

# bulletin



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

**DECEMBER 2021/JANUARY 2022**

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# AAO-HNS/F COMMITTEES

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2. Share Your Input on Special Areas of Interest
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# 2022: New Year's Reflections and Resolutions

"I see trees of green, Red roses too  
I see them bloom, For me and you  
And I think to myself  
What a wonderful world"

~Louis Armstrong

**D**espite the COVID-19 driven chaos that has deeply impacted practice viability and success, we have much to be thankful for. We continue to deliver quality healthcare to our patients and have painstakingly figured out how to protect the health and safety of all those around us, including our patients, staff, and families. As we approach the hopes and dreams of a new year, let us reflect on our accomplishments and consider resolutions to improve our lives, practices, and profession.

**Laugh with your patients.** In these somber times, a smile, or possibly even laughter, shared with your patients can truly brighten and highlight their day. COVID-19 social isolation has been devastating, particularly with our older patients whose weekly event schedules often consist of doctor's appointments—that's it. Many remain otherwise essentially home alone. Taking the time to create and share a moment of cheer or levity makes a difference.

**Energy burn and dietary balance.** Exercise regularly. Early morning is the only moment that multiple commitments are not tugging at me. With a clear head and burning kcals during a workout, some of my best thoughts and ideas are formulated. Equally important is maintaining a healthy diet. With determination and resolve, it can be done and maintained (I shed an unnecessary 30 pounds!). Willpower and routine are the recipes for achievement.

**Carve out time for loved ones.** In our frenetic lives, it is critical to create time for your spouse, partner, or significant other. My wife, Julia, and I enjoy hiking, and every weekend we embark on a new or familiar trail around Connecticut to explore. Devoid of distractions other than the smell, sounds, and colors of nature and navigating the rock scrambles and descents ahead, these are special moments together. Connected. Peaceful. Rebonding. And, of course, even better when our children return home and join us in our outings.

**Become a better listener.** As Neha Sangwan, MD, our 2021 Annual Meeting keynote speaker, noted, there are five levels of listening. Recognition of how we listen (or do not, at times) can improve communications. Utmost attention and cuing into others' signals—patients, colleagues, family members—will improve relationships and elevate

mutual respect for one another.

**Honor a mentor and support a mentee.** Our mentors guided us to our current positions. I take a moment annually to recognize them for their confidence and support. In turn, befriend a new mentee to help attain clinical excellence and leadership tract opportunities to continue the "circle of life!"

**Join a new committee or section.** Our power and direction are predicated on member engagement. Help build a better Academy for your interests and needs and make some new friends and colleagues along the way!

**Learn more about ENT PAC.** ENT PAC—the only political action committee solely dedicated to representing the interests of otolaryngologists in the U.S. Congress—is primarily focused on providing a voice for the specialty when Congress debates changes to federal health policies impacting our practices and patients. ENT PAC supports members of Congress and Congressional candidates who demonstrate tangible support on these issues, which in turn provides an additional pathway to educate Congress on the federal legislative priorities of the Academy. Questions? Email [entpac@entnet.org](mailto:entpac@entnet.org).

**Introduce yourself to a new legislator.** Legislators who we have bonded with and who understand our issues can support us in times of need. Reach out and connect. Complaining only when an issue arises as an "unknown" constituent will not carry the power of a known, reliable citizen. As we defend our patients and practices, this relationship can be invaluable.

**Thanks to our staffs.** Our collective successes are only achieved with the assistance, perseverance, and support of our staff members. Please acknowledge and thank them for their actions—recognition and appreciation bolster their efforts and spirits in helping us to provide effective and timely patient care.

I hope that we all can reinforce and rekindle familial love and gratitude during these special holiday times, whether it be at the dining room table or huddled around a roasting fireplace. Happy holidays and best wishes for a successful 2022! Nurture our future: "I hear babies cry. I watch them grow. They'll learn much more. Than I'll ever know...What a wonderful world." ~ Louis Armstrong ■



**Ken Yanagisawa, MD**  
AAO-HNS/F President

“As we approach the hopes and dreams of a new year, let us reflect on our accomplishments and consider resolutions to improve our lives, practices, and profession.”



