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

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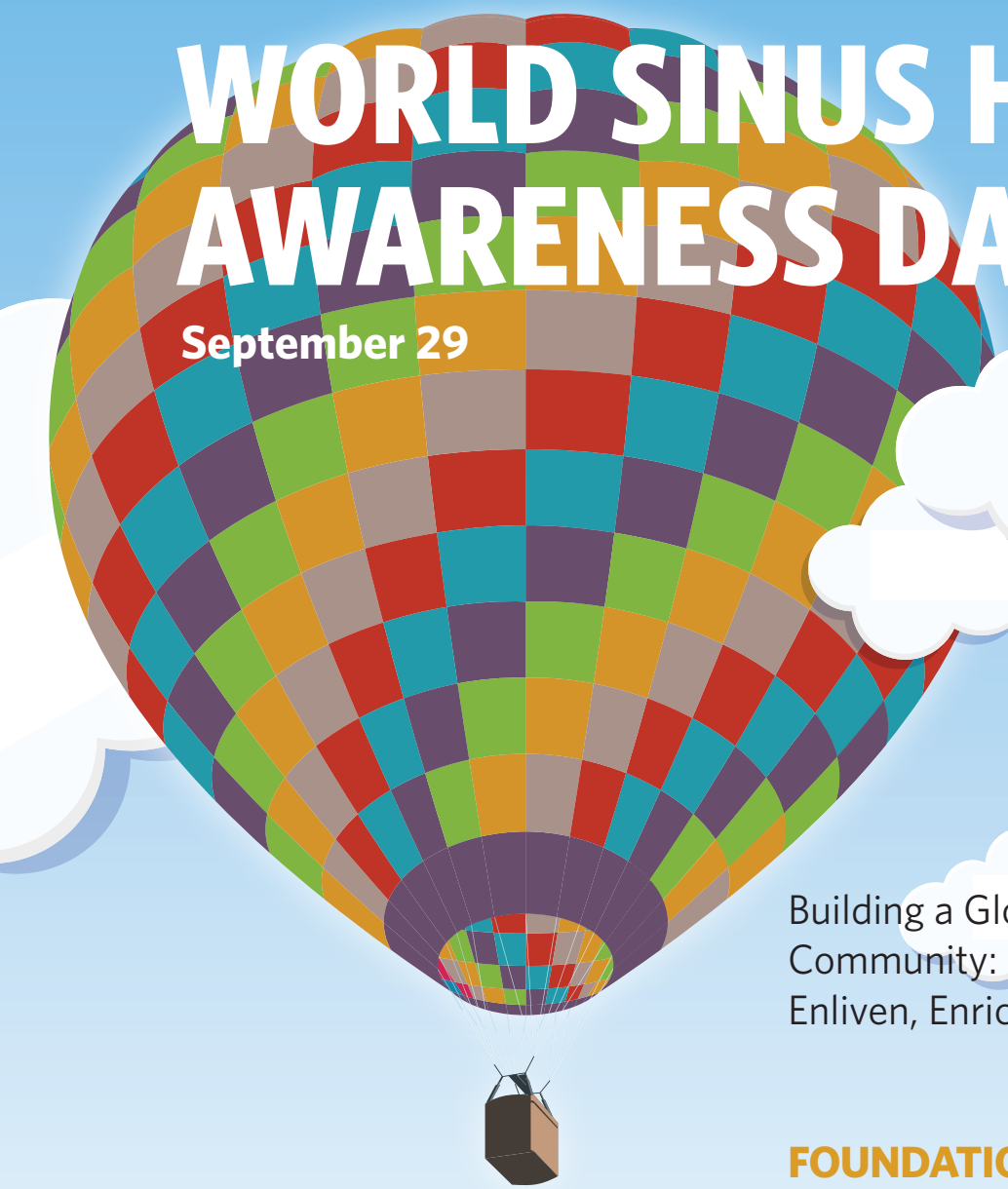

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IS IT TIME TO EXAMINE

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Reflections about a Presidential Year

"Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful."

– Margaret J. Wheatley

As can be surmised from this quote, and the one to the right by Confucius, I believe that reflection is really important. My first reflection is what an incredible honor and privilege it has been to serve as your President. We continue to experience remarkably tumultuous times. My term began at the conclusion of the Academy's first ever fully virtual meeting. During the year, we bore witness to incredible sorrow as we observed the pandemic take far too many lives. We also experienced joy and hope as we saw the development of remarkably safe and effective vaccines in record time. While the Delta variant is posing challenges once again in what has been a roller coaster year, we remain confident that we will hold an in-person Annual Meeting in Los Angeles, California, in early October. One of many significant lessons the pandemic has taught us is the value and importance of in-person human interaction.

My reflections then take me to where I consider what we have collectively accomplished this past year. We launched a **125 Strong Campaign** to shape our future together and created four key areas of investment in programs: Diversity, Equity, and Inclusion; Education; Leadership Development and Mentorship; and Wellness. Next we launched a robust strategic planning process that led to three new areas of focus: Business of Medicine, Inclusive Diversity and Equity, and Wellness and Resiliency. The goal statement for the Business of Medicine initiative is for the AAO-HNS to be the leading advocate for legislative, regulatory, and payer issues for otolaryngologist in the United States. An important step forward in our objective to promote bidirectional communication of members' needs is the formation of the Private Practice Study Group, as described in Dr. Denneny's column and on page 13 in this month's *Bulletin*. A heartfelt thanks for their leadership go out to President-elect Dr. Ken Yanagisawa and At-large Directors **Drs. Eugene Brown** and **Bill Blythe** for their dedication and leadership to make this new study group a reality.

With the recognition that meetings are vitally important yet likely to be different in a post-COVID world, we have launched a Future of Meetings Task Force, chaired by **Kathy L. Yaremchuk, MD**. My most sincere thanks go out to **Dr. Danny Chelius** for his remarkable efforts in serving as our Annual Meeting Program Coordinator during the true evolution of meeting formats. Dr. Chelius and the Annual Meeting Program Committee deserve our appreciation for developing a program for our Annual Meeting that is truly innovative and exceptional.

I am tremendously excited about the upcoming meeting and thrilled that we have a number of extraordinary keynote lectures. **Dr. J. Nwando (Onyejekwe) Olayiwola**, will deliver the John Conley, MD Lecture on Medical Ethics on an incredibly timely topic—Health Equity as the Bullseye of the Quadruple Aim: A Social and Moral Imperative. **Dr. Neha Sangwan**, CEO and founder of Intuitive Intelligence and author of *TalkRx: Five Steps to Honest Conversations that Create Connection, Health and Happiness*, will deliver her keynote on wellness for our community, specifically sharing knowledge and tools and providing inspiration for self-reflection, self-care, well-being, and resilience. These keynotes are well aligned with our Strategic Plan's new areas of focus.

I am so excited about the creation of the Hall of Distinction to recognize those pioneers who have left their mark on our Academy, our specialty, and each of us. Please join me in honoring our inaugural class of inductees on Tuesday, October 5, 2021, at 3:30 pm (PT), followed by a reception. I hope you can join me in a panel discussion with the inductees in attendance on the topic, "How Can the Past Inform the Future." My sincere appreciation goes out to the Awards Task Force, chaired by **Dr. Al Merati**, for selecting this inaugural class of 12 worthy individuals.

The work of the Academy never ends. Through the participation of countless committee volunteers and the chairs who guide them, the Academy continues to elevate its service to the global otolaryngology community for you, your practice, and your patients. I also want to personally thank **Dr. Jim Denneny** and all members of the Executive Committee and the Board of Directors for their dedication and service. It has truly been a remarkable year. Thank you all for your support, your resilience, and your dedication to each other and to the patients, families, and communities we serve. It has truly been one of the highlights of my career to serve as your President. ■

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

"By three methods we may learn wisdom: First, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest."

– Confucius

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Advocating for Effective Solutions and Fair Payment

The July release of the 2022 Medicare Physician Fee Schedule (MPFS) proposed rule by CMS continues the all-too-familiar recent trend of progressive devaluation of non-evaluation and management (E/M) services in the Medicare program. On the surface, Table 6 (Anticipated Clinical Labor Pricing Effect on Specialty Impacts) in the rule, which describes the predicted results of the proposed changes to clinical labor pricing to services paid under the fee schedule, seems relatively benign including its prediction of a -1% overall impact on otolaryngology. To say that this is a "misleading" representation of what physicians in all specialty areas can expect from the 2022 fee schedule and additional adjustments is a colossal understatement.

The actual story includes an overall -3.75% reduction to the fee schedule for 2022, resulting from the expiration on December 31 of the "one off" $3 billion included in the Consolidated Appropriations Act of 2021 to mitigate statutory budget neutrality cuts caused by increased reimbursements for E/M services. This results in a CY2022 conversion factor of $33.58, a decrease of $1.31 compared to the CY2021 PFS.

Unfortunately, it doesn't end there. Absent Congressional action, all Medicare providers are also facing an additional -4% sequestration cut, enacted in the first stimulus bill of the new administration as well as the scheduled -2% sequestration reduction already in place for the coming year. When added together, without legislative action, otolaryngology faces a projected -10.75% fee schedule update for 2022.

Also in the rule, CMS proposes an update to its Clinical Labor Pricing for the first time in 20 years. This results in a disproportionate increase in practice expense payments to non-procedural providers and those who do not utilize expensive equipment or disposable devices needed to perform in-office procedures. The practice expense component of Medicare reimbursement operates similarly to the physician work RVU pool. That is, the amount of money to reimburse practice expense is fixed by statutorily mandated budget neutrality adjustments. If one component goes up significantly, the other components are automatically devalued. This occurs by a "scaling" formula, even though the true price to a practice has not decreased at all. The most striking example of this rebasing for our specialty in 2022 is the 22-23% decrease in reimbursement for sinus and eustachian tube balloon kits in the office. Disturbingly, balloon sinus ostial dilations are scheduled to receive a 26% decrease in Medicare reimbursement when performed in ambulatory surgical centers.

Concurrently, determining values for new procedures and updates to existing procedures through the CPT/RUC system has become increasingly difficult and continues to predictably devalue procedures across all specialties. The Academy presented new codes that were approved by CPT and valued by the RUC for Medicare payment in 2021, one for Drug Induced Sleep Endoscopy and the others for the Hypoglossal Nerve Stimulator family. For 2022, CMS proposes to significantly devalue the RUC recommended values for the Hypoglossal Nerve Stimulator family. The agency also proposes to cut the RUC recommended value for closed treatment of nasal fractures to the point that the Work RVU for 21315 is approximately the value of a new level II office patient.

The Academy submitted a detailed comment letter to CMS addressing the issues listed above as well as other proposals affecting the organization and patient care in September. You can access this letter on our website at **www.entnet.org**.

As frustrating as dealing with the yearly CMS MPFS rulemaking process is, we recognize the only effective solution will come through legislation in Congress. We now have a conversion factor proposed that is less than the value in 1994. If we can afford to update Clinical Labor Pricing and continue to pay the ever-increasing pharmacy and hospital bills, the logical question to ask Congress is, when do physicians and other providers get their update? The entire house of medicine will need to be unified, and a much greater proportion of practitioners must be willing to participate in the advocacy process to achieve any real relief. The same group will need to also focus on private payer advocacy to prevent similar devaluation of their knowledge and skills as has consistently occurred under the Medicare program in the past 20 years.

In response to the Academy's Strategic Plan's focus on "Business of Medicine," we have hired additional staff and this month are taking the next step by forming the Private Practice Study Group, as approved by the Executive Committee at their August 10, 2021, meeting. This group will represent otolaryngologists in all settings of private practice and serve as a resource to our Advocacy staff in outreach to private payers as well as innovative practice management strategies. For further details, see page 13 in this month's *Bulletin*.

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

> To say that this is a 'misleading' representation of what physicians in all specialty areas can expect from the 2022 fee schedule and additional adjustments is a colossal understatement.

AAO-HNSF 2021 Annual Meeting & OTO Experience
COVID-19 Vaccine Policy

Statement by **Carol R. Bradford, MD, MS**, AAO-HNS/F President, and **James C. Denneny III, MD**, AAO-HNS/F Executive Vice President and CEO

August 12, 2021—The American Academy of Otolaryngology–Head and Neck Surgery and its Foundation (AAO-HNS/F) are implementing a policy that will require full COVID-19 vaccination of all participants of the 2021 Annual Meeting & OTO Experience in Los Angeles, California.

Safety is our first priority for the individuals and their families connected to the production of and participation in the Annual Meeting. Current thinking identifies fully vaccinated individuals wearing properly positioned masks as the most effective protection from all COVID-19 variants when in public indoor situations. Our mandatory vaccine policy, in addition to the current mask mandate in Los Angeles County will maximize the highest level of safety measures available for all who participate in-person for the Academy's 125th anniversary celebration.

