department of Otorhinolaryngology-Head and Neck Surgery at Montefiore Medical Center and the director of the Head and Neck Service for the Montefiore Einstein Center for Cancer Care. He is also professor of clinical otorhinolaryngology-head and neck surgery, pathology, and surgery at the Albert Einstein College of Medicine in New York, New York.

Dr. Smith is recognized for his dedication to patient care and to physician education. His nomination notes that he is an extremely principled person who does not waiver in his commitment to serving his patients. He also is passionate about supporting education of residents, medical students, and colleagues. He served as AAO-HNSF Coordinator for Education and Chair of the AAO-HNSF Education Steering Committee, worked to usher in a new era of AcademyU®, and laid the groundwork for FLEX.

Not only is he committed to patient care and service within the Academy, but Dr. Smith also is recognized as an exemplary leader and an admired mentor. As a leader, he shows respect for all of his colleagues—from physicians to ancillary staff. As a mentor, he takes time to teach residents and medical students and is invested in their professional success. ■

2021 BOG Model Society Award

The Model Society Award recognizes outstanding local/state/regional societies that exhibit effective leadership.



Harry Barnes
Medical Society

The **Harry Barnes Society** is the recipient of the 2021 BOG Model Society Award. Named after William Harry Barnes, MD, the first African American board-certified otolaryngologist in the United States, the Harry Barnes Society is dedicated to the recruitment, development, and promotion of African Americans in the field of otolaryngology-head and neck surgery.

Over the past year, the Harry Barnes Society has been at the forefront of promoting otolaryngology among underrepresented minority (URM) students, residents, and practicing otolaryngologists. In the fall 2020, despite the restrictions in place due to the COVID-19 pandemic, the society brought together over 100 URM medical students for a virtual event that featured lectures and small group discussions with breakout Q&A sessions to help students prepare for applying to, interviewing for, and completing an otolaryngology residency program. Despite the last-minute change from an in-person to a virtual presentation, it was the most well-attended annual student event that the society has offered.

The society nimbly approached the challenges of meeting during a pandemic and pivoted from offering an in-person business meeting and academic symposium to hosting a monthly virtual grand rounds series, which provided opportunities for URM otolaryngologists who are both working in academic or private practice settings. ■

YPS 2021 Annual Awards

2021 YPS IMPACT Award

The new YPS IMPACT Award recognizes young physicians who are remarkable with regard to the impact they have on education, service to their community, service to their profession, and humanitarian work.



The inaugural awardee is **Yi-Chun Carol Liu, MD**. She is an attending physician, otolaryngology, at Texas Children's Hospital and is an assistant professor in the

Department of Otolaryngology-Head and Neck Surgery at Baylor College of Medicine, both located in Houston, Texas.

Dr. Liu exemplifies the traits of a remarkable young physician who makes an impact in the field. Although still early in her career, she already is a pioneer in the field of pediatric otology. She placed the first Bonebridge bone conduction hearing implant in a pediatric patient. Using 3-D printing and modeling, she also took the time to demonstrate the procedure and her preoperative planning process to her three fellows.

Dr. Liu's nomination notes that she is an inspirational teacher. She is committed to teaching and education and works to help her trainees hone their intraoperative decision-making and technical skills. She tailors her instructional techniques for the needs of each student and focuses on areas of improvement so fellows and trainees are set up for success.

Within the Academy, Dr. Liu has been an active member of the Young Physicians Section (YPS) and the Women in Otolaryngology (WIO) Section. She is the Chair-Elect for the 2020-2021 YPS Governing Council and will assume the role of Chair in October 2021. In WIO, Dr. Liu serves on the Leadership Development and Mentorship Committee and the Communications Committee. ■

2021 YPS Model Mentor Award

The YPS Model Mentor Award recognizes an experienced physician whose expert mentorship played a key role in a young physician's career.



This year's awardee is **John H. Krouse, MD, PhD, MBA**. He is the dean of the University of Texas Rio Grande Valley School of Medicine and is the Editor in

Chief of *Otolaryngology-Head and Neck Surgery* and *OTO Open*.

Dr. Krause exemplifies the traits of a model mentor: someone who teaches and guides their mentees while also advocating for their specific needs. He is also instrumental in helping mentees build professional networks. He supports his students, residents, and faculty in making connections with leaders in otolaryngology and promotes their research, clinical success, and other professional aspirations. He takes the time to get to know each of his mentees on a personal level.

Dr. Krause's nomination notes that he not only provided words of wisdom when his mentees needed them, but he also went out of his way to create opportunities for their careers. His mentorship model transcends barriers, including hierarchy and gender bias, to truly build rewarding relationships with those he works with—a model that is especially important for people from diverse backgrounds.

Dr. Krause has dedicated his leadership time to sponsorship of and advocating for the needs of diverse mentees. His mentorship focuses on developing ambitious but feasible visions and mapping out long-term career goals. He has done all this while still working to champion clinical care among medically underserved populations, thereby serving as a role model for his mentees as well. ■



WIO 2021 Annual Awards



WIO He for She Award

In celebration of male colleagues who support and empower women otolaryngologists in achieving their professional goals, the Section for Women in Otolaryngology (WIO) created a new He for She Award. The award recognizes a male otolaryngologist who serves as a strong mentor, collaborator, and sponsor of women in otolaryngology. The recipient of the inaugural He for She award will be announced during the WIO General Assembly on Monday, October 4, in Los Angeles, California, during the AAO-HNSF 2021 Annual Meeting & OTO Experience.

2021 WIO Helen F. Krause, MD Trailblazer Award

The Helen F. Krause, MD Trailblazer Award recognizes an individual who has furthered the interests of women in the field of otolaryngology.



This year's awardee is **Nancy M. Young, MD**. She is the head of the Section of Otolaryngology and Neurotology, Division of Otolaryngology, at the Ann & Robert H. Lurie

Children's Hospital of Chicago, Illinois, where she is the Lillian S. Wells Professor of Pediatric Otolaryngology at Northwestern University Feinberg School of Medicine.

Throughout her career, Dr. Young has worked to advance the interests of women in the field of otolaryngology through scholarship, advocacy, leadership, and mentorship. She has been a member of the Women in Otolaryngology (WIO) Section since its inception and is a member of Women in Neurotology.

Dr. Young took part on the steering committee for the Women's Faculty Organization of Northwestern University Feinberg School of Medicine. She served as course director for the 13th Symposium on Cochlear Implants in Children in 2011, the first woman surgeon to do so. The symposium included a talk on women as leaders and a women's professional development session.

For several years and together with **Debara L. Tucci, MD, MS, MBA**, Dr. Young presented courses at the AAO-HNSF Annual Meeting & OTO Experience on gender differences in professional advancement and gender and leadership in otolaryngology. She presented on gender matters at the Northwestern University School of Medicine and to residents at the University of California, San Francisco.

Dr. Young often works behind the scenes to mentor and advocate for women residents, physicians, and faculty members. She supports their interests and recommends them for leadership positions. ■

2021 WIO Exemplary Senior Trainee Award

The WIO Exemplary Senior Trainee Award recognizes an outstanding female senior resident or fellow in an otolaryngology-head and neck surgery training program who demonstrates excellence in leadership, research, education, and mentoring.



This year's awardee is **Anisha R. Noble, MD, MS**. Dr. Noble is a chief resident in otolaryngology-head and neck surgery at the University of Washington Medical Center in

Seattle, Washington.

Throughout her career, Dr. Noble has embodied the traits of leadership, research, education, and mentoring that this award recognizes. Her nomination submission notes, "Dr. Noble has proven herself a thoughtful, humble, yet effective leader who smartly manages teams and cases while treating every team member and patient with respect and empathy." She has consistently displayed key leadership skills: taking ownership of patient care, delegating effectively, being decisive, and collaborating with colleagues.

Dr. Noble is a steadfast researcher who has been actively involved in scientific inquiry for many years. She is the author of nine peer-reviewed publications—first author on two of them. She has also delivered several oral presentations and presented multiple scientific posters. She was awarded an AAO-HNSF CORE Resident Research Grant. As a resident she undertook additional dedicated research training through a year-long National Institutes of Health award.

Dr. Noble is also dedicated to education and mentorship. She supports junior residents and medical students and makes time to share her knowledge with her residency team. One of her trainees noted that Dr. Noble, "Established an environment that continuously advanced my knowledge [and] allowed me to practice and improve my procedural and surgical skills." ■



SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING (SRF)

SRF and Medical Student Outreach in the Age of COVID-19

Kevin Y. Zhan, MD, SRF Chair-Elect, and Zainab Farzal, MD, SRF Chair

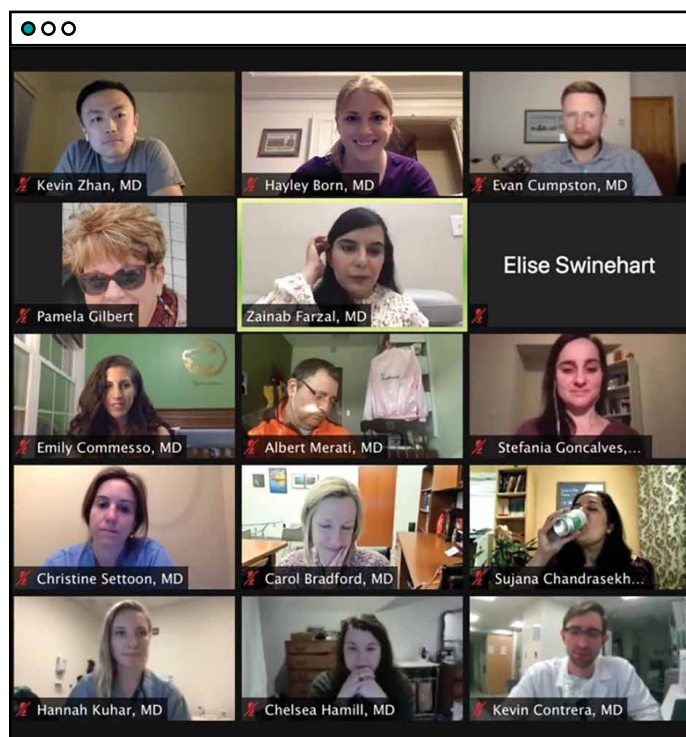
This past year otolaryngology residency programs vastly augmented their social media presence to better cater to a virtual interview format and subsequent increase in professional student social media accounts. Additionally, a “Zoom-friendly” environment in the COVID-19 era enabled far-reaching medical student recruitment events.