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- Member-only discount on our flagship education product, FLEX—Focused Lifelong Education Xperience, which spans across all eight specialty areas
- Your profile listed on “Find an ENT” on ENThealth.org, the Foundation’s interactive patient information website (*practicing physicians only*)
- Eligibility to apply for over \$50,000 in travel, diversity, humanitarian, and other grants
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# There Will Be Opportunities in 2022!

The combined December-January *Bulletin* traditionally reviews happenings and accomplishments of the current year and attempts to identify challenges and needs facing our organization along with strategies to overcome these challenges and provide for the predicted needs of our members, their patients, and the organization. As we conclude the recognition and celebration for our 125 years as a specialty organization highlighting our consistent commitment to offer the highest standards of care to our patients through education and continuous quality improvement, it bodes well for our ability to address the evolving changes in healthcare delivery facing us in the immediate future. Theodore Roosevelt once said, “We face the future with our past and our present as guarantors of our promises.” In fact, there are a considerable number of positive factors, which we need to take advantage of, to give us hope as we move into 2022.

Our strategic planning process in 2021 updated our Core Purpose to include “provide high-quality, evidence-informed and equitable ear, nose, and throat care” and our Core Guiding Principles added key phrases promoting “inclusive diversity and equity in ENT patient care” and delivering “a forum to provide support for providers and guide best practice and patient care.” The approved plan also added three areas of focus, Business of Medicine, Inclusive Diversity and Equity, and Wellness and Resiliency that will help us more effectively respond to the nuanced systemic changes presenting themselves in the future. Our emphasis on identifying strategic partners and participating in collaborative partnerships capable of representing our shared interests has enabled us to have a stronger voice on broader issues than we could’ve hoped for as an isolated smaller specialty. Our list of allies grew in 2021, and we solidified these relationships that subsequently increased our influence at many levels.

The escalating failure by CMS to follow RUC recommendations related to coding valuations has resulted in continual decline in procedure valuations. These, along with the combination of private payer obstacles including, but not limited to, preauthorization, modifier usage, investigational terminology, and expanded denials, is putting extreme pressure on the future of fee-for-service payment models. Ongoing projects related to value-based care, specialty-led networks, and the advancement of our clinical data

registry, Reg-ent<sup>SM</sup>, have put us into a position to begin promoting alternative payment models for specialists with potential to overcome many of the negatives associated with current fee-for-service payment.

The recently formed Private Practice Study Group has tremendous potential to help inform the Board of Directors of practice management needs and successes as well as participate in implementing pilot projects that are more patient and practitioner friendly while delivering high quality affordable care. Those who come forward with solutions to obstacles will be listened to and given the opportunity to demonstrate alternative successful plans. Working in conjunction with Reg-ent and the data it is capable of collecting will ensure that defining quality will be done through data informed processes that can lead to a higher quality and cost-effective system down the road.

Some of the major concerns at the end of 2021 and heading into 2022 include Medicare expansion without adequate funding, the recently released “Surprise Billing” regulations that administratively disregarded the intent of Congress setting up the potential for payer dominance in future contract negotiations, and the recently released FDA over-the-counter hearing aid regulations, which when paired with the possible Medicare coverage for hearing aids section of the proposed “Build Back Better” legislation, would result in a complete restructuring of the hearing aid industry as we know it. All of these would have a significant effect on the overall practice of medicine and particularly for hearing healthcare. We continue to participate in advocacy in these areas through responsive commentary to regulatory rulings and active work individually and with coalitions on the legislative issues affecting our members and your patients.

Conditions are also improving across the board in the United States related to the COVID-19 pandemic. We will be co-existing with the virus for some time, but this year’s experiences have given cause for optimism. Our 125th Anniversary Annual Meeting in Los Angeles, California, demonstrated that in-person meetings can be safely held, and with vaccines now approved for all age groups and the recent oral medication that significantly lowers mortality related to COVID-19 infection, a strong possibility exists that 2022 will be a better year health wise for the world. I will leave you with my final thought for the upcoming year with a quote by Maxime Lagacé, “Help others have a better future and yours will be guaranteed.” ■



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

“It bodes well for our ability to address the evolving changes in healthcare delivery facing us in the immediate future.”