A safely run in-person meeting following evidence-based precautions and protocols can deliver tremendous value well beyond the educational content. The ability to connect and interact personally with colleagues, presenters, peers, and friends and reestablish our community cannot be understated.

The Academy will maintain its existing commitment to continually monitor and evaluate the situation in the weeks leading up to the Annual Meeting. If there are subsequent changes that could compromise the safety of our attendees, staff, or the public, we are prepared to convert to a virtual Annual Meeting that presents the full program.

The status of the COVID-19 pandemic has been unpredictable throughout its lifespan and as such, the Academy's leadership determined at the start of the planning process that it would be prudent to include a virtual component to the 2021 Annual Meeting. With this planning in place, the Academy has the resources and tools immediately available should the transition to a fully virtual Annual Meeting be needed.

We recognize the concerns you have and competing priorities that you are balancing and weighing as COVID-19 continues to impact your practice, patients, and personal lives. In a long 125-year tradition, the Academy continues to seek ways to demonstrate timely and relevant support to members, and we hope this information is helpful to you in choosing how you will attend and participate in the 2021 Annual Meeting.

More information and details about the implementation of this policy will be forthcoming and available on the Annual Meeting website at **www.entannualmeeting.org.** ■

125 STRONG CAMPAIGN

Invest in the Future of Otolaryngology Education—Making Learning Fun, Challenging, and Rewarding

EDUCATION

Richard V. Smith, MD, Chair,
125 Strong Campaign, Education

How did we get here and what is the future?

Since its founding 125 years ago, the AAO-HNSF has been devoted to the education of its members. Education has been, and must continue to be, a pillar of the AAO-HNSF. Over the past decades, we have continually assessed and evolved our education offerings to provide the most meaningful education tools to our members. As we move into the future, I'm inspired to share a vision for embracing an innovative mindset in terms of how we continue to learn within the practice of otolaryngology-head and neck surgery.

For example:

- It's **GOOD** that we have a single-source repository for otolaryngology education through www.OTOSource.org, where we can use this standard, referenced study guide as a student, resident, program director, faculty, or practicing otolaryngologist.
- It's **BETTER** that we have nearly 1,400 activities in www.OTOLogic.org to access online activities to provide and test knowledge across the breadth of our specialty.
- It would be **BEST,** however, if there were a way to develop, support, and hone the cognitive, technical, and behavioral skill sets needed for otolaryngology through gamification and virtual-reality/augmented-reality (VR/AR) learning.

These "serious games" provide several benefits to the learner, including increasing learning satisfaction, engagement, and motivation. They can also be disseminated to a broad audience and allow for self-paced learning, repetition, and continual assessment. What's more, it provides rewards and can foster a spirit of competition to spur learners' concentration, which leads to more effective learning. This type of simulation-based learning is not new—think of flight simulators, surgical simulators, or multiplayer, role-playing games—but this is a new area for our Academy.

The patient is the beneficiary of our planning, training, facilitating, and practicing.

Rather than ask, "What is the value of learning at this next level?" perhaps the question should be, "What is the cost if we do not?"

This past year, Foundation education made its first foray into serious games with Complex Airway Management Simulation, created to enhance learning in the FLEX April section on Tracheostomy Management. The objective of this serious game was to challenge the physician's ability to identify the critical steps to obtain and secure a difficult airway in the setting of a large obstructing supraglottic mass that was bleeding. Learners were able to repeat the scenario as often as needed to test alternative management schemes and support surgical training as the learner prepares for a similar emergent scenario that may arise while on call or in the hospital setting.

Examples such as this new format are where we, **Jeffrey P. Simons, MD, MMM,** AAO-HNSF Coordinator for Education; the Education leadership (staff and physicians alike); and I, believe the specialty needs to direct its focus. This will require proper funding and support. While traditional formats still play an important role in gaining mastery, serious gaming and VR/AR platforms clearly take our learning to the next level by making it fun, challenging, and rewarding.

Be a part of this exciting new era in otolaryngology-head and neck surgery education. The **125 Strong Campaign** is awaiting your individual contribution. Your name will appear in the list of donors who are choosing a path toward advancing foundation education over the next two years.

As the Chair of this arm of the campaign and as former AAO-HNSF Coordinator for Education, I remain passionate and committed to seeing our Academy invest in the future, to continue to be innovative in our teaching and learning approaches, enabling us to be the best doctors and surgeons for our patients.

Please join me and contribute today at **https://givebutter.com/125strong!** ■

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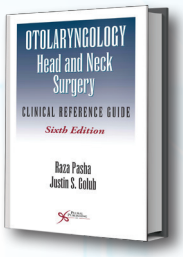
NEW RELEASES

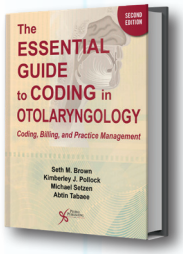


OTOLARYNGOLOGY-HEAD AND NECK SURGERY
Clinical Reference Guide, Sixth Edition

Raza Pasha, Justin S. Golub
769 pages, B&W, Softcover + Companion Website
ISBN13: 978-1-63550-337-1
List Price: $119.95
DISCOUNT PRICE: $95.96

Now with online quizzes for each chapter!

The now classic "Pocket Pasha" returns for its sixth edition! This universally standard guidebook concisely reviews all aspects of otolaryngology including rhinology, laryngology, otology, plastic surgery, sleep medicine, and more. All chapters focus on the key basic science and clinical information to quickly digest the essentials. This "high-yield" book retains a "by residents, for residents" feel while also including expert content useful not only for students and residents but also allied health professionals, primary care providers, and other health providers. The concise, outline format is useful for rapid reading during urgent clinical situations as well as a last-minute refresher before rounds. The guide has proven essential for board review and maintenance of certification exams.



THE ESSENTIAL GUIDE TO CODING IN OTOLARYNGOLOGY
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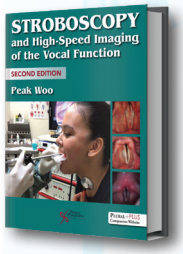

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This unique professional resource includes not only comprehensive coverage of the imaging process, but also the disease process that exists in benign lesions, cancer, and neuropathology. Comparisons of normal images with pathologies are included to enhance readers' diagnostic skills, and the use of stroboscopic images before and after therapy to determine results enhances their clinical skills. The book also covers the entire range of laryngeal imaging for diagnostics, including rigid endoscopy, videostroboscopy, fiberoptic laryngoscopy, and high-speed imaging.

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YPS YOUNG PHYSICIANS SECTION

YOUNG PHYSICIANS SECTION (YPS)

AAO-HNS YPS General Assembly 2021

Nausheen Jamal, MD

The Young Physicians Section (YPS) of the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is proud to conclude yet another action-packed year as we head into the Annual Meeting. As a section, we have striven throughout the year to highlight inclusive diversity and leadership—both within the YPS and beyond—and we are delighted to incorporate this theme into the planning for this year's General Assembly. In just one hour, we will honor our YPS Awardees, announce the Governing Council election results, and welcome a keynote speech from the inspiring **Maie St. John, MD, PhD**.

In addition to conducting the business of the YPS, the General Assembly provides us the opportunity to celebrate our 2021 awardees. To learn more about the 2021 YPS Model Mentor Award recipient, **John H. Krouse, MD, PhD, MBA**, and our 2021 YPS Impact Award recipient, **Yi-Chun Carol Liu, MD,** go to the YPS section of awards at https://www.entnet.org/aboutus.

Special Keynote Presentation

The YPS is delighted to announce that our keynote speaker this year will be Dr. St. John. Dr. St. John is Professor and Samuel and Della Pearlman Chair in the Department of Head and Neck Surgery at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She also holds the Thomas C. Calcaterra, MD Chair in Head and Neck Surgery and is co-director of the UCLA Head and Neck Cancer Novel Therapeutics Program. Her extramurally funded research portfolio includes multiple National Institutes of Health grants, bridging basic science with clinical research and service. Dr. St. John is an outstanding educator who has provided mentorship to numerous trainees, and she has been the recipient of multiple awards for teaching and research. Her talk is titled, "Leadership: Many Roads, Common Vision."

As the saying goes, it takes a village. The YPS would not have succeeded with its multiple projects and plans this year without extraordinary support. As Chair, I am particularly grateful to **David S. Cohen, MD**, our Immediate Past Chair, for his thoughtful guidance; **Daniel C. Chelius, Jr., MD**, former YPS Chair, for his deep insights, excellent advice, and humorous quips of support; **Manan Shah, MD**, YPS Secretary, for carrying more than his fair share of labor for the section this year; and my husband and children, who never complained about the after-hours time devoted to YPS projects. I am also indebted to Brian Lagana and Thomas Stefaniak, the former and the current (respectively) Senior Manager of Member Networks and Engagement at the AAO-HNS, both of whom have been lifelines for all of us in the YPS Governing Council.

Maie St. John, MD, PhD

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

There is always more in store… So I hope to see you in October in Los Angeles. ■

2021 YPS Leadership Podcast Series

AAO-HNS frequENTcy

In each of the five podcasts below, YPS Secretary, **Manan Shah, MD,** who practices with the Colorado Ear, Nose, and Throat Group in Lakewood, Colorado, discusses leadership lessons learned in the specialty by esteemed member colleagues. Below is the list of podcasts produced in 2021 with participating members.

Episode 1: Rodney J. Taylor, MD, MSPH, professor and chair, Department of Otorhinolaryngology–Head and Neck Surgery at the University of Maryland School of Medicine

Episode 2: Stacey T. Gray, MD, director of the Sinus Center at Mass. Eye and Ear, and Program Director, Harvard Otolaryngology Residence Program in Boston, Massachusetts

Episode 3: Duane J. Taylor, MD, AAO-HNS/F Past President, and medical director of LeVisage ENT & Facial Plastic Surgery in Bethesda, Maryland

Episode 4: Eugene G. Brown III, MD, partner at ENT & Allergy Partners in Charleston, South Carolina and a member of the AAO-HNS/F Boards of Directors

Episode 5: David M. Cognetti, MD, profession and chair, Department of Otolaryngology - Head and Neck Surgery at Thomas Jefferson University in Philadelphia, Pennsylvania

To access, click on YPS Podcasts at **https://www.entnet.org/get-involved/sections/young-physicians-section/** or go to the AAO-HNS podcast channel, frequENTcy, **https://entnet.libsyn.com/**. To view all of the Academy's podcasts, download frequENTcy, the official AAO-HNS/F Podcast App through the Apple App Store or Google Play Store. You can also listen on Apple Podcasts and Spotify.

YOU'RE INVITED TO ATTEND
An Expert-Led Medical Program

Decision Making In Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) Personalized Medicine in a New Era

Speakers:

Zachary M. Soler, MD

Jose Mattos, MD, MPH

Monday, October 4, 2021
12:00PM – 1:30PM PT
The Industry Sponsored Thought Leader Theater
LA Convention Center
AAO-HNSF 2021 Annual Meeting & OTO Experience

Program Description:

Join two expert otolaryngologists for a discussion about key areas of CRSwNP and patient care, including an overview of important epidemiology, pathophysiology, and impact on quality of life. The panel will then discuss approaches to personalized medicine that include shared decision-making and optimization of co-specialty management. Relevant patient cases from their own practices will also be included as the presenters share their research and clinical pearls on the following topics:

- when to engage the patient in shared decision-making
- approaches for engaging patients to elicit their respective outcome goals and values
- important considerations of risks of surgical or medical management of CRSwNP to help inform patients on treatment options
- strategies for engaging your colleagues across specialties in challenging CRSwNP cases

Experts will close with some input on the benefits and challenges of using patient-reported outcome (PRO) assessment tools for you and your patients to use when making evidence-based decisions for CRSwNP.

An Industry Sponsored Program. Sponsored by GSK.

This program is limited to Health Care Professionals (HCP) only. Some state laws prohibit manufacturers from providing meals or transfers of value to HCPs. GSK complies with all state and federal laws including transparent reporting and disclosure of payments and transfers of value to HCPs.This is a non-CME event and does not qualify for CME, CE, or MOC credit. This event is not part of the official conference sessions. The Industry Program content and views expressed therein do not necessarily reflect the views, policies or position of The American Academy of Otolaryngology–Head and Neck Surgery and its Foundation (AAO-HNS/F).

Society of University Otolaryngologists—Helping the Specialty Connect and Grow

Uttam K. Sinha, MD, MS, President, Society of University Otolaryngologists–Head and Neck Surgeons

The mission of the Society of University Otolaryngologists–Head and Neck Surgeons (SUO) is to provide for the exchange of ideas and relevant information germane to the practice of medicine in an academic setting. The leadership and members of the SUO are committed to promoting education through faculty development and furnishing multiple platforms for creating opportunities for learners, including medical students, residents, and faculty.