This year, the Section for Residents and Fellows-in-Training (SRF) dramatically increased its outreach to students and is proud to showcase two very successful online forums for students who applied to otolaryngology. Our first panel, “You’ve Matched, Now What?,” welcomed new students to the specialty and was attended by 180 medical students. Guest speakers included AAO-HNS/F President **Carol R. Bradford, MD, MS**; Past President **Sujana S. Chandrasekhar, MD**; and Past President **Al Merati, MD**. Our second panel, “What to Expect in the First Year of Residency,” was a huge hit as well among students, and in it we answered pre-submitted questions featuring numerous panelists from diverse training programs across the country at all levels of training.

Recruiting medical students earlier in their training, the AAO-HNS Medical Student Forum offered “Is OTO in Your Future?” webinar highlighting the breadth of the field. The forum featured otolaryngology leaders in both the academic and private practice arenas with SRF representation and was attended by over 800 students. For programs wanting to increase their recruitment of underrepresented applicants, the Harvard/Massachusetts Eye and Ear Infirmary minority student outreach program serves as the perfect example. Under the leadership of AAO-HNS/F Past President **Gregory W. Randolph, MD**, the program led two Saturday webinars to recruit students at Meharry, Morehouse, and Howard universities. SRF and the Young Physician Section leaders were graciously invited to partake.

Wrapping up the spring 2021 student forum series, the AAO-HNS Diversity and Inclusion Committee hosted “Diverse Journeys to Otolaryngology.” Panelists shared their own challenges and personal journeys to otolaryngology, provided tools and resources for students who are underrepresented in medicine, and discussed their own early residency experiences.

Given the popularity and feedback of the recruitment and education events this year, we plan to continue outreach efforts to foster a greater sense of appreciation for the field and recruit diverse talent. ■



pearls from your **peers:** Online Simulation and Gamification



INTERVIEWEE

Jeffrey P. Simons, MD

AAO-HNSF Coordinator for Education; Professor of Otolaryngology, UPMC Children's Hospital of Pittsburgh, University of Pittsburgh School of Medicine



INTERVIEWER

Kyra M. Osborne, MD

Comprehensive Otolaryngologist, Cleveland Clinic Foundation, Cleveland, Ohio

"Twenty-first-century, evidence-based adult learning principles suggest that physicians and medical students seek learning opportunities that are more interactive, feature more animation and feedback, and focus on products and experiences that are immediately applicable to their clinical practices."

As Coordinator of Education, how do you see gaming modules such as this being incorporated into education for attendings and residents alike?

Currently, practicing otolaryngologists, residents, clinical fellows, advanced practice providers, and medical students interested in the field rely on a variety of educational sources to stay current and advance their medical knowledge and surgical skills. These sources include live courses and conferences, journals, textbooks, webinars, online courses, and case-based computer modules. However, 21st century, evidence-based adult learning principles suggest that physicians and medical students seek learning opportunities that are more interactive, feature more animation and feedback, and focus on products and experiences that are immediately applicable to their clinical practices.

Serious games are those developed for purposes other than purely entertainment. Such games have been increasingly used for medical education, as they have the potential to be interactive, stimulating, challenging, and goal oriented. Otolaryngology simulation gaming modules will help meet the needs of otolaryngologists and otolaryngology trainees throughout all stages of their careers.

What do you think are the advantages of simulation scenarios? This one in particular?

Simulation gaming modules have several potential benefits. They can be entertaining, interesting, fun, and relevant to the contemporary practice of otolaryngology. They can provide immediate feedback and keep learners engaged and motivated. Such games allow for self-paced learning,

repetition, and continual assessment. They are also easy to access and can be disseminated to a wide audience, including medical students, advanced practice professionals, and the international otolaryngology community.

The Academy's first simulation gaming module (xSIM) is on complex airway management. It is a depiction of a real-life emergent airway situation. It helps to work through the scenario in a safe environment to understand the steps needed to obtain the difficult airway. Immediate feedback is provided for both good clinical decisions and areas for improvement.

How do you see otolaryngology simulation gaming modules changing in the future?

This first xSIM module that was developed by the AAO-HNSF Education Committees is a great start. We have received a tremendous amount of positive feedback about the module from physicians at different stages of their careers. In the near future, I would like to have a leaderboard where individual physicians, residents, or even residency programs could compete on their performance on the modules. I think that we will also see aspects of virtual reality or augmented reality incorporated into some of these gaming modules. ■

With Gratitude for Our Annual Meeting

“When a large group of specialists comes from far and near to a scientific session of a medical organization such as this, the occasion is a significant one. Significant because we are not unmindful of the sacrifices many of you have made in attending this gathering and the sacrifices made by those who are serving in the armed forces. Significant, furthermore, because of the numerous problems before us, problems which this Academy must help solve, problems which in some manner or other affect each and every one of us and which may influence not only our present lives but our future.”

- First Vice Presidential address by **Walter H. Theobald, MD**, from the 1942 *Transactions of the American Academy of Ophthalmology and Otolaryngology* on the occasion of the 47th Annual Meeting.

Daniel C. Chelius, Jr., MD, Annual Meeting Program Coordinator

I first read Dr. Theobald's 1942 remarks last fall as I was reviewing our Academy's history for an article about the Annual Meeting. Over the past nine months, as our Annual Meeting Program Committee and dedicated meetings staff have worked diligently to prepare for the multiple possible scenarios and formats for our 2021 Annual Meeting & OTO Experience, I have often returned to comments from our Academy's leadership during past times of uncertainty both for their perspective and their inspiration. Dr. Theobald and his contemporary

Essential Learning for Young Academicians

Julina Ongkasuwan, MD

“When I was a young attending, I was being asked to review articles for journals, but I felt like I had no idea what I was doing. Searching for guidance I attended a Panel Presentation by the editors of the major otolaryngology-head and neck surgery journals. The purpose of the panel was to help clueless reviewers like myself understand the behind the scenes of the peer review process. Importantly, the panelists laid out explicitly what the editors needed and expected from us as reviewers. I furiously took notes cringing at my previous subpar reviews. Once home, I immediately began incorporating changes. The next year I attended again to pick up on pearls that I had missed the first time around. This time I dragged along two of my colleagues because I believed that the panel was essential for young academicians. Since then, I have had the honor of serving on the editorial boards of some of our specialty's journals. I still incorporate the things I learned from that Academy Annual Meeting Editorial Board Panel Presentation into every review I perform.”



Academy leaders repeatedly touched on several common themes of the Annual Meetings of their eras, which ring familiar and true as we continue to rise to the challenge of the COVID-19 pandemic: *dedication* both to education and to scientific rigor in the service of our patients, communities, and field; *hope* in our ability to unite to solve the problems facing us, and above all, *gratitude*.

When I consider our upcoming gathering in Los Angeles, California, and in fact, when I consider the many ways our Annual Meeting has touched my personal and professional life, I think *gratitude* best captures my feelings.



AAO-HNSF 2021 ANNUAL MEETING & OTO EXPERIENCE

My American Dream Started with the Annual Meeting

Do-Yeon Cho, MD



2007 AAO-HNSF International Travel Grant Recipients, with (starting fifth from the left) Nikhil J. Bhatt, MD, AAO-HNSF 2011-2015 Coordinator for Development; Catherine Lincoln, AAO-HNSF International Program staff; Peter J. Koltai, MD, International Committee Chair; and Richard T. Miyamoto, MD, AAO-HNSF 2006-2007 President

"After finishing my ENT residency in South Korea, I came to Stanford as a visiting scholar in 2007. As an international otolaryngologist doing research in the U.S., I attended my first AAO-HNSF Annual Meeting in Washington, DC, after receiving a 2007 International Travel Grant. It was an eye-opening meeting with state-of-the-art ceremonies, up-to-date programs, and various sessions, including the Humanitarian Efforts Forum, where I presented my trip to North Korea...the academic experience at the Annual Meeting was one of the drives to re-do my ENT training in the U.S. and become a physician-scientist. Now, I am a U.S. citizen through naturalization and call myself a physician-scientist at an academic institution in the U.S. When looking back, my American journey started with the Annual Meeting in 2007."

I have been so excited and thankful to hear from friends and colleagues as they make their travel plans for Los Angeles, even when those plans from one dear friend came with a true nerd's apology that he will be "playing hooky to go to Galaxy's Edge at Disney" one day. Though the opportunity to reunite with our community is particularly precious this year, I recall, with similarly deep gratitude, some of my first Academy meetings after training. Before I returned to tertiary academic pediatric otolaryngology,

I was extremely fortunate to spend three years as a young associate in a private, general otolaryngology practice in Houston, Texas, mentored by incredibly skilled and compassionate surgeons.

The partners at Rosewood ENT were the kind of physicians and community members I aspired to be and reminded me of some of my best teachers. They obviously cared significantly about my personal and professional development and understood how important the Academy was to me. They supported me financially and covered my patients to allow me to attend the Annual Meeting each year. I will always be thankful for their sacrifices and commitment that empowered me as a young physician to engage fully at the Academy, both in learning and in service, and I hope young physicians in future generations will feel the same support I did. I am filled with gratitude as I must acknowledge that for all of us, taking time away from home, practices, and family to come together as an Academy has always represented a sacrifice of sorts—but more so this year with some of the risks of travel and financial challenges still faced by many.

I have been grateful to bring home professional development, practical updates, and improved care paradigms from the expert faculty and presenters at the Annual Meeting every year. Prompted by my struggles to help a deeply depressed patient with years of a bothersome cough, I attended an expert lecture on "Chronic Cough and other Sensory Disturbances" in Orlando, Florida, in 2014. I will never forget my next several visits with the patient during which we applied the wisdom from that course. Her cough melted away while her depression slowly improved as well. After each Annual Meeting, I refine my thoughts on advanced thyroid cancer after reviewing the year's debates about central neck management, advances in molecular understanding of disease, and differences in therapeutic approaches to advanced or recurrent disease in different high volume endocrine surgery practices. **The education programs have been a highlight and strength of the Academy's yearly lifecycle for 125 years.** I am truly thankful when I consider the exceptional response we had to this year's Call for Science, and of the breadth and depth of education opportunities available from our dedicated faculty and presenters this year with over 300 Expert Lectures and Panel Presentations and 50 minicourses and simulation sessions available.

During our resident and fellow welcome breakfast on the first day of the new academic year, my department chair **Donald T. Donovan, MD**, encouraged our faculty and trainees in the pursuit of excellence in scientific inquiry with this quote from Thomas Jefferson:

"Truth is great and will prevail if left to herself, that she is the proper and sufficient antagonist to error, and has nothing to fear from the conflict, unless by human interposition disarmed of her

natural weapons, free argument and debate; errors ceasing to be dangerous when it is permitted freely to contradict them.”