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## 2021 Distinguished Service Award Recipients: Special Recognition for Mark K. Wax, MD



Special congratulations to the 2021 Distinguished Service Award (DSA) recipients. Nine of the 28 individuals have received this award multiple times, with special recognition to **Mark K. Wax, MD**, who is only the second individual in the Academy's history to receive five DSAs. The DSA represents an individual's service and volunteerism to the Academy, offering personal reward as well as benefit to the AAO-HNS/F and the specialty as a whole. The DSA is a recognition of volunteer service beyond the level of an Honor Award. Members who attain 50 honor points receive the DSA. There is no limit on the number of DSAs a member may receive. To see the full list published in an online supplement to *Otolaryngology-Head and Neck Surgery*, go to <https://journals.sagepub.com/doi/full/10.1177/01945998211030907>. ■



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### 2020-2021 AAO-HNS/F Committee Highlights

Committees are the lifeblood of the AAO-HNS/F and a great way for members to contribute meaningfully to the organization and the specialty. Prior to the AAO-HNSF 2021 Annual Meeting & OTO Experience, committees met virtually and discussed achievements during the past year and planned for 2022. Highlights from some of the committees during the 2020-2021 term are available via more online *Bulletin* content. To view a list of current 2021-2022 committee members or apply to serve during the 2022-2023

AAO-HNS/F Committee Cycle, go to [www.entnet.org/committees](http://www.entnet.org/committees).  
Deadline to apply is December 31. ■

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Longer article available

## Have You Recently Served on a Humanitarian Mission? The *Bulletin* Wants to Hear from You!



The *Bulletin's* Spotlight on Humanitarian Efforts recognizes AAO-HNS members who contribute their time and expertise to otolaryngologic patient needs around the globe. These individuals demonstrate integrity and devotion to humanity through a self-giving spirit. They are outstanding models to emulate in fostering a global otolaryngology community. Have you recently volunteered for a United States-based or global humanitarian mission or planning to travel soon? We want to hear from you about your experiences for publication in a future issue of the *Bulletin* and for posting on the Academy's website. Supporting members who provide patient care in low-resourced areas is a priority of the AAO-HNSF International Affairs Program. Email [eswinehart@entnet.org](mailto:eswinehart@entnet.org) to learn more about this opportunity. ■

## 2021 Honor Award Recipients

Special congratulations to the 60 2021 Honor Award recipients. Honor Awards are part of the Academy's system for recognizing meritorious service. The Honor Award is the first award a member can obtain for participation in certain activities. A member can earn only one Honor Award in a lifetime. To receive an Honor Award, a member must earn 10 volunteer service points over a minimum of five years. The Honor Award point system is constructed to promote recognition not only for the quantity of service but also for the variety and longevity of service. A maximum of two points, each of which must come from a different category of service, can be accrued each year. To see the full list published in an online supplement to *Otolaryngology-Head and Neck Surgery*, go to <https://journals.sagepub.com/doi/full/10.1177/01945998211030907a>. ■



## Education Opportunities: Facial Plastic and Reconstructive Surgery

The Facial Plastic and Reconstructive Surgery Unit in OTO Source offers an array of topics from Botox to psychological evaluation of facial plastic and reconstructive surgery candidates. Investigate the free online content at [www.otosource.org](http://www.otosource.org). ■



# HALL OF DISTINCTION

## CALL FOR NOMINATIONS FOR 2022 CLASS



The AAO-HNS Awards and Honors Committee, chaired by Past President **Albert L. Merati, MD**, seeks nominations for selection into the second class of the "Hall of Distinction," which will be honored at the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania.

The "Hall of Distinction" recognizes otolaryngologists who have made long-term exceptional contributions to the AAO-HNS and the specialty of otolaryngology.

### QUALIFICATIONS FOR NOMINEES:

- ✦ Academicians, private practitioners, and researchers from around the world, including those who have advanced the practice of otolaryngology and care of patients by distinguishing themselves through advocacy, education, humanitarianism, innovation, leadership, or research
- ✦ Contributions of meritorious service, including elected and appointed leadership and committee and section participation as well as innovative education and clinical work and inspirational ideas with measurable impact (The "rank and file" member who has donated 25 years or more can be honored as well as the high profile)
- ✦ A minimum of 25 years in otolaryngology
- ✦ A current member of the AAO-HNS

### OTHER CONSIDERATIONS FOR YOUR NOMINATIONS:

- ✦ The 2022 class of inductees will be an exclusive and inclusive group with initiates being capped at 12 yearly with no minimum
- ✦ There will also be a "Pioneer" category that will include posthumous recognition of giants in the field, leading contributors of the organization, and other unique situations

### HOW TO SUBMIT A NOMINATION:

Please submit your nominations to [awards@entnet.org](mailto:awards@entnet.org) along with a summary of the candidate's contributions to the Academy and specialty along with the reason you feel that your candidate should be honored as an initiate into the "Hall of Distinction."