In light of the COVID-19 pandemic and the many inequities it exposed, the SUO has spent much of the last year working to ensure our membership has a space to feel welcome and to discuss these issues.

The SUO, Association of Academic Departments of Otolaryngology–Head and Neck Surgery (AADO), and Otolaryngology Program Directors Organization (OPDO) webinar series, which ran October 2020–March 2021, focused on a wide range of issues. Two sessions in early 2021 focused on racism and diversity, equity, and inclusion—Pathologizing Racism: Unlearning to Achieve Equity in Medicine, led by David Lindo, JD, and Authentic Resilience: Cultivating A Climate of Inclusion and Equity, led by Tanya O. Williams, EdD. These sessions also bolstered several statements we put out on discrimination in the Black, Indigenous, people of color, Asian Americans, and Pacific Islanders communities. All webinars were recorded and are currently available on the SUO website (https://suo-aado.org/mpage/WebinarSeries2020).

Prior the COVID-19 pandemic, the SUO coordinated with local otolaryngology departments to participate in many Student National Medical Association and Latino Medical Student Association meetings. We secured booths and let the medical students know about our specialty. The hands-on simulators we brought allowed the students to get a feel for the work we do.

We are now focusing on our upcoming SUO/AADO/OPDO Combined Meeting, currently scheduled to be held in person November 12–13 at the Hyatt Regency in Phoenix, Arizona. We are hoping to take with us many of the lessons learned over the past year, not only to ensure that we are a safe and welcoming group for our members and council but also to ensure that these lessons are passed on to all academic otolaryngologists. In doing so, this will help all programs across the country, where everyone can thrive regardless of background. Registration for the 2021 SUO/AADO/OPDO Combined Meeting opened in late August. Please visit the SUO website at https://suo-aado.org/ for more information. ■

HUMANITARIAN TRAVEL GRANT

Surgical Outreach Program for Cleft Lip and Palate Repair in Bolivia

In January 2020, **Celeste Z. Nagy, MD,** traveled to Santa Cruz de la Sierra, Bolivia, on a trip sponsored by Healing the Children Northeast (HTCNE). Steven M. Roser, MD, DMD, led the trip with a team from the United States, including surgeons, residents, pediatricians, anesthesiologists, nurses, dental specialists, nutritionists, and speech pathologists. This team would perform cleft lip and palate repair to the underserved population.

HTCNE has a longstanding partnership with a community volunteer organization called Rotary Club Sirari. The club recruited patients from all over Bolivia and assisted in providing them and their families with transportation to Santa Cruz de la Sierra. The children would be screened and undergo surgery. Dr. Nagy and the team screened more than 90 children on the first day and were able to perform 60 surgeries in five days—a new record!

"It is hard to describe the feeling of community, compassion, and hopefulness for these children that I experienced over that short week. Especially now, in times of the COVID-19 pandemic and isolation, the experience of working with and learning from multiple medical specialties, local volunteers, and medical professionals from Bolivia is an unforgettable one," Dr. Nagy said. "The surgical skills I learned from this program will springboard my future in humanitarian work as an otolaryngologist and facial plastic reconstructive surgeon so that I can further serve under-resourced populations with my surgical abilities, as well as provide sustainable education for physicians, nurses, and medical personnel of that area to transfer knowledge and skills." ■

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pearls from your peers: Post-COVID Smell Loss

INTERVIEWEE

Anne Getz, MD

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INTERVIEWER

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What is the incidence of post-COVID-19 smell loss among patients who have recovered from COVID?

Loss of smell is very common in COVID-19. Up to 50% of patients report loss of smell, with approximately 10% experiencing long-term loss or smell distortion.

Is there any truth to the idea that people with milder symptoms are more likely to have smell loss?

There does appear to be an inverse correlation between smell loss and severity of disease. One study showed that patients with loss of sense of smell actually had a fivefold decreased risk of death from COVID-19. It is hypothesized that a robust inflammatory reaction and cytokine response at the neuroimmune interface may be toxic to the olfactory system but may also indicate a strong immune response to the virus.

Are you seeing more anosmia or parosmia type symptoms post-COVID infection?

Most patients in my practice are presenting with parosmia. When your coffee and chocolate smell like gasoline or garbage, it is incredibly disturbing. The negative impacts on quality of life and psychological well-being to some individuals should not be diminished.

What is your diagnostic workup for post-COVID smell loss?

The diagnostic workup primarily consists of a thorough history. I do not routinely obtain imaging if the patient has a clear history of smell loss associated with COVID-19 infection and absence of any other concerning symptoms or exam findings. I do routinely perform nasal endoscopy to visualize the olfactory cleft and assess the overall appearance and health of the mucosa. I offer the UPSIT if patients are interested in quantifying their degree of dysfunction and tracking change over time but do not routinely administer it.

What treatment options do you typically recommend for post-COVID smell loss?

Smell training has been shown to be helpful for many patients and is something I routinely recommend. Organizations such as AbScent and Fifth Sense have patient-friendly, online resources related to smell loss and smell training. Evidence supporting other therapies, such as topical and oral steroids, omega-3, intranasal theophylline, and vitamin A, for isolated smell loss is weak. These can be discussed as options for a patient on a case-by-case basis.

If smell is going to recover, what is the typical time frame for this to happen?

Many patients will regain function within several weeks, but the regenerative process can be much slower, in some cases taking up to two years. The knowledge that parosmia can be a common experience is reassuring to patients.

Do you counsel these patients on anything else specific regarding their smell loss?

Safety counseling is critical—making certain there are functioning smoke/carbon monoxide detectors in the home and urging attention to food expiration dates.

One of the most important things we can do is to validate the negative impact of decreased or altered sense of smell. Often times patients will state that they feel unjustified complaining about their sense of smell when they have otherwise emerged unscathed from COVID-19. I feel it is therapeutic to give license to the patient to be upset by their loss of normal function. Many post-COVID-19 smell loss support groups exist, and it can be helpful to urge a patient to seek these out. ■

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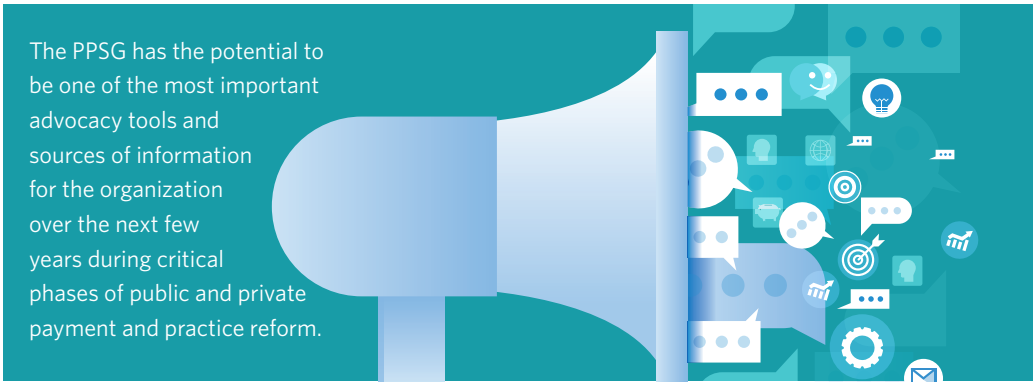
NEW! Private Practice Study Group: Giving Private Practitioners a Strong Voice and Community

James C. Denneny III, MD, AAO-HNS/F
Executive Vice President and CEO
Ken Yanagisawa, MD, AAO-HNS/F
President-elect

The PPSG has the potential to be one of the most important advocacy tools and sources of information for the organization over the next few years during critical phases of public and private payment and practice reform.



In response to the ongoing, persistent challenges to maintaining a well-run medical practice that are increasing and expanding every year, AAO-HNS leadership included a new focus on the "Business of Medicine" in the Academy's updated 2021 Strategic Plan. We have recently added a new director-level position in the Advocacy Business Unit to help with the myriad of private payer policy issues faced by our members in academic medicine and particularly in private practice. We have also steadily been expanding our collaborative efforts with the Administrator Support Community for ENT (ASCENT) in recent years and included ASCENT's president as an invited guest to our Board of Directors (BOD) meetings.

While these steps have been helpful and the Academy has, more often than not, had success in addressing private payer challenges, the demands and expectations placed on our providers continue to grow in prevalence and complexity. The two recently proposed CMS regulations for calendar year 2022 most heavily impacting practicing otolaryngologist-head and neck surgeons—the Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System proposed rules—continue the agency's trend of devaluing surgical services in a way that has failed to keep pace with actual practice expenses.

The entire Medicare Physician Fee Schedule continues to be subject to the federal budget sequestration merry-go-round, which is progressing with no end in sight as Congress increases domestic spending in other areas outside of the practice of medicine. Both before and during the COVID-19 pandemic, private practitioners have become increasingly frustrated with practice circumstances and their difficulty in participating at the Academy level to work to improve both their practices and ability to enhance patient care. Private practice still accounts for nearly 60% of our entire Academy membership. Numerous conversations during travels to regions across the country, comments and electronic communications from the private practice BOD At-large Directors, and feedback from many independent private practice physicians have confirmed these concerns and highlighted the urgent need to recognize and address these vital member needs.

The BOD Executive Committee has approved the formation of a Private Practice Study Group (PPSG) that should ultimately result in the formation of the Academy's fourth section, the Section of Private Practitioners, following successful completion of the necessary requirements over the next two years. The enthusiasm and energy surrounding this Study Group have been overwhelming. The leadership of President-elect **Ken Yanagisawa, MD,** and At-large Directors **Eugene Brown, MD,** and **Bill Blythe, MD**, have been critical to the formation of this group. The PPSG has the potential to be one of the most important advocacy tools and sources of information for the organization over the next few years during critical phases of public and private payment and practice reform.

The PPSG, which will have its own ENT Connect community, will work in collaboration with the Academy's 3P Workgroup and Advocacy team to gather payer policy information and concerns necessary for successful advocacy, report on innovative practice strategies and solutions, and advise the BOD on its constituents' needs. Equally as important, it will give a large number of private practitioners a strong voice and a community through which they can take an active role in advocacy efforts. Concurrently, the PPSG will provide a pipeline to recruit new Academy leaders from the private practice community who will develop expertise in the socioeconomic and health policy arenas. The PPSG will also provide valuable information and mentorship to our trainees and young physicians about the merits and joys of a career in private practice. In addition to sharing experiences and successes, the community will increase the visibility and value of private practice medicine with the goal of working to preserve and promote this practice model for future otolaryngologists. ■

Building a Global Community: Enliven, Enrich, Engage

J. Pablo Stolovitzky, MD, Coordinator for International Affairs (2017-2021)

For the past four years, it has been my distinct honor and privilege to serve as the Coordinator for International Affairs. I am honored to have been tasked by the AAO-HNSF Board of Directors with carrying on the great work of those global pillars before me—**Eugene N. Myers, MD, FRCS Edin (Hon), K.J. Lee, MD, Gregory W. Randolph, MD,** and **James E. Saunders, MD**—to have the opportunity to build and expand on that sturdy foundation and to continue to receive their advice and encouragement during my tenure in this important position.

One of the most gratifying roles of my job has been working with the AAO-HNSF regional advisors, International Steering Committee members, and the Global Affairs staff members Rebecca Dobbins, Elise Swinehart, and Francesca Johnson, who worked tirelessly to advance the global program. This is a selfless and dedicated group of individuals who are committed to advancing our profession globally through knowledge sharing and building relationships with our partnering organizations around the world.

Because of the work of my predecessors and with the support of my colleagues and staff, we have made tremendous strides.

- **International Membership:** The Academy saw an 8.9% increase in global membership.
- **Volunteer Faculty Database:** The Academy created this key resource, which includes more than 100 speakers who have volunteered to teach around the world.
- **Joint Meetings:** Academy members and leadership as well as volunteer faculty presented at more than 30 global AAO-HNSF Joint Meetings in the past four years.
- **Global Partnerships:** The AAO-HNSF now collaborates with 75 International Corresponding Societies to unite nations and regions. This AAO-HNSF-led effort works to enhance the education and experiences of otolaryngologists worldwide through virtual Global Grand Rounds and Regional Roundtables, in partnership with the International Advisory Board, which serves as the voice of the global otolaryngology community.
- **International Symposium:** The International Symposium was added to the AAO-HNSF Annual Meeting & OTO Experience scientific program in 2017 featuring worldwide thought leaders bringing and sharing their expertise. Since its inception, the symposium is inclusive of more than 50 interactive, in-depth, state-of-the-art presentations.
- **International Visiting Scholarships (IVS):** Increased funding for these scholarships provided more opportunities for junior academics from low resource countries to attend the Annual Meeting and participate in observerships at U.S. otolaryngology programs and institutions. We adapted the program during the pandemic to allow scholars to virtually attend academic activities around the world. Creation of the database of U.S. academic institutions offering international observerships has helped to facilitate matching visiting scholars with mentors and sponsoring organizations.
- **Global Leadership Recognition:** Emerging leaders in the specialty are now celebrated at the International Young Physicians Forum and at the International Women's Caucus, conducted at the AAO-HNSF Annual

Top: Presentation of International Travel Grant Scholarship Award

Bottom: AAO-HNSF Coordinators for International Affairs, a rich legacy of leadership

Meeting, as a way of welcoming our visitors and establishing friendships.