I am grateful that we will embrace this sentiment once again at this year’s scientific presentations as we review and critically debate innovative research from over 250 Scientific Oral presentations and over 350 Posters including 40 high quality late-breaking abstracts. Our new Great Debates format will encourage an in-depth discussion of some of the most pressing questions in otolaryngology by widely respected experts in our field. The debates will include topics such as the future of otolaryngology practice settings, the balance of experience and surgical volume versus access to care for complex diseases, the risk-benefit analysis of intra- versus extra-capsular tonsillectomy in children, the best care paradigms for sinonasal polypsis in the era of the biologics, the role of de-escalation in HPV-associated head and neck cancers, and whether proton pump inhibitors are truly friend or foe.

With such a large gathering each year, I am very thankful for all the many ways in which the Annual Meeting offers attendees the opportunity to engage in smaller, focused communities. For me, the Section for Residents and Fellows-in-Training (SRF) became my first “home” within the Academy when I attended the SRF General Assembly as a PGY-3. I found the similar opportunities for engagement, mentorship, and professional development at committee meetings, the International Young Physician’s Forum, and eventually the Young Physicians Section when I completed training. The leaders I met at the Women in Otolaryngology General Assemblies taught me how to be a better ally in efforts toward equity for our patients and our colleagues. The dedicated members of the Board of Governors taught me health policy, advocacy, and how to achieve real change for our individual members through grassroots engagement.

When we step forward into these communities at the Annual Meeting and begin working toward solutions for our field, “the Academy” becomes less of a large, nebulous concept and increasingly just the embodiment of all the friends and colleagues working at your side toward common goals. I hope all attendees can take advantage of these opportunities to bring the Academy down to size on a personal level where we can each make a difference.

When reviewing Annual Meeting addresses from throughout our history, there is uniformly an acknowledgment that it is critically important for us to renew our camaraderie and social bonds in the field. As I revisit my own history at the Annual Meeting, these are easily the moments for which I am most grateful: for dinners with residency alumni from my era at Baylor, for chance meetings in the hall with former medical students or fellowship faculty, for reconnecting with the mentors and collaborators who have become

The Annual Meeting and Value of Mentorship

Troy D. Woodard, MD

“One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course to their destination.”

— John C. Maxwell

“During my residency and first few years of practice, I looked forward to attending the Annual Meetings because of the dynamic speakers and exciting courses to further develop my surgical skill set. I have come to realize that our Annual Meeting is much more than aggregations of key thought leaders spreading their knowledge—they are fertile environments which cultivate collaborations, personal and professional relationships, and key networks.



While I definitely enjoy meeting up with old friends and colleagues, one of the aspects that I value the most is the mentorship that I have obtained attained through our Academy. My passion and motto have always been to “get involved and give back to my community.” But, while I possessed the desire and drive to get more engaged, I really did not know how or where to start. One individual in particular, **Stacey L. Ishman, MD, MPH**, forever changed the trajectory of my personal and career development. First, she asked me “What do you want to do?” Next, “How can I help you?” After a brief conversation, she then said, “Let’s go do it!” It was that statement that blew me away. I realized that true mentors not only share knowledge, expertise, and experience, but also provide advice and empower their mentee to take action toward their goals.

There are many opportunities within our Academy to empower and mentor others. Participation is sure to stimulate personal and professional growth. All you have to do is participate. Will you join me?

dearest friends over the course of years of Academy engagement—this is truly what I am most looking forward to in Los Angeles. With gratitude, I hope to see you there. ■



LA Locals Welcome the 125th Anniversary Gathering of the Annual Meeting

Every year, the Annual Meeting & OTO Experience is the best opportunity to learn from experts, network, and view the latest products and services. This year, it will be better than ever. After more than a year of limited travel, this year's meeting offers a chance to reconnect in person, honor the 125th anniversary of our Academy, and explore Los Angeles, one of the world's most exciting cities.

Iconic Los Angeles boasts world-class museums, multicultural neighborhoods, miles and miles of famous beaches, unique architecture, and of course, celebrity sightings. With so much to offer, we talked with leaders of otolaryngology in the greater Los Angeles area.

Gene C. Liu, MD

Cedars-Sinai Medical Center



Los Angeles is a very diverse and vibrant city with a lot of distinct ethnic neighborhoods. When it comes to cuisine, it can't be

beat. Koreatown has some of the best food outside of Asia. For high-end dining, we have Michelin-rated restaurants and flagships from notable chefs like Nobu Matsuhisa and Wolfgang Puck.

For those traveling with families, Disneyland has opened the new Star Wars Park, Galaxy's Edge, which is something you can't miss. For cultural experience and sightseeing, there's the Getty Museum, the Getty Villa, the Griffith Observatory, the Los Angeles County Museum of Art, the Petersen Automotive Museum – there's so much to see in Los Angeles!

William B. Armstrong, MD

University of California Irvine Medical Center



If you're an art fan, Laguna Beach can't be beat. The Getty Museum is a world-class art museum.

If you're here with your family, Disneyland is an amazing getaway, and Universal Studios is great for kids.

And, we have amazing beaches and mountains. There are great hiking opportunities.

There are a number of exciting getaways. Take a boat to Catalina Island for a day trip to escape the hustle and bustle of the metropolis. Laguna Beach and Malibu are also great getaways.

Alfred A. Simental, MD

Loma Linda University



The attractions start within walking distance from the convention center. Grand Central Market has many different food vendors and

would be great for a lunchtime trip.

For art lovers, there's The Performing Arts Center, which houses the famous Walt Disney Concert Hall, the Music Center, Dorothy Chandler Pavilion and Ahmanson Theatre; the Broad Art Museum and the Museum of Contemporary Art.

For a multicultural experience, Little Tokyo is famous for its ramen and Japanese shops.

For shopping, check out the Grove, the Beverly Center, Americana, Century City Mall, and Rodeo Drive.

There are plenty of sporting events in town during the Annual Meeting! The LA Rams play the Arizona Cardinals; the LA Dodgers play the Milwaukee Brewers; the LA Chargers play the Las Vegas Raiders; and the LA Galaxy play the Los Angeles FC.

For a bit of adventure, there's Griffith Park, which has many miles of hiking trails and brings you up to the world-class views of the city and landmarks such as the Hollywood sign, the Griffith Observatory, and the Hollywood Reservoir.

For those who feel the call of the mountains, they're only about two hours away: The Palm Springs and San Jacinto Mountains with the iconic Palm Springs Aerial Tramway, as well as Lake Arrowhead and Big Bear Mountain.

John S. Oghalai, MD

University of Southern California



You're going to love Los Angeles! It's a great place to visit.

My top recommendations:

- Visit Hollywood

- Check out the beaches
- Go sailing in Marina del Rey
- Take the boat to Catalina Island
- Visit Ventura and wine country
- Hike in the San Gabriel Valley

If you go a little further north, you're in national park territory. Check out Sequoia National Park, Kings Canyon, or Joshua Tree. Our parks are beautiful!

Maie A. St. John, MD, PhD

David Geffen School of Medicine at UCLA



Los Angeles is an oyster—there are so many pearls! You could do what's called the California Double and go to the beach in the morning and

skiing in the afternoon. There are mountains and trails—the Santa Monica Mountains are especially beautiful, overlying the Malibu area where you can climb down onto beaches, go surfing, and look in wave pools and tidal pools and find little creatures. ■

Self-Care in Healthcare



Neha Sangwan, MD

Every year, we get asked to do more with less. In order to excel under pressure, we must expand our perspective, foster synergistic collaboration, and encourage creativity and innovation. Get ready to discover your superpowers and gain clarity on how to engage with the most challenging personalities in your life.

Join Neha Sangwan, MD, for an interactive keynote experience during the Opening Ceremony of the AAO-HNSF 2021 Annual Meeting & OTO Experience! Don't miss this special event at 8:00 am (PT) on Sunday, October 3.

About Dr. Sangwan:

Dr. Sangwan's style is informative, experiential, and inspiring. Both a physician and engineer by training, she is CEO and founder of Intuitive Intelligence, a leadership consulting firm. Through combining the science of medicine with the art of communication, her innovative

program, the i-Five Experience™, uses scientifically proven techniques to reduce stress, build resilience, and foster individual and team accountability. A gifted speaker, she uses storytelling from her experiences in both the corporate world and on the front lines of patient care to spark breakthroughs for others. ■



YPS Offers a Hidden Gem in the Annual Meeting Program You Won't Want to Miss

James C. Denny III, MD

AAO-HNS/F Executive Vice President and CEO

As we prepare for the first in-person specialty-wide otolaryngology meeting since 2019, I have been looking through the program for presentations that I definitely want to see, particularly those that may not be readily apparent since they are part of another event. Choosing among the exceptional selections made by the Annual Meeting Program Committee (AMPC) under the leadership of Annual Meeting Program Coordinator, **Daniel C. Chelius, Jr., MD**, is more difficult than ever this year with the many innovative new program opportunities available.

I ran across a "hidden gem" that will take place during the Young Physicians Section (YPS) General Assembly, on Monday, October 4, 2021, from 2:30 - 3:30 pm (PT).

Nausheen Jamal, MD, YPS Chair and the YPS Governing Council have chosen an outstanding speaker presenting a timely topic that will benefit attendees at all stages of their career. **Maie A. St. John, MD, PhD**, Professor and Samuel and Della Pearlman Chair in the Department of Head and Neck Surgery at the David Geffen School of Medicine, co-director of the UCLA Head and Neck Cancer Program, and director of the UCLA Head and Neck Cancer Novel Therapeutics Program, will present "Leadership: Many Roads, Common Vision." In addition to being an outstanding research otolaryngologist and clinician, Dr. St. John is a compelling speaker that you will all enjoy.

This topic on leadership fits perfectly into our 125th anniversary Annual Meeting as well as with the areas of focus this year and for our meeting identified by President **Carol R. Bradford, MD, MS**. Her areas

of focus include "Diversity, Equity, and Inclusion," "Education," "Leadership Development and Mentorship," and "Wellness," all of which are featured prominently at this year's meeting.

I want to make it clear that you do not have to be a member of the YPS or have a special invitation to attend this presentation or, for that matter, the rest of the General Assembly. I assure you that you are welcome and will be glad that you stopped in to hear this wonderful presentation. You will also probably make some new friends as well as run into some long-term acquaintances. ■



Maie St. John, MD, PhD

YPS General Assembly
Keynote Speaker
"Leadership: Many Roads, Common Vision"
October 4,
2:30 - 3:30 pm (PT)



AAO-HNSF 2021 ANNUAL MEETING & OTO EXPERIENCE

Service and Leadership Awards

A special thank you to the membership for all the nominations received for the 2021 AAO-HNS/F service and leadership awards.