**The deadline for submission is February 1, 2022**

*The inaugural Hall of Distinction class was inducted during the AAO-HNSF 2021 Annual Meeting & OTO Experience. To read more about the 12 inductees, go to [bit.ly/3D1T50e](https://bit.ly/3D1T50e).*



# Reflections on a First-Timer's AAO-HNSF Annual Meeting Experience

**Mark A. Fadel, MD, JD**  
SRF BOG Alternate Governor –  
Legislative Affairs Committee



My initial anxiety at my first Annual Meeting during a pandemic quickly faded after spotting a familiar face from home, one of the few faculty and residents who were able to join. After a year and a half of virtual conferencing due to the COVID-19 pandemic, I finally had the chance to come out from behind the computer screen and present my research at the podium. The intangible encounters with other trainees and students as well as happenstance meetings with other attendings and mentors were pleasant reminders of pre-COVID-19 times. The excitement that infused the Opening Ceremony and Dr. Neha Sangwan's entertaining lessons on self-awareness of one's own leadership techniques was palpable—we had returned to our roots of connecting and sharing cutting-edge scholarship in person. Some general assemblies even had standing room only. We stood together (masked) in a shared, joyous comfort of being there together.

I proceeded to attend a variety of enlightening debates, podium presentations, exhibits and simulations throughout my time at the meeting. I reconnected with friends I met in medical school and enjoyed the LA scenery as well. My Annual Meeting experience was outstanding—informative, productive, and frankly, fun. Despite the challenging circumstances with mandated COVID-19 vaccinations and safety precautions, we've collectively discovered a great, innovative step forward toward an environment that maximizes the use of our ears, noses, and throats. ■

“My Annual Meeting experience was outstanding—informative, productive, and frankly, fun.”





# Providing Expanded Opportunities to Further Otolaryngology-Head and Neck Surgery Skills

**Simi Odusanya, MD**

Candidate, Class of 2022,  
University of Minnesota  
Medical School



**T**hanks to the AAO-HNS/F Diversity Endowment URM

Away Rotation Grant, I had the opportunity to complete a visiting student rotation at the University of Texas Health Science Center at Houston during the month of September 2021. My time there was spent primarily rotating with the otolaryngology service at Memorial Hermann Hospital and Children's Memorial Hermann Hospital.

One of the numerous reasons that attracted me to the field of otolaryngology was the distinctive scope of practice and the diversity in the range of medical problems that otolaryngologists manage. During the course of my monthlong rotation, I was exposed to various aspects of otolaryngology

including pediatric otolaryngology, facial plastic and reconstructive surgery, head and neck surgery, general otolaryngology, laryngology and voice disorders, otology and skull base surgery, and rhinology.

The first half of my rotation was spent with the pediatric, otology, and facial plastic and reconstructive services, and the last two weeks were spent working with the head and neck, laryngology, rhinology, sinus, and skull base surgery services. My rotation was very hands-on, and I had the opportunity to scrub in and assist on multiple surgical cases. These cases included functional endoscopic sinus surgeries, partial maxillectomy, total laryngectomy, adenotonsillectomy, mastoidectomy, tympanostomy septorhinoplasty, and facial reanimation.

In the clinic I was seeing patients independently, completing thorough head and neck exams, and coming up with differential

diagnoses and treatment plans for commonly presenting otolaryngology problems. I also got to work on procedural skills, and toward the end of my rotation, I became more comfortable with performing flexible laryngoscopy exams independently.

Completing an away rotation provided me an opportunity to further my skills in otolaryngology. This award also provided me the chance to experience otolaryngology in a different hospital with a different faculty and patient population, all while gaining substantial insight into the daily functioning of a residency program. I am truly grateful to the Academy and the Diversity and Inclusion Committee for this travel grant, which allowed me the opportunity to explore my interests. I am very excited about my future in otolaryngology and look forward to contributing to the Academy throughout my academic career. ■

## Stay in the Know: Other AAO-HNS/F Grant Opportunities!

AAO-HNS/F provides a variety of annual grants to residents, young physicians, and medical students.