All of these global activities are far more than the sum of their parts. Through in-person and virtual Joint Meetings, we have strengthened the bonds between the U.S. and our colleagues around the world. The implications are far-reaching. Working and weaving together the world of otolaryngology, we are building a stronger and more vibrant global community and strengthening and advancing our profession. We are touching and improving the quality of lives, not just in this country, but in every corner of the world.

It has been heartwarming to talk to young physicians who are starting their careers in low resource countries; they are hungry for knowledge, need mentors, and want to be connected to those who are leading the specialty globally. They are committed to the well-being of their patients and providing for their patients despite a lack of resources, and in some cases they do so without adequate compensation. For them, the Academy, and the work we do is a beacon of hope and an inspiration to them. We will continue engaging and empowering international young physicians through our IVS program and the International Young Physicians virtual forums.

Building a global community takes strong leadership and an enduring commitment to growing and strengthening our specialty. As I reflect on the last four years, it has been a period of significant growth where challenges were met head on with a renewed sense of global, shared purpose. Our experiences as physicians, healthcare practitioners, family members, and community members during the COVID-19 pandemic helped us to see the importance of interpersonal connections and the understanding that it takes ALL of us to build a dynamic global community, and one that is undaunted by the myriad challenges posed by lockdowns, quarantines, and travel restrictions. It is a credit to the members of this Academy that despite those challenges we stepped up and dramatically increased our outreach and programming around the world. Certainly, we have experienced firsthand the value of new communications technologies and have benefited from working across borders to better serve our patients during the COVID-19 global pandemic. The AAO-HNSF is committed to continue with its global leadership mission and will strive to build even stronger bonds.

I am excited to be passing the torch to my friend **Mark E. Zafereo, Jr, MD**. He is an outstanding leader and an accomplished academician. We share the same vision for the global program, and I am certain that he will accomplish even more during his tenure as International Coordinator and will continue to enliven, enrich, and engage the members. I will be supporting him from the sidelines, as I know all of you will be.

I want to thank the Board of Directors for entrusting me with this position, my colleagues on the international committees for supporting me, and all those around the world who extended their hands in friendship to the Academy and me. I wish all of you the very best. Onward and forward! ■

WORLD SINUS HEALTH AWARENESS DAY

SEPTEMBER 29

What Is World Sinus Health Awareness Day? This public education campaign 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. Materials will include posters, patient information (digital and print), social media campaigns, webinars, media outreach, and more.

Who Is Sponsoring World Sinus Health Awareness Day? The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) is sponsoring the inaugural "World Sinus Health Awareness Day" in collaboration with founding corporate partner Intersect ENT, Inc.

When Is World Sinus Health Awareness Day? In 2021, the day will be recognized on September 29. Please note this observance will take place in September annually with the dates adjusted as needed.

Why Was World Sinus Health Awareness Day Created? One of the major goals of the World Sinus Health Awareness Day inaugural education campaign will be to delineate chronic rhinosinusitis (CRS) and rhinitis from COVID-19-related symptoms by differentiating the symptoms of each based on data-driven information in patient friendly terminology. It also will be important to differentiate evidence-informed treatment for CRS and chronic rhinitis from that of COVID-19-related difficulties and to help patients understand the reasonable expectations for relief of their symptoms.

Where Can I Get More Information? Information for medical professionals who want to participate can be found at www.entnet.org/WSHAD. Information for patients can be found at www.ENThealth.org.

About the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)

AAO-HNS, with approximately 13,000 members, is one of the world's largest organizations representing specialists who treat the ears, nose, throat, and related structures of the head and neck. Otolaryngologist–head and neck surgeons diagnose and treat medical disorders that are among the most common affecting patients of all ages in the United States and around the world.

About ENThealth.org

ENThealth.org, developed by AAO-HNS, offers a roadmap for consumers seeking health-related information about the ear, nose, throat, and head and neck.

About Intersect ENT

Intersect ENT is focused on providing innovative technologies to help address the unmet need of people suffering from chronic rhinosinusitis. It is Intersect ENT's commitment to support the 29 million adults in the US, 59 million adults globally and their ENT physicians to have access to meaningful, clinically proven solutions for chronic rhinosinusitis and its debilitating symptoms.

About MySinusitis.com

MySinusitis.com is a trusted educational resource for people struggling with various sinus issues, including chronic rhinosinusitis, nasal polyps and other persistent sinus diseases. The goal of the website is to not only raise awareness of sinus health, but to also provide information and access to different treatment options.

World Sinus Health Awareness Day Tool Kit Available Materials and Resources:

- Downloadable Poster
- Patient-focused Webinar
- Patient Information and Hand-outs including nasal- and sinus-related symptoms, treatments, and conditions
- Podcast for Doctors
- Podcast for Patients
- Sharable Animation Video
- Social Media Resources
- Including graphics and sample tweets/posts
- And MORE!

ENThealth.org
POWERED BY AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

MySinusitis™ from IntersectENT®

FOUNDATION EDUCATION:

Digital Learning Soars to New Levels

Jeffrey P. Simons, MD, MMM
AAO-HNSF Coordinator for Education

At the time of my last September *Bulletin* update, Foundation education had just launched the first section of FLEX—our new flagship education product developed to replace the Home Study Course that was retired after more than three decades. With much anticipation and excitement, there remained the question… would members want to venture down this new pathway of digital learning? After all, the conception for FLEX was a year before the pandemic.

Although we were in uncharted territory, I took great heart knowing I wasn't alone. While the pandemic continued to present many unforeseen challenges, I was surrounded by the best and brightest education leaders, volunteers, and staff who wanted the see this education program succeed. Parallel to the launch of FLEX, the Annual Meeting was being converted to a virtual meeting, and for the first time in the Academy's history, the new doorway for the meeting was now "in the cloud," so to speak.

What took place next was something no one could have predicted. With the strategic vision of **James C. Denneny III, MD**, AAO-HNS/F EVP/CEO, members who subscribed to FLEX would receive a complimentary registration to the Virtual Annual Meeting. Enrollment in FLEX **soared to nearly 3,500 learners this inaugural year**, including 1,000 resident users. Learners quickly adapted to the range of creative and contemporary learning modalities. Our digital learning analytics also provided feedback on how learners were engaging so we could make some adjustments to enhance the experience.

As we know, our brains have an element of plasticity that help us to learn and grow. A change in learning style isn't always easy, especially for adult learners. As we age, our neuroplasticity decreases causing us to become more fixed in our beliefs and knowledge. That can have a direct impact for learners who are trying to take on new concepts, forge new pathways, and more.

It was always in the forefront of our minds that launching FLEX, switching to a Virtual Annual Meeting, all while juggling the demands of daily life and our clinical practices during a pandemic would be challenging. We also acknowledge there were individuals who were going to sorely miss the Home Study Course arriving on their doorstep every quarter.

That said, we put forth our very best and pushed forward with optimism. The feedback from learners was overwhelmingly positive and digital learning at the Academy surged to record levels.

My sincere hope is that the tools and resources made available this past year by Foundation education were useful in your professional development and clinical practice. We thank you for your support.

And for those perhaps still adjusting to the new format, or still deciding to subscribe, we hope that you will join us.

Ryan J. Krogmann, DO, PGY-5, Summa Western Reserve Hospital

After watching the xLive webinar on Contemporary Approaches to Functional Rhinoplasty, I have a better understanding on how to evaluate the nose, break it into thirds, and then address the problem areas with specific grafts. I did not know about the extracorporeal septoplasty and found this concept to be very educational.
https://tinyurl.com/functionalrhinoplasty

Heidi L'Esperance, MD
Essentia Health

Good review of pediatric trach – have not seen/done this since residency, however I practice in a remote area and thus may need to do this. The FLEX program overall is very relevant, and I use this information in my day-to-day practice. I like the variety of activities – from podcasts and other audio bits I can listen to on my drive to my outreach clinic, to articles and other activities to enhance my learning.
https://tinyurl.com/awakelocaltrach

FLEX
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September

Oropharyngeal Dysphagia
October

Oral Cavity Cancer
November

Acoustic Neuroma: Diagnosis, Treatment and QoL/Rehab
January

Congenital Hearing Loss
February

Business of Medicine: Marketing, Human Resources, Operations, Technology, and Finance
March

Adult Sleep Apnea
April

Fillers
May

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For more information, please visit **www.entnet.org/flex**.

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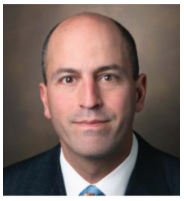
Beyond the success of FLEX, I would like to highlight some of our most impactful accomplishments this year and to emphasize how the Education Steering Committee, members of the nine Education Committees, and Foundation staff, led by Tirza Lofgreen, CHES, Director, Professional Education & Digital Learning, have worked on your behalf to advance otolaryngology education.

- Offered 1,672 activities in OTO Logic and welcomed 2,527 new learners
- Launched the first eight sections of FLEX, offering 10 different creative and contemporary modalities
- Developed 15 new online digital courses
- Introduced our first ever serious game on *Complex Airway Management Simulation* to support surgical training and prepare for similar emergent scenarios
- Released 400+ new case-based questions with rationales in OTO Quest – Knowledge Assessment Tool
- Continued collaborative initiatives with ABOHNS to support CERTLink™
- Unveiled several new Otolaryngology Patient Scenarios (OPS) in OTO Logic—formerly the ABOHNS Self-Assessment Modules (SAMS). There are now more than 35 OPS modules available
- Provided clinical and practice management articles in each edition of the *Bulletin* ("From the Education Committees") and added a new monthly column on "Pearls from Your Peers"
- Achieved reaccreditation from the Accreditation Council for Continuing Medical Education (ACCME) demonstrating Foundation education meets the requirements for delivering independent CME that accelerates learning, change, and improvement in healthcare

I would like to especially acknowledge and extend my gratitude to the following Education Steering Committee leaders for their dedication and service during their term as Chair of their respective committees.



Marc L. Bennett, MD
Otology & Neurotology Education Committee

Stacey T. Gray, MD
Rhinology & Allergy Education Committee

David M. Cognetti, MD
Head & Neck Surgery Education Committee

Scott B. Roofe, MD
Facial Plastic & Reconstructive Surgery Education Committee

DUPIXENT® (dupilumab) injection, for subcutaneous use **Rx only**

Brief Summary of Prescribing Information

1 INDICATIONS AND USAGE

1.3 Chronic Rhinosinusitis with Nasal Polyposis

DUPIXENT is indicated as an add-on maintenance treatment in adult patients with inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP).

4 CONTRAINDICATIONS

DUPIXENT is contraindicated in patients who have known hypersensitivity to dupilumab or any of its excipients *[see Warnings and Precautions (5.1)]*.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity

Hypersensitivity reactions, including generalized urticaria, rash, erythema nodosum and serum sickness or serum sickness-like reactions, were reported in less than 1% of subjects who received DUPIXENT in clinical trials. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT *[see Adverse Reactions (6.1, 6.2)]*.

5.2 Conjunctivitis and Keratitis

In subjects with CRSwNP, the frequency of conjunctivitis was 2% in the DUPIXENT group compared to 1% in the placebo group in the 24-week safety pool; these subjects recovered. There were no cases of keratitis reported in the CRSwNP development program *[see Adverse Reactions (6.1)]*.

Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

5.3 Eosinophilic Conditions

Patients being treated for asthma may present with serious systemic eosinophilia sometimes presenting with clinical features of eosinophilic pneumonia or vasculitis consistent with eosinophilic granulomatosis with polyangiitis, conditions which are often treated with systemic corticosteroid therapy. These events may be associated with the reduction of oral corticosteroid therapy. Physicians should be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients with eosinophilia. Cases of eosinophilic pneumonia were reported in adult patients who participated in the asthma development program and cases of vasculitis consistent with eosinophilic granulomatosis with polyangiitis have been reported with DUPIXENT in adult patients who participated in the asthma development program as well as in adult patients with co-morbid asthma in the CRSwNP development program. A causal association between DUPIXENT and these conditions has not been established.

5.5 Reduction of Corticosteroid Dosage

Do not discontinue systemic, topical, or inhaled corticosteroids abruptly upon initiation of therapy with DUPIXENT. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

5.6 Patients with Comorbid Asthma

Advise patients with CRSwNP who have co-morbid asthma not to adjust or stop their asthma treatments without consultation with their physicians.