Acknowledging the work and dedication of your peers in this way sheds light on the strength of the specialty through the work of one that impacts the lives of many. For more information about AAO-HNS/F awards and lectureships, go to www.entnet.org/about-us/awards-lectures/.

Distinguished Award for Humanitarian Service

The Distinguished Award for Humanitarian Service is awarded to a member who is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love and devotion to humanity, and a self-giving spirit.

This year's awardee is **Peter J. Koltai, MD**, who has made

lifetime contributions to global health. He is a professor emeritus of otolaryngology-head and neck surgery (pediatrics) at the Stanford University Medical Center and is a senior fellow in Stanford's Center for Innovation in Global Health.

Dr. Koltai is committed to advancing otolaryngology and patient care internationally and, specifically, has been instrumental in increasing access to otolaryngological care in Zimbabwe. He has traveled to Zimbabwe extensively to assist with surgeries and share his knowledge with local otolaryngologists. While in Zimbabwe, he has arranged and participated in "ear camp" clinics in rural areas to address hearing needs for those who could not travel for care.

Dr. Koltai worked with a local otolaryngologist to establish the pediatric clinic at Harare Children's Hospital in 2017. It was the first clinic of its type in Zimbabwe and only the second in Africa. A year later, Dr. Koltai worked with local colleagues to launch the Paediatric ENT Association of Africa.

To support the next generation of otolaryngologists in Zimbabwe, Dr. Koltai has hosted numerous University of Zimbabwe otolaryngology trainees at Stanford University. His leadership and service has also inspired many Stanford otolaryngology residents, fellows, and faculty to volunteer their own time and talents in Zimbabwe.

Dr. Koltai served as Chair of the AAO-HNSF International Otolaryngology Committee from 2009 to 2011. ■



Jerome C. Goldstein, MD Public Service Award

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

This year's awardee is **Sally Shott, MD**, whose leadership,

unwavering curiosity, and devotion to improve the lives and care of children with Down syndrome define her academic excellence. Dr. Shott, a pediatric otolaryngologist at Cincinnati Children's Hospital and a professor in both the Department of Pediatrics and Department of Otolaryngology-Head and Neck Surgery at the University of Cincinnati College of Medicine, has been in practice for more than 30 years and has worked tirelessly to serve young patients and their families.

Dr. Shott is dedicated to improving the lives and care of patients with Down syndrome. She served on the Board of the Down Syndrome Association of Greater Cincinnati and worked with the Ohio Department of Health to develop educational material for all pediatricians regarding the medical needs of children with Down syndrome. As well, she serves on the National Down Syndrome Congress Professional Advisory Committee.

Her research has focused on providing improved and optimal medical and surgical care for children with Down syndrome. Her hearing and sleep findings informed the otolaryngology recommendation for the 2009 Medical Guidelines for Individuals with Down Syndrome, published by the American Academy of Pediatrics.

She has published more than 30 articles and book chapters on the care of children with Down syndrome as well as numerous articles on the impact of sleep surgery on children with Down syndrome who have persistent obstructive sleep apnea. ■



Holt Leadership Award

The Holt Leadership Award is presented to a resident or fellow-in-training who best exemplifies the attributes of a young leader: honesty, integrity, fairness, advocacy, and enthusiasm.

This year's awardee is **Carla V. Valenzuela, MD, MSCI**, who

is a superb role model for junior residents and medical students. She is the chief resident in otolaryngology-head and neck surgery at Washington University School of Medicine (WUSM) in St. Louis, Missouri.

Dr. Valenzuela has been an active member of the Section for Residents and Fellows-in-Training (SRF) where she has served various leadership positions, including Chair, SRF Representative to the Board of Governors (BOG) Legislative Affairs Committee, and SRF Representative to the BOG Governance and Society Engagement Committee.

She also is involved in the Academy at large and is a member of the AAO-HNSF Leadership Development and Mentorship Committee. Dr. Valenzuela served on the Guideline Development Group for the Clinical Practice Guideline: Ménière's Disease. She was a four-time recipient of the AAO-HNSF Resident Leadership Grant.

Dr. Valenzuela is committed to mentoring junior resident physicians and medical students. She served as a lecturer for PGY-2 residents and was a resident instructor for medical students. She also works to create opportunities for networking among residents and served as the WUSM Department of Otolaryngology-Head and Neck Surgery residency social chair.

As well, Dr. Valenzuela is a dedicated researcher with nearly 20 peer-reviewed publications, five poster presentations, and three oral presentations at national conferences. As an attestation to her scholarly talents, she was awarded an AAO-HNSF CORE Resident Research Grant. ■



Nikhil J. Bhatt, MD International Humanitarian Award

The Nikhil J. Bhatt, MD International Humanitarian Award honors a non-U.S. otolaryngologist-head and neck surgeon who has selflessly treated persons for whom access to care would have been financially or physically prohibitive.

This year's awardee is **Niels van Heerbeek, MD, PhD**, who has

contributed significantly to otolaryngology in Tanzania. Dr. van Heerbeek is the owner and surgeon at Enface Clinique and De Neuscorrectiespecialist as well as an otolaryngologist-head and neck surgeon at Radboud University Medical Centre in Nijmegen, the Netherlands. He is also the founder and chair of AfriKNO Foundation, which supports otolaryngology training and care in Tanzania.

Dr. van Heerbeek approaches his humanitarian work with a long-term vision. For nearly 10 years, he has served in the Otolaryngology Department at the Kilimanjaro Christian Medical Center (KCMC) in Tanzania, where he teaches medical students and otolaryngology residents.

Dr. van Heerbeek helped reestablish the otolaryngology residency training program there since only a few otolaryngologist-head and neck surgeons practiced in Tanzania at that time. This residency program has led to a number of new otolaryngologists working in the country.

In addition to providing hands-on training at the medical center and supporting future otolaryngologists in Tanzania, he works through the AfriKNO Foundation to provide donations of equipment and funds for the facilities at KCMC.

Dr. van Heerbeek also developed a course for non-otolaryngologists who work in smaller regional hospitals in Tanzania. The course covers management of common ENT problems as well as what to do for more complex problems. ■



Nikhil J. Bhatt, MD International Public Service Award

The Nikhil J. Bhatt, MD International Public Service Award honors a non-U.S. otolaryngology-head and neck surgeon whose achievements have advanced the specialty.

This year's awardee is **Wakisa Mulwafu, MD, PhD**, who

has contributed to otolaryngology in Eastern and Central Africa and made scientific contributions to delivering healthcare in resource-restrained settings. Dr. Mulwafu is an associate professor of otolaryngology at the College of Medicine, University of Malawi. He also is an executive member of the College of Surgeons of East, Central and Southern Africa (COSECSA), where he also serves as the chair of the Finance and General Purpose Committee.

When faced with being the only otolaryngologist in Malawi, Dr. Mulwafu worked tirelessly to expand otolaryngology access in his home country of 18 million people. He partnered with the Malawi government to develop a policy for otolaryngology services and instituted an otolaryngology training and certification program for clinical officers. His model can be employed in other low-resource settings.

Dr. Mulwafu spearheaded having the specialty of otolaryngology-head and neck surgery included in COSECSA, allowing many smaller clinics that ordinarily would not have the capacity to offer ENT specialist training to do so.

Ever the scientist, Dr. Mulwafu applied a scientific approach to solving this problem within the healthcare system of Malawi. His academic work, as well, is driven by his desire to use research to improve services for people in Malawi and other low-resource countries. Through his work, he has contributed to the specialty at home and abroad while underscoring his commitment to public health to improve the lives of millions of people. ■





AAO-HNSF 2021 ANNUAL MEETING & OTO EXPERIENCE



The OTO *Experience*

For our 125th Anniversary, we're pulling out all the stops to make the OTO Experience a truly grand one by providing more interactive and one-on-one **experiences** to enhance your overall attendee **experience**.

That live, in-person networking that we missed in 2020 is back in full force in 2021 with plenty of offerings to take advantage of during the AAO-HNSF 2021 Annual Meeting & OTO Experience!

Our Industry Partners will host multiple hands-on demo labs to allow you the opportunity to touch, feel, and **experience** products, tools, procedures, and new methods on cadavers.

In our Product Theater, you'll be introduced to new products, tools, and innovations as well as some of the best tried-and-true equipment from leading manufacturers.

There's also the Industry Thought Leadership Series where key opinion leaders from our Industry Partners will debate, share science, and host live town hall-style events to answer your questions. Also included will be the opportunity to participate in focus groups where you'll let them know about potential future products that would serve the specialty.

Our Corporate Satellite Symposia—held 6:00 - 8:00 pm (PT) most evenings at the JW Marriott Los Angeles L.A. Live, our headquarters hotel—will introduce new product announcements, science, and demonstrations, all in a relaxed setting, often with a reception. This is another activity you will not want to miss.

These, along with the **experience** of Poster presentations, the 125th Anniversary Lounge, Millennium Lounge, corporate meeting rooms for one-on-one encounters with

exhibitors and, of course, lunch—both Lunch with the Experts and our general daily lunch offerings to all attendees—make the OTO Experience the place to be.

The OTO Experience is open:

Sunday, October 3, 9:30 am - 5:00 pm (PT)

Monday, October 4, 9:30 am - 5:00 pm (PT)

Tuesday, October 5, 9:30 am - 3:30 pm (PT)

The Corporate Satellite Symposia are available:

Sunday, October 3, 6:00 - 8:00 pm (PT)

Monday, October 4, 6:00 - 8:00 pm (PT)

For more information on the events and programming happening in the OTO Experience, contact OTOExperience@entnet.org or visit www.OTOExperience.org. ■

OTO Experience Exhibitor List

AS OF JULY 20, 2021

Academy Advantage
Premier Partners are noted
in Annual Meeting Branding
gold highlight.

Academy Advantage
Partners are noted in
Annual Meeting branding
green highlight.