### **Diversity Endowment URM Away Rotation Grant**

The Diversity and Inclusion Committee introduces medical students to the field of otolaryngology. Grant recipients receive \$1,000 to use toward travel, housing, food, and other expenses during their away rotation.

### **The Harry Barnes Endowment Travel Grant Application**

In collaboration with the AAO-HNS Diversity and Inclusion Committee, the Harry Barnes Society provides travel grants to assist with needed funding for meritorious young residents of African descent from the United

States, Caribbean, or Canada to participate in the AAO-HNSF Annual Meeting & OTO Experience.

### **Medical Student Travel Grants**

Travel grants to the AAO-HNSF Annual Meeting & OTO Experience are available to medical student members to learn more about the specialty, to meet and network with thousands of otolaryngologists from around the world, and to provide a foundation for continued learning.

### **Resident Leadership Grants**

Resident travel grants help defray the costs of attending the AAO-HNSF Annual Meeting & OTO Experience and make it possible to learn and connect with the global otolaryngology community.

### **YPS Travel Grants**

Young Physician Section (YPS) grants subsidize the costs of attending the AAO-HNSF Annual Meeting & OTO Experience. These grants are exclusively for young physicians in the first five years of practice.

The application process opens in late spring, but for more information about these grant opportunities, contact Pamela Gilbert at [pgilbert@entnet.org](mailto:pgilbert@entnet.org).

# My Full-Circle Experience with the Resident Reviewer Development Program

Natalie A. Krane, MD

My involvement in the Resident Reviewer Development Program (RRDP), which matches experienced



*Otolaryngology–Head and Neck Surgery* reviewers with residents seeking to learn more about the review process and how to critically evaluate scientific papers, began as a fourth-year resident. I was paired with a mentor with extensive reviewer experience (not to mention numerous publications of her own), and together we built my knowledge base and confidence reviewing manuscripts submitted for publication in *Otolaryngology–Head and Neck Surgery*. Through this mentorship, the RRDP couples and encourages independent review and thoughtful analysis with close guidance and real-time feedback on actual scientific papers aiming to be published.

The RRDP was an educational curriculum in and of itself; access to the Reviewer Development Resources allows its learners to develop a systematic and comprehensive approach to reviewing and critiquing scientific papers. These resources give a deeper understanding of internal and external validity and the necessary facets of a well-positioned scientific paper. It also teaches the reviewer to constructively provide feedback—how we provide feedback to authors is as important as how we come to our conclusions regarding the paper's major and minor flaws. It is our duty to ensure the feedback the authors receive can be used to effectively improve their manuscript.

Before long, following a graduated approach to autonomy within the RRDP, I completed the program and joined the journal's main reviewer pool. I continue to regularly review for *Otolaryngology–Head and Neck Surgery* and other journals, each time learning more about how to critically evaluate research. This in turn helps me better formulate my own

research hypotheses and how best to go about testing them. I have become a productive critic of my own scientific approach in a way that is only gained through the critical analysis of others' work.

The RRDP fosters a form of mentorship rarely available in the busy day-to-day of residency training. Mentorship is a necessary element of not only medical training but also one's career in medicine. It has been found to mitigate burnout, offer support and encouragement, and build confidence in those on both sides of the relationship.<sup>1,2</sup> I am now a mentor to residents in the RRDP seeking the same experience I had. The benefits of mentorship are not solely reaped by mentees but also by the mentors themselves, who benefit from increased productivity, career satisfaction, and personal gratification.<sup>3</sup> The mentorship model within the RRDP can also be a way for residents to develop relationships with those who have similar interests and are further along on the path they wish to endeavor. This augments the experience in a number of ways, including advice for fellowship applications or job prospects, ideating research projects, and establishing career goals during a pivotal time within residency training, when planning for the next step in one's career is on the near horizon. In all, RRDP is an incredible way to link learners with those with more experience and similar interests.