5.7 Parasitic (Helminth) Infections

Patients with known helminth infections were excluded from participation in clinical studies. It is unknown if DUPIXENT will influence the immune response against helminth infections.

Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to antihelminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail elsewhere in the labeling:

- Hypersensitivity *[see Warnings and Precautions (5.1)]*
- Conjunctivitis and Keratitis *[see Warnings and Precautions (5.2)]*

6.1 Clinical Trials Experience

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

Chronic Rhinosinusitis with Nasal Polyposis

A total of 722 adult subjects with chronic rhinosinusitis with nasal polyposis (CRSwNP) were evaluated in 2 randomized, placebo-controlled, multicenter trials of 24 to 52 weeks duration (CSNP Trials 1 and 2). The safety pool consisted of data from the first 24 weeks of treatment from both studies.

In the safety pool, the proportion of subjects who discontinued treatment due to adverse events was 5% of the placebo group and 2% of the DUPIXENT 300 mg Q2W group.

Table 4 summarizes the adverse reactions that occurred at a rate of at least 1% in subjects treated with DUPIXENT and at a higher rate than in their respective comparator group in CSNP Trials 1 and 2.

Table 4: Adverse Reactions Occurring in ≥1% of the DUPIXENT Group in CRSwNP Trials 1 and 2 and Greater than Placebo (24 Week Safety Pool)

Adverse Reaction	CSNP Trial 1 and Trial 2	
	DUPIXENT 300 mg Q2W N=440 n (%)	Placebo N=282 n (%)
Injection site reactions[a]	28 (6%)	12 (4%)
Conjunctivitis[b]	7 (2%)	2 (1%)
Arthralgia	14 (3%)	5 (2%)
Gastritis	7 (2%)	2 (1%)
Insomnia	6 (1%)	0 (<1%)
Eosinophilia	5 (1%)	1 (<1%)
Toothache	5 (1%)	1 (<1%)

[a] Injection site reactions cluster includes injection site reaction, pain, bruising and swelling.

[b] Conjunctivitis cluster includes conjunctivitis, allergic conjunctivitis, bacterial conjunctivitis, viral conjunctivitis, giant papillary conjunctivitis, eye irritation, and eye inflammation.

The safety profile of DUPIXENT through Week 52 was generally consistent with the safety profile observed at Week 24.

Specific Adverse Reactions

Conjunctivitis

In the 52-week CRSwNP study (CSNP Trial 2), the frequency of conjunctivitis was 3% in the DUPIXENT subjects and 1% in the placebo subjects; all of these subjects recovered *[see Warnings and Precautions (5.2)]*.

Eczema Herpeticum and Herpes Zoster

Among CRSwNP subjects there were no reported cases of herpes zoster or eczema herpeticum.

Hypersensitivity Reactions

Hypersensitivity reactions were reported in <1% of DUPIXENT-treated subjects. These included serum sickness reaction, serum sickness-like reaction, generalized urticaria, rash, erythema nodosum, and anaphylaxis *[see Contraindications (4), Warnings and Precautions (5.1), and Adverse Reactions (6.2)]*.

Eosinophils

DUPIXENT-treated subjects had a greater initial increase from baseline in blood eosinophil count compared to subjects treated with placebo. In subjects with CRSwNP, the mean and median increases in blood eosinophils from baseline to Week 16 were 150 and 50 cells/mcL, respectively.

Across all indications, the incidence of treatment-emergent eosinophilia (≥500 cells/mcL) was similar in DUPIXENT and placebo groups. Treatment-emergent eosinophilia (≥5,000 cells/mcL) was reported in <2% of DUPIXENT-treated patients and <0.5% in placebo-treated patients. Blood eosinophil counts declined to near baseline levels during study treatment *[see Warnings and Precautions (5.3)]*.

Cardiovascular (CV)

In the 24-week placebo controlled trial in subjects with CRSwNP (CSNP Trial 1), CV thromboembolic events (CV deaths, non-fatal myocardial infarctions, and non-fatal strokes) were reported in 1 (0.7%) of the DUPIXENT group and 0 (0.0%) of the placebo group. In the 1-year placebo controlled trial in subjects with CRSwNP (CSNP Trial 2), there were no cases of CV thromboembolic events (CV deaths, non-fatal myocardial infarctions, and non-fatal strokes) reported in any treatment arm.

6.2 Immunogenicity

As with all therapeutic proteins, there is a potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors, including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to dupilumab in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

Approximately 5% of subjects with atopic dermatitis, asthma, or CRSwNP who received DUPIXENT 300 mg Q2W for 52 weeks developed antibodies to dupilumab; ~2% exhibited persistent ADA responses, and ~2% had neutralizing antibodies.

Regardless of age or population, ~ 2% to 4% of subjects in placebo groups were positive for antibodies to DUPIXENT; ~ 2% exhibited persistent ADA responses, and ~ 1% had neutralizing antibodies.

The antibody titers detected in both DUPIXENT and placebo subjects were mostly low. In subjects who received DUPIXENT, development of high titer antibodies to dupilumab was associated with lower serum dupilumab concentrations *[see Clinical Pharmacology (12.3) in the full Prescribing Information]*.

Two adult subjects who experienced high titer antibody responses developed serum sickness or serum sickness-like reactions during DUPIXENT therapy *[see Warnings and Precautions (5.1)]*.

6.3 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of DUPIXENT. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Skin and subcutaneous tissue disorders: Facial Rash

7 DRUG INTERACTIONS

7.1 Live Vaccines

Avoid use of live vaccines in patients treated with DUPIXENT.

7.2 Non-Live Vaccines

Immune responses to vaccination were assessed in a study in which subjects with atopic dermatitis were treated once weekly for 16 weeks with 300 mg of dupilumab (twice the recommended dosing frequency). After 12 weeks of DUPIXENT administration, subjects were vaccinated with a Tdap vaccine (Adacel®) and a meningococcal polysaccharide vaccine (Menomune®). Antibody responses to tetanus toxoid and serogroup C meningococcal polysaccharide were assessed 4 weeks later. Antibody responses to both tetanus vaccine and meningococcal polysaccharide vaccine were similar in dupilumab-treated and placebo-treated subjects. Immune responses to the other active components of the Adacel and Menomune vaccines were not assessed.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy.

Please contact 1-877-311-8972 or go to https://mothertobaby.org/ongoing-study/dupixent/ to enroll in or to obtain information about the registry.

Risk Summary

Available data from case reports and case series with DUPIXENT use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, DUPIXENT may be transmitted from the mother to the developing fetus. In an enhanced pre- and post-natal developmental study, no adverse developmental effects were observed in offspring born to pregnant monkeys after subcutaneous administration of a homologous antibody against interleukin-4-receptor alpha (IL-4Rα) during organogenesis through parturition at doses up to 10-times the maximum recommended human dose (MRHD) *(see Data).* The estimated background risk of major birth defects and miscarriage for the indicated populations are unknown. All pregnancies have a background risk of birth defect, loss or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In an enhanced pre- and post-natal development toxicity study, pregnant cynomolgus monkeys were administered weekly subcutaneous doses of homologous antibody against IL-4Rα up to 10-times the MRHD (on a mg/kg basis of 100 mg/kg/week) from the beginning of organogenesis to parturition. No treatment-related adverse effects on embryofetal toxicity or malformations, or on morphological, functional, or immunological development were observed in the infants from birth through 6 months of age.

8.2 Lactation

Risk Summary

There are no data on the presence of dupilumab in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The effects of local gastrointestinal and limited systemic exposure to dupilumab on the breastfed infant are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DUPIXENT and any potential adverse effects on the breastfed child from DUPIXENT or from the underlying maternal condition.

8.4 Pediatric Use

CRSwNP

CRSwNP does not normally occur in children. Safety and efficacy in pediatric patients (<18 years of age) with CRSwNP have not been established.

8.5 Geriatric Use

Of the 440 subjects with CRSwNP exposed to DUPIXENT, a total of 79 subjects were 65 years or older. Efficacy and safety in this age group were similar to the overall study population.

10 OVERDOSE

There is no specific treatment for DUPIXENT overdose. In the event of overdosage, monitor the patient for any signs or symptoms of adverse reactions and institute appropriate symptomatic treatment immediately.

17 PATIENT COUNSELING INFORMATION

Advise the patients and/or caregivers to read the FDA-approved patient labeling (Patient Information and Instructions for Use).

Pregnancy Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. Encourage participation in the registry *[see Use in Specific Populations (8.1)].*

Administration Instructions

Provide proper training to patients and/or caregivers on proper subcutaneous injection technique, including aseptic technique, and the preparation and administration of DUPIXENT prior to use. Advise patients to follow sharps disposal recommendations *[see Instructions for Use].*

Hypersensitivity

Advise patients to discontinue DUPIXENT and to seek immediate medical attention if they experience any symptoms of systemic hypersensitivity reactions *[see Warnings and Precautions (5.1)].*

Conjunctivitis and Keratitis

Advise patients to consult their healthcare provider if new onset or worsening eye symptoms develop *[see Warnings and Precautions (5.2)].*

Eosinophilic Conditions

Advise patients to notify their healthcare provider if they present with clinical features of eosinophilic pneumonia or vasculitis consistent with eosinophilic granulomatosis with polyangiitis *[see Warnings and Precautions (5.3)].*

Reduction in Corticosteroid Dosage

Inform patients to not discontinue systemic or inhaled corticosteroids except under the direct supervision of a physician. Inform patients that reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy *[see Warnings and Precautions (5.5)].*

Patients with Comorbid Asthma

Advise patients with atopic dermatitis or CRSwNP who have comorbid asthma not to adjust or stop their asthma treatment without talking to their physicians *[see Warnings and Precautions (5.6)].*

Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591 U.S. License # 1760; Marketed by sanofi-aventis U.S. LLC (Bridgewater, NJ 08807) and Regeneron Pharmaceuticals, Inc. (Tarrytown, NY 10591). DUPIXENT® is a registered trademark of Sanofi Biotechnology
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Annual Meeting Reflections

Cecelia Damask, MD, Annual Meeting Program Committee Member

"When I was younger, my favorite time of the year was the fall and the beginning of a school year. I loved shopping for and setting up my school supplies. The excitement of gathering new notebooks, highlighters, and pens, and imagining how and what I'd be learning was palpable. Some students like to shop for new school clothes, but I always preferred shopping for my new books, special pens, and markers. While doing so, I thought about my teachers and friends and what success would look like for that upcoming year. It was truly a magical time of the year—perhaps not Hogwarts magical, but it had its own panache that I couldn't resist.

Now as an adult and a practicing comprehensive otolaryngologist, that excitement hasn't changed too much. Nothing better than opening a new notebook with a special pen, reviewing the learning objectives provided in the program for each education session, and starting to visualize that first live lecture at the AAO-HNSF Annual Meeting in Los Angeles after a year and half in isolation and quarantine.

I am looking forward to live, in-person learning after never-ending Zoom calls and webinars. I can't wait to interact with faculty and ask questions to an expert in person. It seems like our learning was in overdrive this past year and half trying to understand the novel coronavirus. But so much more has happened this year in the world of otolaryngology. I am looking forward to the new debate format at this year's Annual Meeting; particularly the Great Debate, "Biologics for Nasal Polyps: Is This the End of Sinus Surgery?" between Anju Peters, MD, and James Palmer, MD, about where biologics fit into the treatment paradigm for chronic rhinosinusitis with nasal polyposis.

This fall, I again find myself thinking about my friends and colleagues, the faculty at the 125th Annual Meeting, and all of the new things that I will learn, and I again am drawn to a magic that I just can't resist. I hope that you will join me at #OTOMTG21 in Los Angeles."