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3-d Matrix, Inc. 1537
www.3dmatrix.com

A

Acclarent, Inc. 1305
www.acclarent.com

Acumed Instruments Corporation 817
www.e-acumed.com

Advanced Bionics 1142
www.advancedbionics.com

Aerin Medical, Inc. 1223
www.aerinmedical.com

ALK-Abello, Inc. 1032
www.alk.net/us/

Apdyne Medical Company 1543
www.apdyne.com

Association of Migraine Disorders 625
www.migrainedisorders.org

B

BFW, Inc. 524
www.bfwinc.com

BiLumix (Dr. Kim) 732
www.bilumix.com

BioMed ENT, Inc. 1106
www.biomed-ent.com

Boston Medical Products 1131
www.bosmed.com

BR Surgical-Optomic 1443
www.brsurgical.com

Brazilian Assn of ENT 801
www.aborlccf.org.br

Bryan Medical, Inc. 1425
www.bryanmedical.net

C

Carl Zeiss 1904
www.zeiss.com/med

Carle Health 525
carle.org/for-providers

Carnegie Surgical LLC 437
www.carnegiesurgical.com

Caulicure Advanced Compression 907
www.caulicure.com

Celularity, Inc. 1022
www.celularity.com

Checkpoint Surgical, Inc. 1542
checkpointsurgical.com

Clarius Mobile Health 919
www.clarius.com

Cochlear Americas 1910
www.cochlear.com

Compulink Healthcare Solutions 1034
www.compulinkadvantage.com

Cook Medical 1437
www.cookmedical.com

Cox Health 649
www.coxhealth.com

D

D-Scopes 902
www.dscopesystems.com

DePuy Synthes 1110
www.dupuyssynths.com

Designs for Vision, Inc. 1230
www.designsforvision.com

DizzyGuide A/S 1445
www.dizzyguide.net

Doctus Equipamentos Medicos 825
www.doctus.med.br

DUALAMS Inc., dba Aikor 1232
www.dualams.com

E

Earlens Corp 1005
www.earlens.com

Ecleris USA 931
www.ecleris.com

Elsevier, Inc. 1001
www.elsevier.com

ENT Business Professionals 1943
www.entbizprof.com

Exercore LLC 830
www.exercore.com

F

Firefly Global 916
www.fireflyglobal.com

Frequency ENT 423
www.Frequencytx.com

Fuel Medical Group 1009
www.fuelmedical.com

G

Glacial Multimedia 1003
www.glacial.com

Global Medical Endoscopy 624
www.globalmedicalendoscopy.com

GLOBAL Surgical Corporation 1111
www.globalsurgical.com

Grace Medical 1516
www.gracemedical.com

GSC/SurgiTel 724
www.surgitel.com

GSI (Grason Stadler, Inc.) 1325
www.grason-stadler.com

GSK (Glaxo Smith Kline) 1209
www.gsk.com

H

HAAG - Streit USA 1201
www.haag-streit-usa.com

Happersberger otopront GmbH 1042
www.otopront.de/en/home.html

Hayden Medical 730
www.haydenmedical.com

Hemostasis 1334
www.hemostasisllc.com/

I

Innovoyce 1133
www.innovoyce.com

InPhase Medical, Inc. 1133
www.innovoyce.com

Inspire Medical Systems, Inc. 1143
www.inspiresleep.com

Intelligent Hearing Systems 917
www.ihsys.com

Interacoustics 1122
www.interacoustics.com/us/

IntersectENT 1705
www.intersectent.com

Invisian Medical 431
www.minneties.com

Invotec International, Inc. 1642
www.invotec.net

J

J. Morita USA 731
www.morita.com/usa

JEDMED 1101
www.jedmed.com

Jenna Surgical / TTI Medical 803
www.ttimedical.com

Jullurg Instruments Corp. 925
www.jullurgonline.com

K

KARL STORZ Endoscopy America 810
www.karlstorz.com

Kirwan Surgical Products, Inc. 1102
www.ksp.com

KLS Martin 1217
www.klsmartinnorthamerica.com

Kurz Medical, Inc. 911
www.kurzmed.com

L

Laser Engineering, Inc. 631
www.laserengineering.com

Leica Microsystems 1117
www.leica-microsystems.com

M

MAICO Diagnostics 1525
www.maico-diagnostics.com/us

Marasco & Associates - Health Care Architects 1724
www.mahca.com

McKeon Products, Inc. 1135
www.macksearplugs.com/

MED-EL 1930
www.medel.com

Medi Lazer 1108
medilazer.net/

Medi Loupes 1020
www.mediloupes.com

Medpro 1016
www.medproequipment.co

MedTech International Group 901
www.medtechinternationalgroup.com

Medtronic 1631
www.medtronic.com/us-en/index.html

Mega Medical Company Ltd. 1236
www.megamedical.co.kr

Merck, Inc. 2010
www.merck.com

Modernizing Medicine 1331
www.modmed.com

MTI, Inc. 1531
www.mti.net

N

Natus Medical, Inc. 1004
www.natus.com

Naveris, Inc. 737
www.naveris.com

NoviMed hearing 1037
www.novidaninc.com

O

Officite 1234
www.officite.com/ENT

Olympus America Inc. 1431
www.olympus.com

Optim LLC 1233
www.optim-llc.com

Oticon Medical 1017
www.oticonmedical.com

P

Panacea Financial 717
www.panaceafinancial.com

Pangea Laboratory 1049
www.pangealab.com

Parnell Pharmaceuticals 1100
www.parnellpharm.com

PatCom Medical 736
www.patcommedical.com

Pentax Medical 1031
www.pentaxmedical.com

Phacon, Inc. 1136
www.phacon.us

PhotoniCare 1149
<https://photonicare>

Piling from Teleflex 935
www.teleflex.com

Prairie Lakes HealthCare System 1449
www.prairielakes.com

Preceptis Medical 1018
www.hummingbirdaertubes.com

Prescotts Medical 635
www.surgicalmicroscopes.com

Prosidio LLC 1148
www.prosidio.com

Q

QTC, A Leidos Company 1104
www.qtcm.com

R

R&D Surgical USA, Inc. 1936
www.xenosysusa.com

RG Medical USA 725
www.rgmed.com

RGS Healthcare 843
www.rgshealthcare.com

Rose Micro Solutions LLC 924
www.rosemicrosolutions.com

S

Sanma Medineers Vision Private Ltd. 711
www.sanmas.com

Sanofi Genzyme & Regeneron 2004
www.sanofiagenzymeregeneron.com

Santosh Surgical Instruments 1625
www.santoshsurgical.com

SENTA Partners 1549
www.sentapartners.com

SleepSource Alliance ENT 1231
www.sleepsource.us

Smith+Nephew 1317
www.smith-nephew.com

Soniquence 1648
www.soniquence.com

Sontec Instruments, Inc. 1000
www.sontecinstruments.com

Stryker 1719
www.stryker.com

Sutter Medical Technologies USA 1248
www.sutter-usa.com

T

TEAC 900
www.teac.com

The Doctors Company 813
www.thedoctors.com/AAOHNS

Trackable Med 1144
www.trackablemed.com

U-W

Ultralight Optics, Inc. 1013
www.ultralightoptics.com

WiscMed, LLC 1237
www.wiscmed.com

X-Z

Xoran Technologies, LLC 1617
www.xorantech.com



OUT OF COMMITTEE: SLEEP DISORDERS

Upper Airway Stimulation: Advances in Patient Selection and Surgical Technique

Colin T. Huntley, MD, and **Maurits Boon, MD**, members of the AAO-HNS Sleep Disorders Committee

Upper airway stimulation (UAS) has provided a dramatic advancement in our ability to manage select patients with obstructive sleep apnea (OSA). There is one Food and Drug Administration (FDA)-approved UAS device on the market, produced by Inspire

Medical (Minneapolis, Minnesota), with others in various phases of testing and development. The Inspire UAS device was approved by the FDA in 2014, and much of the research and our knowledge about this therapy surrounds this device.

The initial clinical trial to support FDA approval of UAS therapy, the Stimulation Therapy for Apnea Reduction (STAR) trial, was published in *The New England Journal of Medicine* in 2014. This study included 126 patients and saw significant

improvement in the apnea-hypopnea index (AHI), oxygen desaturation nadir (ODI), and quality of life indices.¹ This cohort was then followed and reassessed at 18, 24, 36, 48, and 60 months, showing maintenance of therapeutic and clinical benefit.²⁻⁶

The criteria and findings from the STAR trial helped establish the current FDA recommended indications for UAS. The mainstay of the current recommended indications includes patients over 18 years of age, attempted and failed positive

pressure therapy, AHI between 15-65 with less than 25% of events central in nature, lack of complete concentric collapse at the level of the velum on preoperative drug-induced sleep endoscopy (DISE), and lack of any neuromuscular disease, which may preclude benefit from neurostimulation.

Following the STAR trial, hundreds of papers have been published confirming clinical benefit, identifying factors to improve patient selection, outlining postoperative optimization, and exploring new techniques to improve surgery. One such endeavor is the Acute Decompensated Heart Failure National Registry (ADHERE) registry, which is a multinational, multicenter, ongoing prospective study designed to collect patient demographic and outcome data. The most recent publication of this cohort included 1,017 patients and assessed usage, quality of life, and sleep study outcomes at 12 months. The authors found a reduction in median AHI from 32.8 preoperatively to 9.5 at 12 months. This equated to a 69% success rate using the Sher criteria (50% reduction in AHI to a level less than 20) at 12 months. Of the patients, 74% had resolution of symptoms of daytime sleepiness assessed as an Epworth Sleepiness Score less than 10. Lastly, patient usage was 5.7 hours per night at 12-month follow-up.⁷

In addition to these outcome variables, the authors of the ADHERE papers have conducted regression analyses to identify predictors of patient success. In a study of 508 patients by Heiser et al., univariate analysis showed age and body mass index (BMI) to be predictors of success. Each one-year increase in age was associated with a 4% increase in odds of treatment success, and each one-unit increase in BMI was associated with 9% reduction in odds of treatment success. The multivariate model confirmed age as a significant predictor.⁸ In the aforementioned study of 1,017 patients by Thaler et al., logistic regression showed the female sex to have increased odds of favorable AHI response and each one-unit decrease in BMI to be associated with an 8.5% increase in favorable response.⁷ DISE has also recently been evaluated by Huyett



Twenty-first-century, evidence-based adult learning principles suggest that physicians and medical students seek learning opportunities that are more interactive, feature more animation and feedback, and focus on products and experiences that are immediately applicable to their clinical practices.



et al. to assess predictors of UAS outcomes. DISE videos were independently evaluated in a cohort of 343 patients from 10 centers. The authors found complete oropharyngeal wall obstruction to be predictive of decreased surgical response and complete tongue-base obstruction to be predictive of increased surgical response.⁹

In addition to identifying predictors of success to better identify and preoperatively counsel patients, new surgical techniques have been developed. The latest development has been the adoption of a two-incision technique for device implantation. With this, the respiratory sensor is placed through the chest incision, deep to the internal pulse generator, and the mid-axillary intercostal incision is abandoned. Kent et al. first published this technique. They describe designing the chest incision 3 cm lateral to the sternum and 5 cm below the clavicle. The traditional pocket for the implantable pulse generator is developed, and dissection is subsequently carried through the pectoralis major. The intercostal

muscles are identified, and the respiratory sensor is placed in the second intercostal space deep to the external intercostal and superficial to the internal intercostal.¹⁰ The obvious benefit of this approach is in limiting an incision and negating the risk of pain or infection at that site. There have been anecdotal reports of improved surgical times and respiratory sensing. However, more research is required to detail best practices and benefits.