There is no doubt that my involvement within the RRDP laid the foundation for more introspective analysis of my own research and gave me the opportunity to ask questions with a methodological-oriented approach as an academic facial plastic and reconstructive surgeon with clinical research interests. I recommend the program highly, both to those seeking mentorship to learn more about the review process and those who want to mentor others. The benefits are plentiful for all involved. ■



## Call for RRDP Applicants

To be considered for the 2022 class, applications should be submitted by January 24.

### Requirements

Applicants must:

- Be PGY-3 or PGY-4
- Obtain a letter of recommendation from their program director
- Submit a completed application
- Read and watch the Reviewer Development Resources training material upon acceptance
- Have professional working proficiency or full professional proficiency in English

To learn more, please visit the Resident Reviewer Development Program web page at [www.entnet.org/rrdp](http://www.entnet.org/rrdp).

If you are an experienced peer reviewer and are interested in serving as a mentor for the program, please contact us at [RRDP@entnet.org](mailto:RRDP@entnet.org).

We also welcome communication from residency program directors regarding interest in the program.

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## Updates to the Management of Thyroid Cancer

### What are some important updates to the management of thyroid cancer?

Over the past several years, we have made significant changes to the National Comprehensive Cancer Network Guidelines for Thyroid Cancer. There are a few important considerations regarding the management of thyroid cancer that should be integrated into a busy head and neck surgery practice. First, thyroid lesions that are <1 cm in size without concerning nodal disease should be offered observation with an annual ultrasound, regardless of their Bethesda category, including carcinoma. Ideally, these lesions would avoid biopsy as per guidelines. Additionally, surgeons have historically felt more comfortable utilizing a



### INTERVIEWEE

**Jason P. Hunt, MD**

*Interim Chief, Division of Otolaryngology – Head and Neck Surgery, University of Utah*



### INTERVIEWER

**Hilary C. McCrary, MD, MPH**

*PGY-5 Division of Otolaryngology – Head and Neck Surgery, University of Utah*

lobectomy for smaller tumors, but the updated guidelines allow for a lobectomy for tumors up to 4 cm. The purpose of a total thyroidectomy in most cases is to facilitate radioactive iodine (RAI) therapy, but should there not be clear indications for RAI, a lobectomy is typically adequate.

Molecular markers are another innovative aspect of treating thyroid cancer. If a fine needle aspiration demonstrates Bethesda III or IV, molecular diagnostics should be offered to help guide management and prognostication. Molecular markers aim to obviate the need for surgery. I recommend integrating these results as a means of reducing surgical needs, as opposed to increasing surgical complexity. Genomic

sequencing can also allow for targeted therapy.

### How has your approach to treating anaplastic thyroid cancer changed?

The treatment of anaplastic thyroid cancer (ATC) continues to evolve over time, and gene-specific targeted therapies have demonstrated promising clinical results. Given the rapid change in a patient's clinical status after initiation of these therapies, we recommend immediate referral to a tertiary care center and early testing for mutation markers. While ATC is rare, early experience has demonstrated that these novel therapies have drastically changed the clinical landscape of ATC. ■



## Empowering Physicians for a More Sustainable Future

**Troy D. Woodard, MD,**  
Chair, BOG



I am honored to serve as the 2021-2022 Chair of the AAO-HNS Board of Governors (BOG). For those of you who are not familiar with the workings of the BOG, we are the grassroots member network within the AAO-HNS and are made up of representatives from local, state, regional, and national otolaryngology-head and neck surgery societies. The BOG serves as a liaison

between you and the Board of Directors.

We have several exciting initiatives for the upcoming year. First, our goal is to enhance communication among members with quarterly emails, ENT Connect posts, and social media updates that include information on BOG activities and programs as well as regional representative reports that discuss local legislation, coding and billing news, and other issues.

Our second initiative, an aspect of the BOG that I value the most, is the mentorship provided by our members. True mentors and sponsors share not only their knowledge, expertise, and experience but also empower their mentee to achieve their goals. Empowering aspiring physicians and young otolaryngologists allow us to lay the foundation for a more sustainable future in healthcare. To advance our cause of being more inclusive, the BOG will host networking events at the AAO-HNS/F 2022 Leadership Forum & BOG Spring Meeting and

AAO-HNSF 2022 Annual Meeting & OTO Experience that will include medical students interested in otolaryngology, otolaryngology department chairs and residency directors, and Academy and BOG leadership.