Best of Orals Showcases Expertise Across the Specialty

A large number of abstracts are submitted for presentation at the Annual Meeting. They undergo a rigorous peer review evaluation, with each one being assessed by five to seven different reviewers. The abstracts are ranked based on subspecialty. Then, based on the rankings, all the abstracts are discussed at a joint meeting of the subspecialty members of the Annual Meeting Program Committee. The top abstracts, which are those that are top scoring and have the most applicability to the entire specialty and to all otolaryngologist, are then chosen to comprise the Best of Orals session. The abstracts that were selected to be presented during the Best of Orals include:

Pediatric Otolaryngology
Association of Mast Cells in Pediatric Larynx with Aerodigestive Disease
Emily L. Mace (Presenter); Shilin Zhao, PhD; Christopher T. Wootten, MD; Ryan H. Belcher, MD

Sleep Medicine
Bilateral versus Unilateral Hypoglossal Nerve Stimulation in OSA Patients
Clemens Heiser, MD (Presenter); Daniel Jira, MD; Ulrich Sommer, MD; Madeleine Ravesloot, MD, PhD; Nico de Vries, MD, PhD; Olivier Vanderveken, MD

Comprehensive Otolaryngology
COVID-19 Tracheostomy Outcomes
Nicole L. Molin, MD (Presenter); Keith Myers; Ahmed Soliman, MD; Cecelia E. Schmalbach, MD, MSc

Rhinology/Allergy
Cellular Reactions in Allergic Provocation-Testing Visualized by Confocal Laser Endomicroscopy
Nina K. Wenda, MD (Presenter); Christopher Striedter; Ralf Kiesslich, MD; Jan Gosepath, MD

Laryngology/Broncho-Esophagology
Do Patients Regret Having In-Office Vocal Fold Injections?
Alice Liu, MD (Presenter); Yunqi Ji, PhD; Amanda Hu, MD, FRCSC

Facial Plastic and Reconstructive Surgery
Endoscopic Management of Orbital Medial Wall Fractures
Giacomo Colletti, MD (Presenter); Sara Negrello, MD; Sabina Figurelli; Alexandre Anesi, MD; Luigi Chiarini, MD

Endocrine Surgery
Gender and Outcomes in Patients with Thyroid Cancer Undergoing Thyroidectomy
Joseph Celidonio (Presenter); Ariel Omiunu; Christina H. Fang, MD; Soly Baredes, MD; Jean Anderson Eloy, MD

Business of Medicine/Practice Management
Malpractice Claims among Otolaryngologists and the Association of Scholarly Activity
Kasra N. Ziai, MD (Presenter); Shivam D. Patel; Megan Crenshaw; Robert A. Saadi, MD; Jessyka G. Lighthall, MD

Head and Neck Surgery
Open Partial Horizontal Laryngectomies for T3–T4 Laryngeal Cancer: Oncological Outcomes
Pedro Henrique Esteves Gonçalves (Presenter); Izabella Costa Santo; Mariana Machado Salles; Emilson de Queiroz Freitas; Fernando Luiz Dias; Andressa Silva de Freitas

Professional and Personal Development
Pregnancy and Fertility Trends among Female Otolaryngologists
Debbie A. Aizenberg, MD (Presenter); Makenzie Huguetc; Angela M. Beliveau, MPH, CCRP; Sandra Taylor, PhD

Otology/Neurotology
RAD51 Inhibitor and Radiation Toxicity in Vestibular Schwannoma Cells
Torin P. Thielhelm (Presenter); Scott Welford, PhD; Eric A. Mellon, MD, PhD; Fred Telischi, MD; Michael E. Ivan, MD; Christine T. Dinh, MD

Patient Safety and Quality Improvement
Retrospective Analysis of Post-Tracheostomy Complications
Molly M. Murray (Presenter); Joseph Zenga, MD

JOIN US. We hope to see you in LA, but if you are unable to attend in person, there will also be a virtual meeting experience with more than 300 education sessions. Interested in comparing the different registration options? Read the registration descriptions and view the registration rate chart at **https://www.entnet.org/events/annual-meeting/annual-meeting-registration-rates/** to ensure you pick the option that works best for you. If you plan to attend in person, please also review our COVID-19 policy on page 6.

Plan Your Conference Experience: Agenda Now Available

The OTO community will reunite live October 3-6 in Los Angeles, California, for the AAO-HNSF 2021 Annual Meeting & OTO Experience for groundbreaking education, dynamic networking, and a celebration of the Academy's 125th anniversary. View the conference agenda today at **https://www.entnet.org/events/annual-meeting/otomtg21-conference-agenda/** to browse a listing of education sessions and events. As you review the schedule, make plans to arrive early in LA to attend the Presidents' Reception held at 6:00 pm (PT), Saturday, October 2, at Xbox Plaza. The full schedule with locations, descriptions, and the ability to bookmark sessions will be available in September.

Annual Meeting Reflections

Nausheen Jamal, MD, Chair, Young Physicians Section

"One of my favorite parts of our specialty is the people—I absolutely adore my otolaryngology colleagues. Every year, I look forward to seeing friends from all subspecialties and from all around the country at the Annual Meeting. Not seeing everyone last year in person was tough, on top of an already tough year. That is why I absolutely cannot wait to see everyone next month in Los Angeles, when we can celebrate together and learn from each other. Looking forward to the best meeting of the year!"

Program Spotlight: Late Breaking Orals

The AAO-HNSF Annual Meeting Program Committee recognizes that the results of some exciting research, such as COVID-19-related research, may not have been available in time to meet the general abstract submission deadline. To further enrich the Annual Meeting program, the committee accepted the following late-breaking abstract submissions:

Comprehensive Otolaryngology

Graduating Otolaryngology Residents' Specialty Area Practice Preferences
Robert H. Miller, MD, MBA (Presenting Author); Richard K. Gurgel, MD; Hilary McCrary, MD, MPH

Facial Plastic and Reconstructive Surgery

Higher mir-31-5p Expression Associated with Reduced 1-Year Keloid Recurrence Following Resection
Oghenefejiro Okifo, MD (Presenting Author); Lamont Jones, MD

Head and Neck Surgery

Characterization of the Metabolic Phenotype in Oropharyngeal Squamous Cell Carcinoma Tumors
Christine Settoon, MD (Presenting Author); Larissa Sweeny, MD; Kelsey Lacourrege, MD; Jaclyn Williams, MD

Laryngology/Broncho-Esophagology

Spirometry and Dyspnea Index: A Novel Way to Follow-Up Patients with Subglottic Stenosis
Eleftherios Ntouniadakis, MD (Presenting Author); Mathias von Beckerath, MD; Josefin Sundh, MD

Bilateral Vocal Paresis in a COVID-Positive Patient following the COVID-19 Vaccine
Priscilla Pichardo (Presenting Author); Kaitlyn Kishbaugh; Kenneth W. Altman, MD, PhD

Otology/Neurotology

A Second Independent Phase 1b Demonstrates Hearing Improvement with FX-322
John Ansley, MD (Presenting Author); Carl LeBel, MD; Susan King, MD; Sam Wilson, MD; Christopher Loose, MD; Will J. McLean, MD

Early Hearing Preservation Outcomes with New Slim Lateral Wall Electrode Using Electrocochleography
Amit Walia, MD (Presenting Author); Jacques A. Herzog, MD; Matthew A. Shew, MD; Cameron C. Wick, MD; Nedim Durakovic, MD; Craig A. Buchman, MD

Gene Therapy for Hair Cell Regeneration: Review of The First in Man Inner Ear Gene Therapy Trial
Hinrich Staecker, MD, PhD (Presenting Author); Douglas E. Brough, MD; Lawrence Lustig, MD; Charles Della Santina, MD; Kevin Sykes, MD; Lloyd Klickstein, MD

Pediatric Otolaryngology

Identification of Proteins for Epithelialization & Vascularization in Decellularized Tracheal Grafts
Riddhima Agarwal, MS (Presenting Author); Tendy Chiang, MD; Lumei Liu, PhD; Sayali Dharmadhikari, MS

Olfactory Testing to Improve COVID-19 Screening in School Children
Kaitlyn Tholen, MD (Presenting Author); Sarah Gitomer, MD; Jill Kaar, MD; Brian Herrmann, MD; Daniel Beswick, MD; Maxene Meier, MD

The Efficacy and Safety of Eustachian Tube Balloon Dilation in Children: A Meta-Analysis
Mohamed A. Aboueisha (Presenting Author); John Carter, MD; Edward D. McCoul, MD, MPH

Professional and Personal Development

COVID-19 Pandemic Effect on Otolaryngology Resident Surgical Case Numbers
James Duffy, MD (Presenting Author); Cristina Cabrera-Muffly, MD; Scott Mann, MD

Rhinology/Allergy

Effect of p16 Status on Survival Outcomes in Sinonasal Squamous Cell Carcinoma
Aarti Agarwal, MD (Presenting Author); Gurston Nyquist, MD; Ramez Philips, MD; Chandala Chitguppi, MD; Marc R. Rosen, MD; Mindy R. Rabinowitz, MD

The Impact of Biologics on Sinonasal Outcomes in Patients Treated for AERD
Glen D'Souza, MD (Presenting Author); Elina Toskala, MD; Mindy R. Rabinowitz, MD; Gurston Nyquist, MD; Marc Rosen, MD; Jessica Most, MD

Sleep Medicine

A Protocol for Propofol-infusion Drug-induced Sleep Endoscopy
Taylor G. Lackey, MD (Presenting Author); Katherine K. Green, MD, MS; James R. Duffy, BS

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  Sunday, October 3 — 2:00 - 3:00 PM (PT) John Conley, MD Lecture on Medical Ethics: Health Equity as the Bullseye of the Quadruple Aim: A Social and Moral Imperative

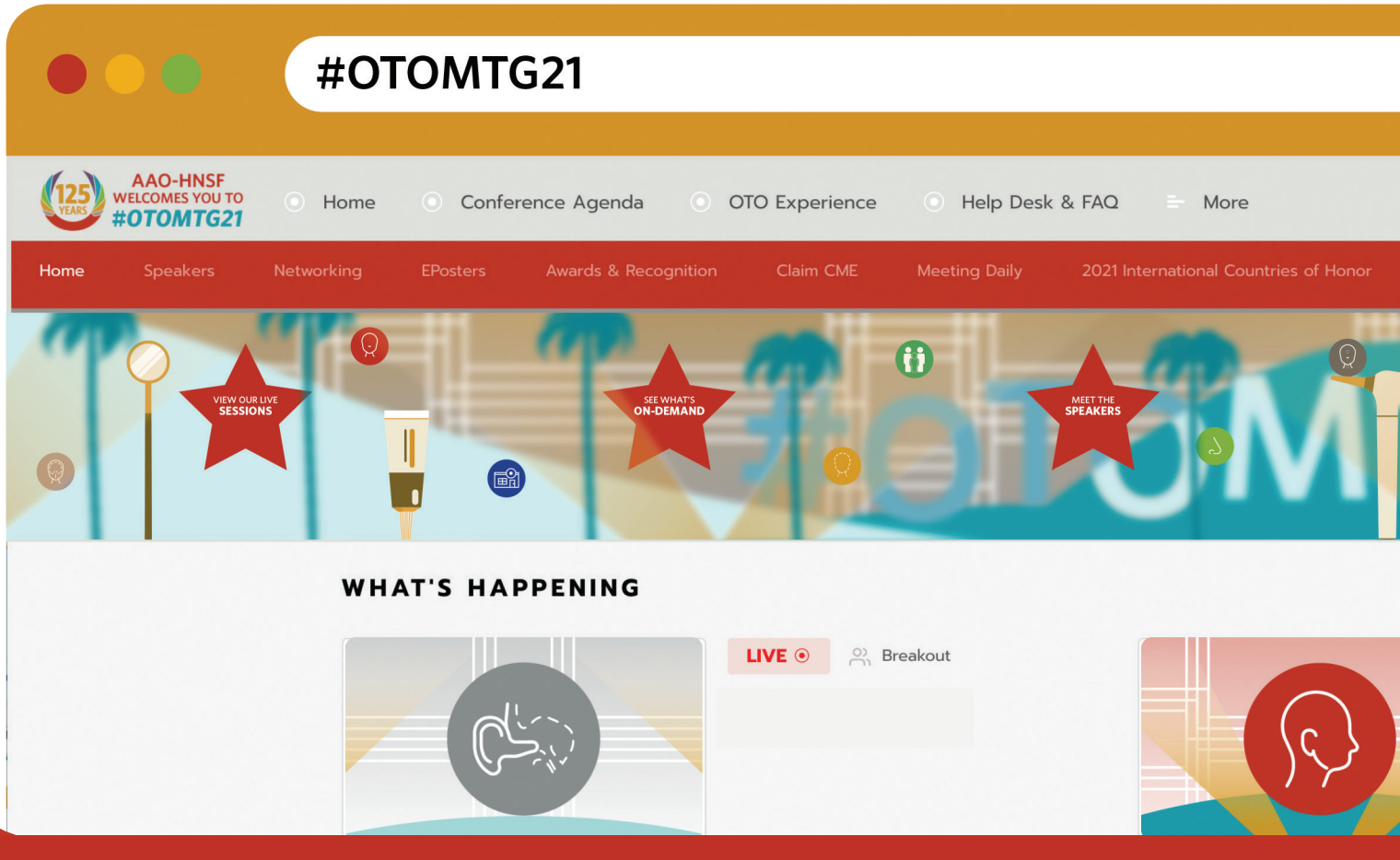
  Monday, October 4 — 8:45 - 9:45 AM (PT) Eugene N. Myers, MD International Lecture on Head and Neck Cancer: The Clinical-Research Continuum: From Perineural Spread to Moving Surface Receptors in Improving Patient Outcomes