UAS has become a valuable tool to manage select patients with OSA. Recent data show increased age, low BMI, female sex, and lack of complete lateral oropharyngeal obstruction on DISE to be predictors of success with this therapy. New techniques and devices continue to be developed in an effort to optimize patient outcomes. ■

References

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What Is the Effect of Obstructive Sleep Apnea and Its Surgical Management on Voice and Swallowing?

Mark Weidenbecher, MD, AAO-HNSF

Laryngology and Bronchoesophagology Education
Committee member

There is an increasing prevalence of obstructive sleep apnea (OSA) in the United States, affecting an estimated 25 million Americans.¹ Positive airway pressure (PAP) therapy is considered standard therapy for OSA; however, there is oftentimes poor compliance with up to 50% of OSA patients not tolerating therapy.² Untreated OSA carries significant comorbidities, including cardiac arrhythmias, diabetes, high blood pressure, and stroke. Other treatment options, in particular sleep surgical options, must therefore be considered in this patient population. A common concern is that physical examination on an awake patient with static observation of the patient's upper airway anatomy cannot reliably identify the dynamic upper airway collapse responsible for the patient's OSA. Drug-induced sleep endoscopy (DISE) has emerged as a valuable tool to identify specific structures and anatomic subsites responsible for the dynamic pharyngeal airway collapse, which allows for a patient-specific and individualized treatment approach.³ Many sleep surgery approaches aim to statically alter the upper airway anatomy to prevent nocturnal pharyngeal airway collapse. Sleep surgeries routinely performed by otolaryngologists include uvulopalatopharyngoplasty (UPPP) or modifications thereof, hyoid suspension, or base of tongue resection. Hypoglossal nerve stimulation therapy (HGNS), in contrast, is a non-static and rather dynamic sleep procedure. HGNS is an implantable

medical device that treats OSA by electrically stimulating the hypoglossal nerve to cause tongue protrusion during inspiration to mitigate upper airway collapse.⁴ In general, indication for each sleep procedure depends on the upper airway anatomy and the collapse pattern.

Patients with moderate-to-severe OSA have been found to suffer from baseline altered biomechanical swallowing biomechanics, including upper esophageal dysfunction, increased hypopharyngeal distension, and velopharyngeal contractility.⁵ The incidence of dysphagia in the OSA patient population is estimated to be almost twice as high compared to the average patient population (14% versus 8%).^{6,7} There is also evidence that irritable larynx symptoms such as chronic cough, dyspnea sensation, and dysphonia are more commonly seen in OSA patients.⁸

The larynx can be viewed as the sound source while the pharynx not only serves as a resonator but also assists with swallowing. Since sleep surgery for OSA addresses the pharyngeal airway, the question must be raised whether it affects swallow and voice function. While sleep surgery can certainly lead to temporary laryngopharyngeal complaints, such as odynophagia, globus, and dysphagia, in terms of long-term effects, the literature is somewhat conflicting. Franklin et al. examined the side effects of OSA surgery and found that UPPP, a commonly performed sleep surgery to enlarge the retropalatal airway, resulted in permanent swallowing difficulties in 31% of the patients while other authors found no evidence for UPPP to cause any long-term effects on swallowing or voice.⁹⁻¹¹ Hyoid suspension is

another example of a static sleep surgery that is used in OSA patients for base of tongue obstruction by moving the hyoid and base of tongue complex anteriorly and superiorly. This can be accomplished by performing a hyothyroidpexy (HTP) or by suspending the hyoid to the mandibular symphysis via suturing or via genioglossus advancement. Several studies have shown that HTP does not affect swallowing or voice function after 12 months, as noted on postoperative swallow testing and voice analysis.^{12,13} In a large metaanalysis examining voice outcome following various types of palate procedures or hyoid suspension, it was found that surgical management of OSA, regardless of the type of procedure, did not impair voice or swallowing function permanently.¹⁴ Similarly, HGNS, a non-static and rather dynamic sleep procedure, has also demonstrated not to cause any swallowing or voice problems at one week, three months, and six months postoperatively. This was studied on 14 patients via validated VHI-10 and EAT-10 questionnaires.¹⁵ In other studies, several authors have reported on persistent neck and tongue pain in patients using HGNS, which in some patients could be resolved by changing the intensity of the stimulation.¹⁶ In some cases, manual neck therapy can also help with this muscle tension, like neck pain.

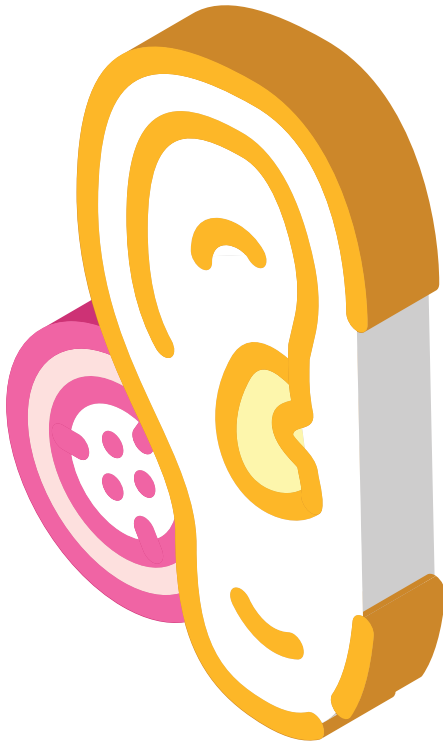
In summary, OSA patients have a slightly higher incidence of laryngopharyngeal symptoms compared to the average population. With the exception of HGNS, all other sleep surgeries alter the upper airway permanently. Depending on the type of sleep surgery, conflicting information in the medical literature exists as to whether it can result in long-term voice and swallowing problems. ■



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What Is New in Bone Conduction Implant Technology?



Michael M. Li, MD; Aaron C. Moberly, MD; Oliver F. Adunka, MD; and Varun V. Varadarajan, MD

Endorsed by the AAO-HNS Hearing Committee

For patients with conductive hearing loss (CHL), mixed hearing loss (MHL), or single-sided deafness (SSD), conventional hearing aids and contralateral routing of signal (CROS) devices have traditionally served as nonsurgical hearing rehabilitation options. Hearing aids may not be feasible or may be contraindicated in certain conditions, such as chronic ear disease with recurrent otorrhea, refractory chronic otitis externa, unsatisfactory ossicular chain reconstruction, distorted anatomy including a canal wall down

mastoid cavity, congenital or acquired canal atresia or stenosis, and canal overclosure. For patients with SSD, CROS hearing aids require wearing bilateral aids, even when the better ear may not necessarily require amplification. In these patients, bone conduction devices may be offered. Such devices include the traditional percutaneous or transcutaneous bone anchored hearing aid (BAHA), active middle ear implants, and the newer active transcutaneous bone conduction implants (BCI). Currently available active BCIs include the MED-EL BONEBRIDGE and Cochlear Osia.^{1,2} In these devices, vibrational stimulation is directly applied to the bone through a powered (active) component, thereby improving signal fidelity and transduction efficiency. This contrasts with passive devices such as the BAHA, in which the attached and externally worn sound processor generates stimulation that is passively transmitted through the skin and requires osseointegration of an implant.

Implantable passive bone conduction devices (e.g., BAHAs) have been in use since the 1970s. These devices transmit vibrational energy to the calvarium and cochlea through an implanted abutment attached to a wearable processor. Håkansson and colleagues found that four-tone pure tone average with the device allowed 25-32 dB gain as compared to the unaided condition.³ In the setting of SSD, studies have also demonstrated superiority of BAHAs to CROS hearing for hearing in noise and patient satisfaction with corresponding gain of up to 20 dB.⁴ Although a narrower band of sound frequencies is being provided compared to acoustic amplification with a CROS hearing aid, the transmitted frequency bands are more efficiently routed, contain less distortion, and contain useful

information for speech recognition.⁵ While percutaneous BAHAs remain widely used, frequent complications associated with the abutment (e.g., skin overgrowth, irritation, breakdown) or failure of osseointegration requiring revision or explantation have been reported in long-term studies.⁶ This led to the development of passive transcutaneous devices, which transmit sound through a subcutaneously implanted magnet and a wearable external processor. Some studies reported equivalent audiologic outcomes with lower skin-related complication rates, and several reported inferior gain with transcutaneous devices.^{7,8} This is to be expected, as transcutaneous sound transmission results in diminution of sound energy (up to 10-15 dB) through the scalp and soft tissue.³ Theoretically, active devices circumvent this problem by providing direct vibrational energy.

The two active BCIs most used today are the MED-EL BONEBRIDGE and Cochlear Osia. Indications include CHL, MHL, and SSD. Both devices are U.S. Food and Drug Administration (FDA) approved for those with cochlear reserve (i.e., bone conduction thresholds) of up to 45 dB HL or better (65 dB HL for the Osia). For SSD, the contralateral ear should have normal thresholds. Both devices consist of a subcutaneously implanted receiver-stimulator, an active component capable of providing direct vibrational energy, and an externally worn microphone and sound processor. Functionally, the two devices differ in how they deliver vibrational energy: The BONEBRIDGE utilizes a floating mass transducer (FMT), and the Osia houses a piezoelectric motor that transmits energy to an osseointegrated abutment. For most patients, the standard surgical approach for both devices consists of a post-auricular incision with placement

of the implanted component in or around the mastoid bone. A well is drilled for the BONEBRIDGE's FMT, and the Osia requires implantation of an osseointegrated screw, like the Cochlear Baha.