  Monday, October 4 — 2:30 - 3:30 PM (PT) H. Bryan Neel III, MD, PhD Distinguished Research Lecture: Idiopathic Subglottic Stenosis Arises at the Interface of Host and Pathogen

  Tuesday, October 5 — 8:45 - 9:45 AM (PT) Cotton-Fitton Endowed Lecture in Pediatric Otolaryngology: What You See Depends on Where You Stand

  Tuesday, October 5 — 2:30 - 3:30 PM (PT) Howard P. House, MD Memorial Lecture for Advances in Otology: Transforming Health Through the Convergence of Technology, Information, and Life Sciences

- Great Debates
- Hot Topic Education Programming



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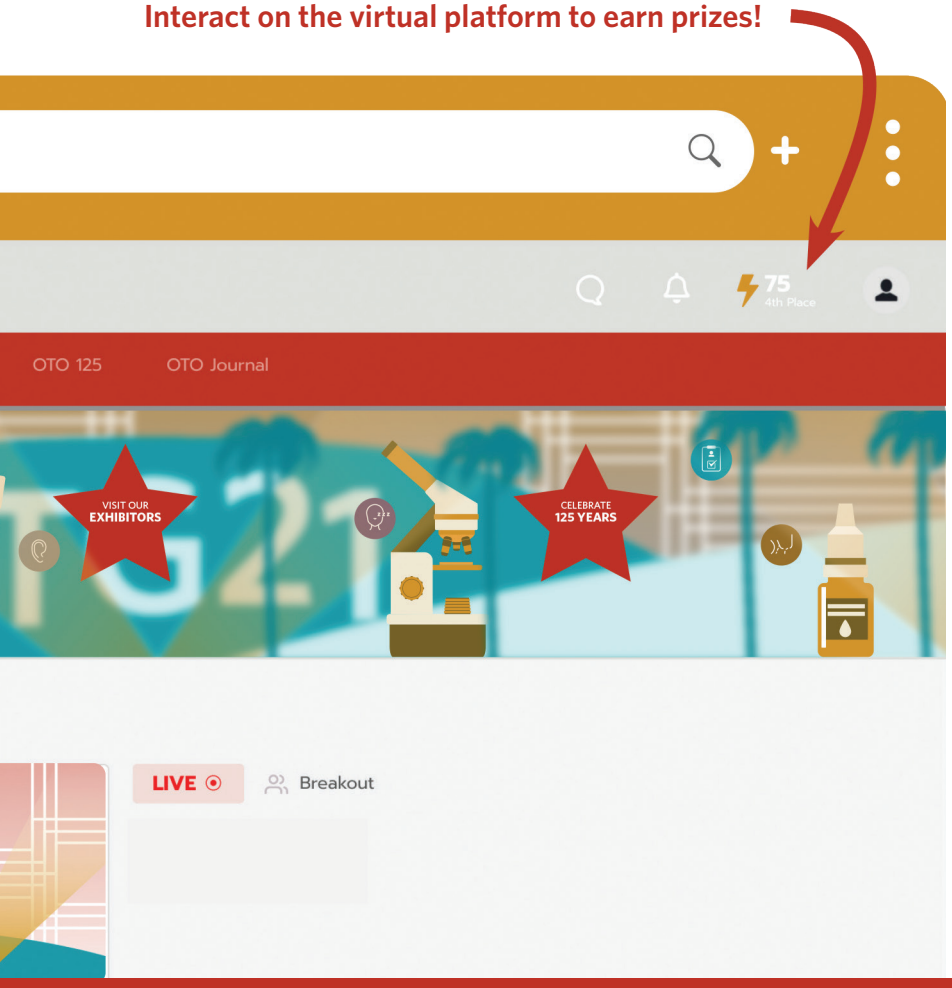

#OTOMTG21: New for 2021

125 Anniversary Museum

A historical walk through of 125 years of the American Academy of Otolaryngology–Head and Neck Surgery and its Foundation, with milestone moments, otolaryngology discovery, inventions, and more!

Great Debates

A PRO versus CON debate with invited speakers and experts in the field on timely and relevant topics to the global otolaryngology community and patient care.

ENTrepreneur Faceoff

Teams looking for collaborators, advisors, feedback, or funding will present ideas, projects, or start-ups with a focus on digital health, medical device, diagnostic, or drug innovation.

Hall of Distinction Lecture and Reception

The Awards Task Force, chaired by Al Merati, MD, selected 12 individuals to recognize for their life-long contributions to the Academy, the specialty, and patient care. Carol R. Bradford, MD, MS, AAO-HNS/F President, will lead the attending inductees in a panel discussion titled, "How Can the Past Inform the Future?"

Legacy of Excellence

Get your copy, hot off the presses, of the sequel to *Century of Excellence*. Not only does it detail the past 25 years of the AAO-HNS/F history, but it also outlines milestone moments from our robust and rich 125-year history. Get your copy signed by Past Presidents at our pre-arranged book signings or in your encounters throughout the meeting.

Medical minds from around the globe and all subspecialties will connect in ONE location for cutting-edge education at **#OTOMTG21**. Register today and start planning your Annual Meeting experience at **https://www.entnet.org/events/annual-meeting/**.

FROM THE EDUCATION COMMITTEES

Going into Independent Private Practice in a Rapidly Consolidating Practice World

Stephen P. Cragle, MD, Member, and
Lance A. Manning, MD, Chair, Practice Management Education Committee

While there are different and important academic and non-academic medical practice models that serve patients in various settings and fulfill varying roles in providing healthcare, private practice has been the primary economic model in American medicine since the earliest days of the country. Physician-owned and managed practices have served countless patients for many years in communities of all sizes, including those in rural and underserved areas. Private practice has succeeded in part because it is patient-centric and can be nimble, efficient, and innovative. Independent private practice allows for autonomy and entrepreneurship that help build communities.

Despite these advantages, economic forces have combined since the turn of the millennium to erode the foundations of this practice model. The rise of acquisitive health systems, and more recently private capital groups, has led to considerable consolidation among otolaryngology practices. There are now even greater financial pressures and competition directed toward independent practices. The year 2020 was a watershed year of sorts as, for the first time, fewer than 50% of U.S. physicians practiced in a physician-owned practice model.[1]

In light of this trend, otolaryngologists going into private practice need a strategy to promote and maintain independence. Here is a brief checklist to ensure a thriving private practice of otolaryngology:

- Choose the private practice size that fits well. Solo practice; small, single-specialty practice; and recently large, loco-regional, single-specialty groups have their respective advantages and disadvantages. Be educated on these differences in opportunities and responsibilities.
- Strive to be the best practice in the region. Set the standard for quality, cost-effectiveness, and friendly service. Be flexible and readily available for consults. See urgent patients the same day whenever possible. Guard your practice reputation whether word-of-mouth, online, or in media.
- Focus on the patient and the patient's overall experience. Always keep in mind the view of your practice from the vantage point of the patient, their family, and the referring provider from start to finish.
- Become a coding and reimbursement expert. A financially healthy practice allows for good staff, up-to-date equipment, a wide range of patient services, and a pleasant environment to allow for the best possible patient experience.
- Consider participating with a local health system in an accountable care organization or clinically integrated network. This demonstrates cooperation with the dominant healthcare organization and may reduce reporting burdens if the health system oversees MIPS or Advanced APM reporting. Additionally, as there is a current trend of transitioning from a purely fee-for-service model to value-based care, such participation allows for numerous opportunities for partnership with other healthcare stakeholders.
- Participate in your hospital's medical staff committee and leadership structure to promote collegiality, establish yourself in your community, and raise your profile with referring doctors.
- Ensure that ancillary service lines are established thoughtfully and integrate with your overall practice strategy. These must both provide needed services for the patients and make financial sense to be sustainable.
- Provide service to your hospital or health system that fills the needs of the community. Take full call responsibilities at your institutions. While emergency calls create some personal and professional interruptions, uncovered call can be an invitation for the hospital to start its own, hospital-employed otolaryngology department and, even more importantly, leave a void in needed care.
- Be intentional about your practice's legacy. Recruit new partners before retirement looms, look for opportunities to grow the practice through outreach efforts and collaboration, and make your practice buy-in financially feasible for a young otolaryngologist with lots of potential and little equity. Many of us were there once and should recall that buying into a practice while buying a home and paying off educational debt is daunting.

Independent private practice is an essential part of the healthcare system. Autonomy in decision-making afforded by independent private practice is vital, preventing physician burnout and allowing for customized, personal care to patients. Private practice is crucial for access to care, especially in rural and other underserved areas, simultaneously integrating into and enhancing the communities they serve. While it may be increasingly difficult to enter or remain in independent private practice, it is paramount that we maintain physician independence and opportunities by supporting and promoting private practice in otolaryngology and medicine as a whole. ■

References

1. Kane CK. Recent changes in physician practice arrangements: private practice dropped to less than 50 percent of physicians in 2020. American Medical Association Economic and Health Policy Research. May 2021.

OUT OF COMMITTEE: Outcomes Research and Evidence-Based Medicine Committee

COVID-19 Vaccines and Otolaryngology: What Your Patients Should Know

OREBM Committee members: **Daniel C. O'Brien, MD; Kevin J. Contrera, MD, MPH**; **Habib G. Zalzal, MD**; and **Michael J. Brenner, MD**

Information in this article is up to date as of June 30, 2021.

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has placed a significant strain on the medical community over the past year and a half. In late 2020, the first vaccines against SARS-CoV-2 received emergency authorization, and as of August 2021, 49.6% of the United States population has been fully vaccinated.[1] Despite the vaccine being available for over six months, there remains a fair amount of disinformation regarding who can receive the vaccine, complications from the vaccine, and when the vaccine will be available for young children. These concerns have contributed to vaccine hesitancy in much of the population.

Indications and Vulnerable Populations

The SARS-CoV-2 vaccine is currently approved for individuals aged 12 and older in the U.S. There have been some questions regarding the timing of vaccination regarding patients with cancer, pregnancy, and autoimmune disorders. Numerous groups including the American Cancer Society and the National Comprehensive Cancer Network generally recommend for patients with cancer, even if actively undergoing therapy, to receive the vaccine.[2] The few exceptions include those undergoing intensive cytotoxic chemotherapy (wait until ANC recovers), hematopoietic cell transplantation (wait until three months after treatment) or undergoing major surgery (wait at least a few days). If the SARS-CoV-2 vaccine is administered during active chemotherapy, the current recommendation is to administer the vaccine between treatments when the immune response is most robust. Since the immune response will likely be limited due to ongoing chemotherapy, there is an additional recommendation that all close contacts of these individuals be vaccinated as well.[3]

There remains limited data regarding the use of the SARS-CoV-2 vaccines in pregnant and breastfeeding women.[4] If possible, it is recommended that vaccination should occur prior to pregnancy. If this is not possible, preliminary data are promising. Pregnant women are a prioritized group for vaccination,

but women who choose to wait for more data should be supported in this decision.

Individuals with rheumatologic, autoimmune disease, and chronic immunosuppression are candidates for vaccination. Because immunosuppressive regimens used for these conditions may attenuate immune response, holding such treatment before vaccination may be a consideration.[5] In this population, individuals receiving the vaccine should be counseled that their immunologic response may be limited.[6] Whether treatment was continued or completed prior to vaccination, antibody titers should be checked in this population both 2-4 weeks and 3-6 months following therapy. The CDC has determined that COVID-19 vaccination with Pfizer-BioNTech, Moderna, or Johnson and Johnson vaccines is safe for immunocompromised patients. In addition, the FDA has authorized extra COVID-19 vaccine doses for immunocompromised patients.

Adverse Events, Complications, and Side Effects

In the U.S., the currently available vaccines include Pfizer-BioNTech, Moderna, and Janssen (Johnson & Johnson). A fourth, AstraZeneca, while not available in the U.S., is available in much of the western world. The most common side effects of all four of these SARS-CoV2 vaccinations are myalgias and fever. For the mRNA vaccines (Pfizer-BioNTech, Moderna), there are rare instances of anaphylaxis and/or swelling of lips or tongue, occurring in less than 2.5 per million vaccine doses.[7] It is recommended that patients with a history of reaction to polyethylene glycol or its derivatives avoid both mRNA vaccines.[8] In the Adenovirus vector vaccines (Janssen and AstraZeneca) there is a rare risk of thrombotic thrombocytopenia. This thrombotic thrombocytopenia has been associated with dural venous thrombosis and splanchnic thrombosis. As of April, there were a total of 222 reported thrombotic episodes, among the 34 million doses of the AstraZeneca vaccine, and 15 episodes among the 6.8 million doses of Janssen.[9] Further aftermarket safety monitoring is ongoing, and while there are rare severe events, most individuals have only mild local and/or systemic responses to the available vaccines. Despite early questions regarding other potential associations, analyses of administrative databases, case-control studies, and CDC reporting databases have not demonstrated an association between COVID-19 vaccination and facial palsy or sudden sensorineural hearing loss.[10-16]

Future Indications and Children

The CDC recommends that everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19, except with a documented severe allergic reaction. As adults in the U.S. continue to get vaccinated against COVID-19, the next public health measure is to determine the safety, efficacy, and future of vaccination in children < 12 years of age.

As of June 2021, interim recommendations were issued for the use of Pfizer-BioNTech COVID-19 vaccine in adolescents ages 12–15 years under the Food and Drug Administration's Emergency Use Authorization. During the BioNTech trial in children 12-15 years, there was 100% prevention of symptomatic laboratory-confirmed COVID-19 in this age group.[17] Pfizer and Moderna have also announced clinical trials in children 6 months - 11 years, with anticipated results of these studies by the early fall.[18] As of writing, the CDC is currently monitoring reports of myocarditis and pericarditis occurring after mRNA COVID-19 vaccination in young adults. Nonetheless, the CDC still recommends vaccination in children over 12 years of age.

Regarding how the vaccine will affect the field of otolaryngology; children (especially younger children) are not currently thought to be "super-spreaders" of the virus. With increasing vaccination rates among adults and with rising prevalence of viral variants, pediatric patients may eventually become a larger contributor to viral spread.[19] Children are known to have potent immune responses, which has led to the risk of multisystem inflammatory syndrome (MIS-C) in those exposed to the virus. Previous trial results have shown that 12–15-year old's receiving the standard two doses of the Pfizer vaccine have developed higher levels of virus-blocking antibodies than their elder cohorts (16–25-year old's), but how this will translate to even younger populations is unknown at this time.[19] ■

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AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION

For Information, contact:

Alison Devine
Phone: 248-865-4135
eMail: adevine@michiganear.com

Fee: $1750 (includes course materials and 2 1/2 day workshop). Travel, lodging and text book not included. Tuition checks payable to: Hearing Resources of Michigan

This course trains otolaryngology office staff to perform comprehensive audiometry and tympanometry under the supervision of an otolaryngologist.

The 3 phases of training are: 1) self study; 2) hands-on workshop; and, 3) 6 month period of supervised patient testing. Participants who submit a testing log signed by the supervising otolaryngologist at the end of the 6-month period will be issued a Certificate of Completion by the AAO-HNS.

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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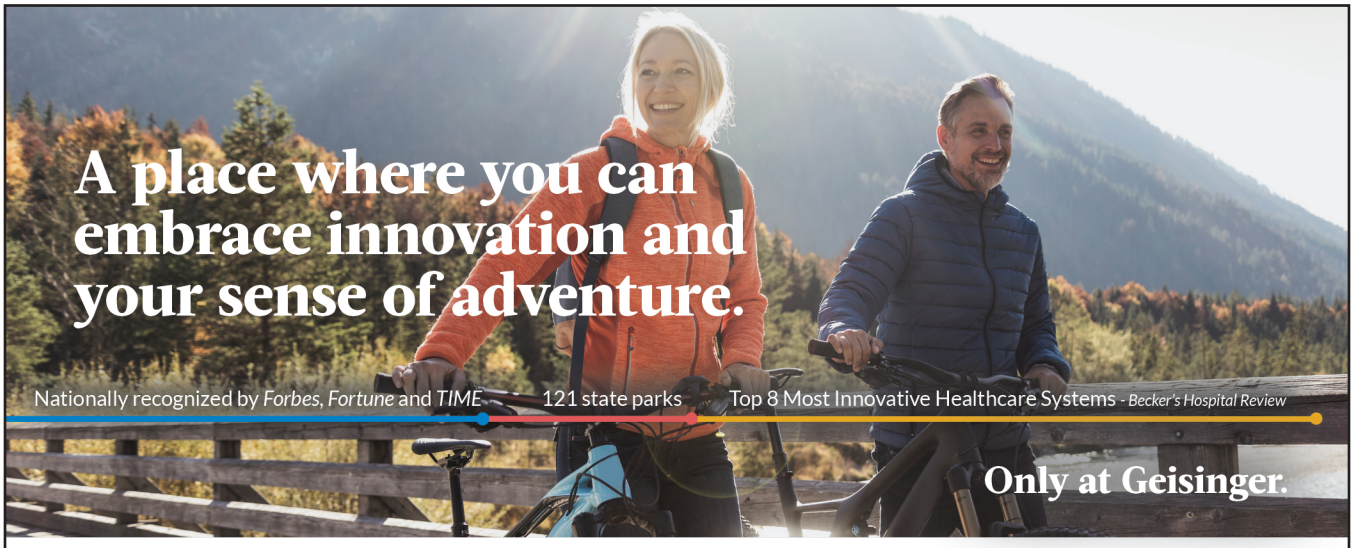

Opportunities

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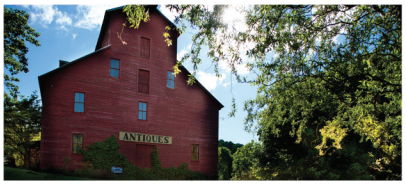

Interested candidates, please reach out to **Ken Altman, MD, PhD, Chair, Department of Otolaryngology – Head & Neck Surgery, and Professor – Geisinger Commonwealth School of Medicine, 100 N. Academy Avenue, Danville, PA 17822** at **kaltman@geisinger.edu** or apply online at **jobs.geisinger.org/physicians.**

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

BC/BE General Otolaryngologist

The Ohio State Medical Center is expanding its ambulatory clinical sites. As a result, the Department is seeking board certified/board eligible General Otolaryngologists to join the top-ranked Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Currently, our general division consists of two general otolaryngologists and two nurse practitioners. Applicants must demonstrate excellence in patient care, research, teaching, and leadership. Experience/interest in sleep surgery is preferred as we continue to grow as one of the leading sleep surgery sites in the nation. This is an outstanding opportunity to build a diverse practice and work with an exceptional team.

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Columbus, Ohio 43212

Contact the Department Administrator via
Email: mark.inman@osumc.edu
Fax: 614-293-7292 or
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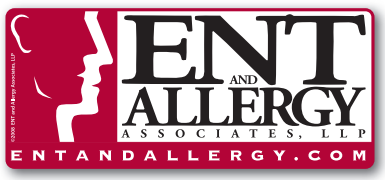

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UCSF

Pediatric Otolaryngologist - Division of Pediatric Otolaryngology - Head and Neck Surgery University of California, San Francisco

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We are recruiting a fellowship trained Pediatric Otolaryngologist at either the Assistant, Associate, or Professor Level in the HS Clinical, Clinical X, or In Residence series. Clinical research and dedication to education are prerequisites. The individual will have the opportunity to participate in both resident and fellow education. This position includes coverage at both UCSF Benioff Children's Hospital, in San Francisco and Oakland.

Qualification Requirements:

- Must have a MD or MD/PhD or equivalent degree.
- Completion of accredited residency in Otolaryngology-Head & Neck Surgery and accredited fellowship training in Pediatric Otolaryngology, by the time of hire.
- Board eligible or board certified in Otolaryngology-Head & Neck Surgery.
- Valid California Medical License or eligible for California Medical License.

Applicant's materials must list (pending) qualifications upon submission.

Please apply online with your CV, Cover Letter, Statement of Contributions to Diversity, and the name and contact information of three (3) references at **https://apptrkr.com/2299152**. To receive full consideration, please submit all materials prior to the initial review date.

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

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

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FOR MORE INFORMATION, PLEASE CONTACT:

Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu

PennState Health

Pediatric Otolaryngologist

Job Specifics

- The Children's Hospital of Illinois is seeking a Pediatric Otolaryngologist to join our rapidly growing practice.
- This incoming physician will join two board certified Pediatric Otolaryngologist's, two Physician Assistant's with the call expectation of 1:3.
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- Must be board certified or eligible in Otolaryngology with a fellowship in Pediatric Otolaryngology; be eligible for an Illinois license; have excellent bedside manner and interpersonal skills.

The Community

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UNIVERSITY OF CALIFORNIA – DAVIS

PEDIATRIC OTOLARYNGOLOGIST - The Department of Otolaryngology at the University of California, Davis, School of Medicine, located at the UC Davis Medical Center in Sacramento, California, is seeking two academic full-time Assistant or Associate Pediatric Otolaryngologists in the clinical X series to participate in clinical, teaching and research programs. In addition to clinical responsibilities, candidate will be expected to fully participate in departmental programs, including teaching of medical students and residents; and must be able to work cooperatively and collegially within a diverse environment.

The candidate is required to have an MD degree, be board certified or board eligible in Otolaryngology, and be eligible for a California medical license. Additionally, candidates must be fellowship trained in pediatric otolaryngology. The successful candidate must be able to demonstrate that they are legally authorized to work in the United States. The University will not offer sponsorship of a visa for this position.

Qualified applicants should apply online at UC Recruit: https://recruit.ucdavis.edu/apply/JPF04229 by uploading current curriculum vitae with bibliography, letter of interest, statement of contributions to diversity, and the names and contact information of at least three professional references.

For more information, please contact Dr. Maggie Kuhn at: makuhn@ucdavis.edu

For full consideration, applications must be received by July 28th, 2021; however, the position will remain open until filled, through June 30th, 2022.

UC Davis commits to inclusion excellence by advancing equity, diversity, and inclusion in all that we do. We are an Affirmative Action/Equal Opportunity employer, and particularly encourage applications from members of historically under-represented racial/ethnic groups, women, individuals with disabilities, veterans, LGBTQ community members, and others who demonstrate the ability to help us achieve our vision of a diverse and inclusive community. For the complete University of California nondiscrimination and affirmative action policy see: http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct.

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Cleveland Clinic

HEAD AND NECK SURGERY SECTION HEAD

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

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Cleveland Clinic is an exciting institution, physician led and patient focused, where innovation is embraced. Career advancement is supported via best in class leadership training via the Mandel Global Leadership and Learning Institute. 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 programs.

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
BYRNEP@ccf.org

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

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CONTACT INFORMATION:

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

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 phonomicrosurgery (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:
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Eugene B. Casey Professor of Laryngeal Surgery
Harvard Medical School
Director: Center for Laryngeal Surgery & Voice Rehabilitation
Massachusetts General Hospital
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Interested candidates should send CV to or may contact:
Debbie Byron, Practice Administrator
Phone: Cellular: 407-342-2033
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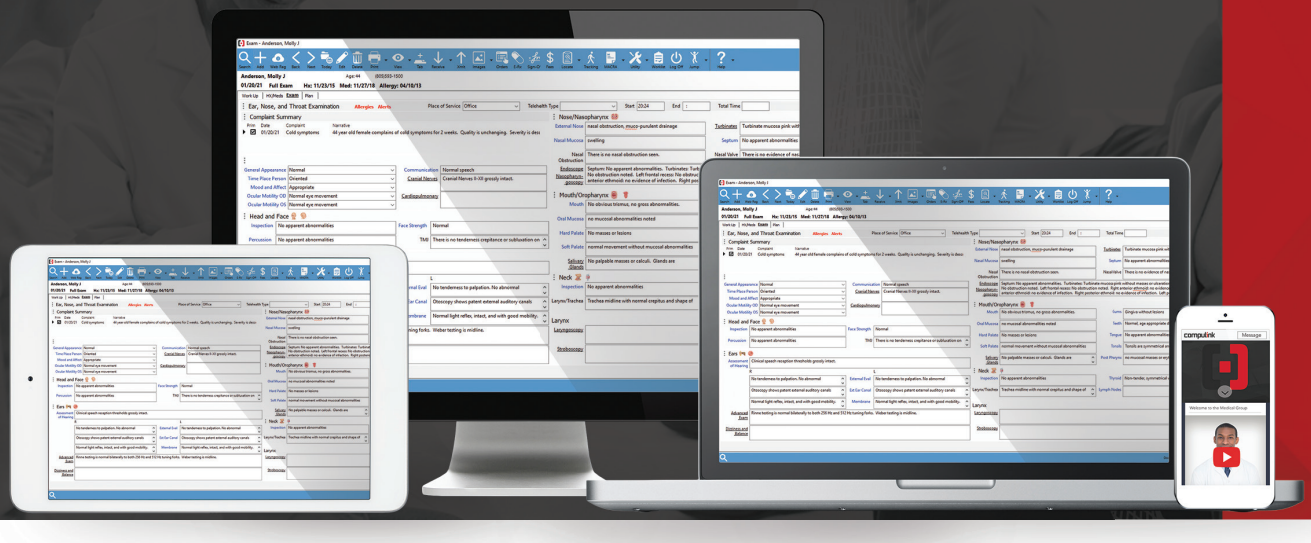

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