Analyses of audiologic outcomes for these devices have shown significant improvement in functional gain (FG) and speech recognition. A meta-analysis of the BONEBRIDGE in 2019 showed mean FG for all indications of 31dB HL. The FG for CHL was highest at 39 dB HL, while that for both MHL and SSD was 29 dB HL.⁷ Mean word recognition score improvement was 52% for all indications, and again best for CHL at 56%, 55% for MHL, and 38% for SSD. Studies investigating Osia performance report similar functional gain.^{9,10} A notable additional benefit of the active bone conduction devices is the improved FG at high frequencies. In passive devices, high-frequency sound suffers the greatest degree of attenuation through skin. Direct comparison studies with passive devices have shown greater FG of active BCIs in the high frequencies.⁹ Improved high-frequency gain is critical for appreciation of certain environmental sounds and music. Finally, the completely subcutaneous profile of the BONEBRIDGE and Osia has led to decreased rates of skin-related complications.⁶

Active BCIs are not without limitations, predominantly in the realm of technical nuances and lack of defined referral criteria. With a depth of 4.5 mm, the most recent BONEBRIDGE BCI 602 device may require dural or venous sinus decompression to create a bony seat capable of accommodating the FMT. In patients with previously operated anatomy (e.g., large mastoidectomy), this may prohibit implantation; although retrosigmoid and middle fossa approaches have been

successfully employed.¹¹ Additionally, while both devices are magnetic resonance imaging conditional, the internal magnet needs to be removed to avoid significant artifact. Finally, although there are clear surgical indications, no defined referral criteria exist. In certain situations, such as patients with bone conduction thresholds worse than 45 dB, a passive device may be preferred, such as the Cochlear Baha 5 (55 dB) and Baha 5 SuperPower (65 dB) devices. In potential candidates, the MED-EL AdHear or Cochlear Baha Softband offers approximations of implanted devices; however, the AdHear requires normal bone conduction thresholds.¹²

Active BCIs are a promising technology and offer distinct advantages to traditional passive BCIs, such as improved FG with more accessible sound frequencies and lack of a percutaneous abutment. Referral should be considered in patients with SSD or patients with CHL/MHL with up to 45 dB HL bone conduction thresholds. Patients with refractory chronic ear disease may be referred, and radical mastoidectomy may be performed prior to or in conjunction with implantation. Congenitally or surgically altered anatomy, persistent air-bone gap after previous middle ear surgery, or patients not wishing to pursue middle ear surgery in the setting of CHL or MHL (e.g., otosclerosis) are also suitable candidates. Patients with chronic skin complications related to percutaneous abutments may also be considered, and their previous abutment may be removed at the time of implantation. As BCI technology evolves, active implants may be developed to accommodate for greater degrees of sensorineural hearing loss, have fewer technical nuances, and perhaps ultimately obviate the need for passive bone conduction implants. ■

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Tech Talk

Framing the Use of Technology

Mike Robey, MS, AAO-HNS/f Senior Director,
Information Technology

Your practice is complex. Many interconnected parts must work together to serve your patients. For a smooth-running office, technology tools must align with your needs. A practical framework is needed to ensure your staff, resources, and processes are supported with the best use of available technology.

Like a blueprint, a framework identifies the subject area domains and how they interrelate with one another. This provides a model for better management of all interconnected parts. From a future perspective, a framework gives you the ability to see where newer technologies can be plugged in and what their impacts might be. The diagram to the right represents a high-level view of a generalized framework:



Strategy defines why you exist and what your vision is. Example artifacts found in this domain are:

- Vision and mission statements
- Strategic plan charting the organization's course for the next 3-5 years
- Strengths, weaknesses, opportunities, threats analysis
- Concept of operations scenarios

Business Processes aligns the *Why*, *What*, and *How* of your practice. Strategy defines the *Why*. The business domain defines *What* services are offered and *How* these services are provided. Example artifacts found at this domain are:

- Business continuity plan
- Organization chart
- Vendor list
- Chart of accounts

Technology is the infrastructure (hardware) and cloud services (applications) used to support your business needs. Example artifacts at this domain are:

- On-site cable plant and network diagram
- Computer inventory
- Applications inventory

- List of service vendors, including internet service and software-as-a-service (SaaS) providers

This article concentrates on the operations domain from a practical perspective. Operations defines what is needed to support the top three layers. Recognizing that this is not an exhaustive list, this article introduces three important areas of operations:

- Cybersecurity protection and awareness
- Infrastructure resiliency
- Data governance and protection

Example frameworks for these operational areas are on the next page.

Conclusion

The **Strategy**, **Business**, and **Technology** domains need their own frameworks detailed so that **Operations** can be kept in sync. As any domain changes, it is good practice to review the impacts on the adjacent domains. Technology tools need to be honed. Using a framework will help keep your use of technology aligned with your practice needs. ■

Cybersecurity Protection and Awareness

Preventing cybersecurity incidences is paramount. A breach can be devastating. Like other risks, mitigation steps help prevent occurrences. The areas below provide a framework for managing cybersecurity.

Area of Concentration	Description
Awareness training	This is the most important prevention step. It only takes one person to click on the wrong link. Staff need to know how to recognize phishing and other fake emails and know the correct steps for reporting suspicious events.
Multilayer approach to protection	You want to prevent break-ins and compromises to your practice. There are five tertiary layers: 1) email protection services, 2) DNS (domain and URL resolution) to protect against surfing malicious sites, 3) anti-virus software on all computers, 4) firewall protection at your network's edge, and 5) regular software patches for all computers and network devices.
Secure login access	Two-factor authentication. Smartphone apps make this less cumbersome. Even if passwords are compromised; prevents bad guys from logging in.
Data breach and ransomware protection	What is your data breach policy? Review your cybersecurity insurance. Does your policy include approved providers for after-breach services?

Infrastructure Resiliency

Even if you use SaaS applications, your office still has a local infrastructure. This includes the computers staff use daily, network switches for connectivity (including Wi-Fi), and local servers (if any). There are two overarching questions governing this section: What do you do when something fails? How fast can you recover? Below are the areas of concentration.

Area of Concentration	Description
Alleviate single points of failure	Make sure local network switches and servers have redundant power supplies. Know where your internet service provider access point is. Implement as much redundancy as possible in your local infrastructure design. Have an action plan for when equipment fails.
Uninterruptible power supplies	Protect switches and servers from power spikes and disruptions.
Staff computers	Use a common configuration for staff computers. Do not store any data on local hard drives. Make sure failed computers can be swapped out in a timely manner.
Help desk	Provide staff with centralized reporting system for all issues.
Regular software patches	Crossover with cybersecurity. It's important to keep everything up-to-date.

Data Governance and Protection

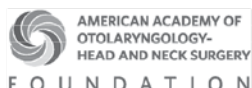
Your SaaS provider may handle many of these. It is a good idea to understand the sublevels below:

Area of Concentration	Description
Retention policy	A precursor is understanding the type of data you collect and why. Then, determine how long you need to keep this information.
Regular backups	Includes your data in a SaaS environment. Are backups performed on a regular and are they stored offsite? Are you able to retrieve your data at will?
Monitor and test	When was the last time you tested restoring data from your backups?
Cloud data	Understand what data are in the cloud and how to protect and retrieve these data.



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Important Note: In June 2010, CMS clarified the Medicare policy on billing for audiology services. Not all services learned in this course are eligible for Medicare reimbursement. Many commercial insurances do reimburse for services provided by OTotech staff.

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Kelvin M. Kwong, MD, *Chief*
Binoy M. Chandy, MD

**Division of Head and Neck
Surgical Oncology**
Matin Imanguli, MD, DDS, *Chief*
Craig A. Bollig, MD
Vanessa C. Stubbs, MD
Jaclyn E. Hepworth, PA-A

**Division of Rhinology and
Anterior Skull Base Surgery**
Justin P. McCormick, MD, *Chief*

Division of Research
Todd M. Mowery, PhD

**Division of Otolaryngology, Neurotology
and Lateral Skull Base Surgery**
P. Ashley Wackym, MD, *Chief*
Scott B. Shapiro, MD
Shweta N. Khurana, PA-A

**Division of Comprehensive
Otolaryngology**
Christina M. Gillespie, MD



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 the **Hudson Valley, Metro NYC, Long Island and Central / Northern New Jersey.**

We offer new associates:

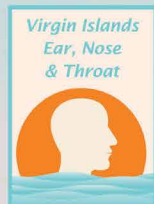
- The collegial expertise and guidance of nationally and internationally recognized specialists and subspecialists
- The prestige of an academic institution, without the bureaucracy
- Clinical faculty appointments at renowned tertiary centers including Mount Sinai, Northwell and Montefiore
- A starting 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).

Otolaryngologist U.S. Virgin Islands

Unique and rare opportunity to practice in the beautiful United States Virgin Islands. Come and join **Virgin Islands Ear, Nose & Throat**, the only established otolaryngology practice in the territory. Live in paradise where the average temperature is 78 degrees in the winter and 82 degrees in the summer. Each year, three million visitors -- along with the territory's 100,000+ residents -- dive, sail, and enjoy many of the world's most spectacular beaches. With beautiful modern state-of-the-art offices on both St. Croix and St. Thomas, the practice is fully equipped with an accredited surgical center, complete endoscopy equipment including videostroboscopy, rhinometry, pH probe testing, an Allscripts EMR system with scribes, 2 AASM accredited sleep centers, full audiometric-vestibular testing including hearing aid dispensing by 2 audiologists, CLIA-certified allergy lab with medical assistants and RN and PA performing both skin and in-vitro testing and immunotherapy. Envision your future in paradise. Excellent salary, benefits, relocation expenses, and anticipated full partnership.



Send Cover letter and CV to:
Adam M. Shapiro, M.D., M.A.S., F.A.C.S.
Virgin Islands Ear, Nose & Throat
Paragon Medical Building
9149 Estate Thomas, Suite #308
St. Thomas, United States Virgin Islands 00802
www.entvi.com www.sleepvi.com
Fax: 340-774-1569
ashapiro@entvi.com

The Department of Otolaryngology – Head & Neck Surgery at Penn State Health Milton S. Hershey Medical Center, Penn State College of Medicine is seeking Academic Otolaryngologists for the following positions:

- Pediatric Otolaryngologist
- Otologist/Neurotologist

WHAT WE'RE OFFERING:

- Join a team of 11 faculty members, 9 APPs and 9 Audiologists
- Busy academic practice with a strong primary care referral base from Penn State Health practices and surrounding 29 counties
- Appointment at the Assistant or Associate Professor level

WHAT WE'RE SEEKING:

- MD, MD/PhD, DO, or equivalent degree
- BC/BE Otolaryngology with fellowship training in specialty
- A strong commitment to patient care, resident education, and research

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.



FOR MORE INFORMATION, PLEASE CONTACT:

David Goldenberg, MD, FACS
Chair, Department of Otolaryngology
Penn State Health
 c/o Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu



PennState Health



**CLINICAL FELLOWSHIP IN
 LARYNGEAL SURGERY AND VOICE DISORDERS
 Massachusetts General Hospital**

The Division of Laryngeal Surgery is seeking applicants for clinical fellowship positions. The fellowship training covers all aspects of laryngeal surgery, voice disorders, and management of the professional voice. The curriculum will provide a wide range of experiences, including phonosurgery (cold instruments and lasers), laryngeal framework surgery, novel operating-room and office-based laser (Pulsed-KTP, Thulium) treatment, complex laryngeal stenosis with aortic homograft transplantation, and the use of botulinum toxin injections for spasmodic dysphonia. The fellow will participate in the management of voice disorders and clinical research as a member of a multidisciplinary team (voice scientists and speech pathologists) that has access to state-of-the-art voice clinic and surgical engineering laboratory facilities. The research fellowship provides numerous opportunities to focus on grant-funded (NIH and private foundations) clinical and basic science research projects in collaboration with interdisciplinary teams of scientists and clinicians at the Massachusetts Institute of Technology and the Wellman Laboratories of Photomedicine at the Massachusetts General Hospital. The option to collaborate with local music conservatories is also available. Qualified minority and female candidates are encouraged to apply. Send curriculum vitae and three letters of recommendation. The Massachusetts General Hospital is a teaching affiliate of Harvard Medical School.

Direct inquiries to:

Steven M. Zeitels, MD, FACS
Eugene B. Casey Professor of Laryngeal Surgery
Harvard Medical School

Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
One Bowdoin Square, 11th Floor
Boston, MA 02114

Telephone: (617) 726-0210 Fax: (617) 726-0222
zeitels.steven@mgh.harvard.edu



**The Ear, Nose, Throat
 &
 Plastic Surgery Associates**

- General Otolaryngologist
- Laryngologist

The largest otolaryngology group in Central Florida, which offers a full array of subspecialty care including emphasis in general otolaryngology, neurotology and head and neck surgery, is seeking several partners. We offer the best of private practice with opportunities for academic pursuits. Integrity, quality and camaraderie are our core values.

We offer an excellent salary, benefits and a partnership track.

Orlando is a world destination offering a variety of large city amenities and is a short drive to both the East and West Coasts of sunny Florida.

For more information, visit us online at
www.entorlando.com

Interested candidates should send CV to or may contact:

Debbie Byron, Practice Administrator
 Phone: Cellular: 407-342-2033
 E-Mail: dbyron@entorlando.com



Comprehensive Otolaryngology

Come join a great team at one of the world's greatest healthcare institutions. Strong growth has led to opportunities for both newly trained and mid-career physicians to practice both Adult and Pediatric General / Comprehensive Otolaryngology-Head and Neck Surgery (ENT) in our Suburban Community and Main Campus settings.

The Head and Neck Institute at the Cleveland Clinic includes the Department of Otolaryngology Head and Neck Surgery, as well as Audiology, Speech and Language Pathology, and Dental Medicine. We have an extensive and growing network of practices throughout Northeast Ohio. We are crafting new practice models for comprehensive Otolaryngologists that allow them to practice at the top of their license within a world class institution and build your practice to what drives your passion. Multiple career tracks are available – with or without research expectations, with or without teaching obligations. We want our physicians to focus on what they love.

Our leadership values general Otolaryngology Head and Neck Surgery, and sees a robust surgical practice for those in this field as central to our strategic plans. Comprehensive professional benefits offered by Cleveland Clinic, the preeminent physician-led health care organization in the nation. We offer a collegial work environment, balanced work schedule, competitive salary enhanced by an attractive benefits package including generous CME, medical malpractice coverage and no restrictive covenant.

All team members have career opportunities within an institute, and institution, that values innovation in patient care. Advance your career interests through collaborative patient treatment with robust resources for professional development including leadership, education, and management tracks as well as a formal mentorship and coaching program, only the Cleveland Clinic can provide.

Interested applicants should apply by submitting a CV and letter of interest via link provided below
(all inquiries will be held in strict confidence)

<http://www.practicematch.com/physicians/job-details.cfm/512382>

Patrick Byrne, MD, MBA
Institute Chair, Head and Neck Institute
BYRNEP@ccf.org



From its natural treasures – such as Lake Erie and the Cuyahoga Valley National Park – to its many entertainment and cultural attractions, Cleveland is a hidden treasure. Cleveland is home to three professional sports teams, the nation's second largest performing arts center, the world-renowned Cleveland Orchestra and the Rock and Roll Hall of Fame. Cleveland is also a foodie town that ranks high on the global culinary map. A melting-pot culture with affordable homes and top-rated public and private schools and universities, Cleveland provides excellent resources to live and learn. Outstanding healthcare, technology and innovation companies provide the backbone to Cleveland's growing economy.

Cleveland Clinic is pleased to be an equal employment/affirmative action employer: Women/Minorities/Veterans/Individuals with Disabilities. Smoke/Drug Free Environment



CT ENT a two physician, one APRN practice is seeking a BE/BC Otolaryngologist to join our practice serving 3 locations in and around Waterbury, CT.

This is an opportunity to be part of an established, busy single specialty practice with 3 private, independent clinics, affiliated to 2 busy hospitals (with general surgical residents) and a physician owned multispecialty ASC. Our comprehensive services include Audiology, Hearing Aids Sales, Allergy, Home Sleep Services with 3 AuDs and 2 allergy nurses and excellent support staff. In office procedures, including BSP, ESS can be performed in the OR suite. The ASC has five surgical and procedure rooms with image guidance and nerve monitoring equipment.

We offer an excellent compensation package with partnership potential, generous 401K with employer match and profit sharing, health, dental, vision, disability, life, PTO (including conference leave), malpractice with tail coverage.

Waterbury is centrally located in CT within short driving distance to NYC and Boston. The area offers abundant recreation opportunities including golfing, hiking, skiing and the beaches of Long Island Sound. The surrounding towns offer outstanding schools, excellent restaurants and local theater.

For information about our practice please visit www.connecticutent.com

Interest and questions may be directed to Neil Schiff, MD neil.schiff@att.net or Mahesh Bhaya, MD maheshbhaya2000@gmail.com

Associates in Otolaryngology of Northern Virginia is seeking a Board Certified/ Board Eligible physician. Our offices are located in Alexandria and Springfield, VA. Services we offer our patients include: in office balloon sinuplasty, TNE, laryngeal stroboscopy, audiology services, allergy testing and treatment. We enjoy a great referral base and are looking for a motivated individual to join our team of physicians and PAs. Salary will be commensurate with qualifications and experience, partnership options are available.

CONTACT INFORMATION:

Michael Nathan, MD
703 980-5301
mnmd7171@gmail.com

Willamette ENT®

Ear • Nose • Throat

Willamette ENT, a six-physician, one-PA premier ENT practice, located in Salem, Oregon is seeking a dedicated General Otolaryngologist (subspecialty interests will be considered) and/or an Otologist Physician to join our practice serving the beautiful Willamette Valley in 2022.

This is an opportunity to be part of an established single-specialty clinic on a physician owned campus with a large clinic and ambulatory surgical center (ASC). The clinic provides comprehensive and collaborative full-service ENT including Allergy, CT services, home sleep studies and Audiology services with six AuDs and excellent support staff. Facial plastic procedures and complete office rhinology procedures can be performed in the clinic procedure room including BSP and ESS. Our onsite ASC has three surgical suites with image guidance and nerve monitoring equipment. We currently have two positions available as we expand to seven ENT physicians to meet the growing demand of the community.

We offer an excellent compensation package with partnership potential, generous 401k with employer match and profit sharing, health, dental, vision, disability, life, PTO, malpractice with tail coverage options.

Requirements:

- MD/DO degree, Board certification or board eligible
- Licensed in Oregon or eligible for Oregon Licensure
- Otolaryngology Interest/Fellowship Preferred

Located in the Pacific Northwest the Willamette Valley is in close proximity to Portland, the coast, the high desert, and the Cascade Range, and is home to more than 500 wineries. The area offers abundant outdoor recreation opportunities including beautiful lakes and rivers, endless hiking trails and beautiful golf courses. Salem offers outstanding schools, excellent restaurants, theater and symphony with a lower cost of living. For a glimpse of Salem go to <https://www.youtube.com/watch?v=GHTWUBLT-tQ>

For more information about our clinic please visit www.entsalem.com

Please contact or send CV to:

Kim Robbins, HR Director
Email: kimr@entsalem.com
Phone: 503-485-2574
Fax: 503-584-7991

Cleveland Clinic

Section Head, Head and Neck Surgery and Oncology

Cleveland Clinic, home to one of the most distinguished Head & Neck institutes in the country, is currently seeking applicants for the Section Head of Head and Neck Surgery and Oncology. Candidates should be Board Certified by the American Board of Surgery with fellowship training in Surgical Oncology, able to obtain an Ohio medical license and meet hospital credentialing requirements.

The Head and Neck Institute is a partnership with Taussig Cancer Center comprising a multidisciplinary physician team of head and neck surgeons, medical oncologists, radiation oncologists, radiologists and plastic surgeons who all work together to provide customized, coordinated care for patients.

The ideal candidate for the Section Head of Head and Neck Surgery and Oncology should be a recognized leader within Surgical Oncology as an outstanding clinician, educator and scholar, who supports research and education within a multi-specialty organization. The Section Head will have ultimate responsibility for the clinical, educational, research and fiscal oversight in order to achieve personal and institutional successes. The successful applicant will receive a faculty appointment at a rank commensurate with academic accomplishments at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, one of the nation's leading Universities.

Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education. Today, with nearly 1,400 beds on Cleveland Clinic Main Campus and 5,895 beds system-wide, Cleveland Clinic is one of the largest and most respected hospitals in the country. We offer a collegial work environment, balanced work schedule, competitive salary enhanced by an attractive benefits package including generous CME, medical malpractice coverage and no restrictive covenant.

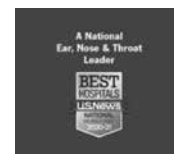
All team members have career opportunities within an institute, and institution, that values innovation in patient care. Advance your career interests through collaborative patient treatment with robust resources for professional development including leadership, education, and management tracks as well as a formal mentorship and coaching program, only the Cleveland Clinic can provide.

Interested applicants should apply by submitting a CV and letter of interest via link provided below

(all inquiries will be held in strict confidence)

<https://jobs.clevelandclinic.org/job/cleveland/section-head-head-and-neck-surgery-and-oncology/27575/4461814880>

Patrick Byrne, MD, MBA
Institute Chair, Head and Neck Institute
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From its natural treasures – such as Lake Erie and the Cuyahoga Valley National Park – to its many entertainment and cultural attractions, Cleveland is a hidden treasure. Cleveland is home to three professional sports teams, the nation's second largest performing arts center, the world-renowned Cleveland Orchestra and the Rock and Roll Hall of Fame. Cleveland is also a foodie town that ranks high on the global culinary map. A melting-pot culture with affordable homes and top-rated public and private schools and universities, Cleveland provides excellent resources to live and learn. Outstanding healthcare, technology and innovation companies provide the backbone to Cleveland's growing economy.

Cleveland Clinic is pleased to be an equal employment/affirmative action employer: Women/Minorities/Veterans/Individuals with Disabilities. Smoke/Drug Free Environment



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With more smart features to maximize staff productivity, Advantage SMART Practice® helps you deliver exceptional patient care while controlling cost.

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ENT's All-In-One EHR

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