Finally, regardless of age, disability status, economic circumstance, ethnicity, gender, race, religion, sexual orientation, type of practice, and subspecialty, we want to make sure that everyone is represented and has a voice within our specialty. The BOG represents all AAO-HNS members. We look forward to partnering with the Diversity and Inclusion Committee, Section for Residents and Fellows-in-Training, Women in Otolaryngology Section, Young Physicians Section, and the newly formed Private Practice Study Group to ensure that we have diverse representation and engagement.

As the BOG strives to bring excellence and inclusion to our specialty, I am excited for what the future of the BOG will bring for our current and future members. ■

# Meet the New AAO-HNSF Coordinator for Research and Quality: Vikas Mehta, MD, MPH

"I was originally attracted to the field of otolaryngology because my grandfather was very passionate about cancer care in India," said **Vikas Mehta, MD, MPH**. "He was a businessman but when he retired, he spent the next 20 years of his life raising money to help build a large, modern cancer hospital in Delhi that made charity work a significant part of its mission. I saw a lot of the good that his work [accomplished] and that inspired me to pursue head and neck cancer as a career.



**Vikas Mehta,**  
MD, MPH

"The complexity of the head and neck anatomy, as well as the impact of the disease on the quality of the patients' lives, are what drew me to the field of otolaryngology. It's a very personal thing; head and neck cancer is intimately involved in our basic functions—what we do when we're breathing, swallowing, and how we appear to the world."

Dr. Mehta received his bachelor of science degree in molecular cell biology at the University of California, Berkeley, and his doctor of medicine degree at the University of California, Irvine. He completed an internship in general surgery at St. Vincent's Catholic Medical Center in New York, a residency in otolaryngology at the New York Eye and Ear Infirmary of Mount Sinai, and a fellowship in head and neck surgical oncology at the University of Pittsburgh Medical Center.

He is currently an associate professor and vice chair of otorhinolaryngology at Montefiore Medical Center/Albert Einstein College of Medicine in the Bronx, New York City. Dr. Mehta is also the quality officer for the Department of Otolaryngology-Head and Neck Surgery and the Montefiore Einstein Cancer Committee. He chaired the AAO-HNSF Outcomes Research

and Evidence-based Medicine (OREBM) Committee for three years and is currently Chair of the AAO-HNSF Head and Neck Surgery Education Committee.

In 2015 he received his master of public health degree from Johns Hopkins University. "I wanted to get my MPH to learn more about how we as physicians could have an impact on not just a single person," Dr. Mehta explained, "but thinking in terms of public health, learning techniques, and ways to impact health on a larger scale. That's what made me interested in clinical research, and through that I became involved in the Outcomes Research and Evidence-based Medicine Committee."

In October 2021 Dr. Mehta began his four-year term as AAO-HNSF Coordinator for Research and Quality. He will coordinate the research and quality/patient safety efforts of the Foundation with particular attention to aligning research, quality, and related education projects with lifelong learning and performance in practice. In his new role, Dr. Mehta will work to expand Phase 2 of the Reg-ent<sup>SM</sup> clinical data registry with a focus on clinical research through data analysis and clinical trials, patient reported outcomes, and Food and Drug Administration (FDA) post-market surveillance.

"Currently, healthcare costs are out of control," he said, "and we really need to do better for our patients and for society as a whole. We need to incorporate data-driven solutions to better understand how we can continue providing the superb otolaryngology care that is being given in both private practice and academic settings in a way that's evidence-based and cost effective. There's so much knowledge, so much innovation happening; to capture it, we need to leverage the 'Big Data' that's out there.

"Value-based care models on the federal and private levels are on the horizon and to be involved in that conversation means that we have to have the data from our specialty

to understand what value means for our patients. We have to study and understand that [value], but we can't without the data. And if we as physicians don't lead this, someone is going to do it for us."

Reg-ent was developed to be an otolaryngology-specific clinical data registry that helps practices improve and advance patient care through:

- Safeguarding the role of otolaryngologist-head and neck surgeons in defining optimal care
- Demonstrating the value of services provided by otolaryngologist-head and neck surgeons in all iterations of future payment models and providing the opportunity for participation in future private payer quality programs
- Serving as the first national data repository of otolaryngology specific data that can be mined for research and quality improvement purposes
- Helping define and develop specialty-specific quality measures
- Serving as a source of data for the development of AAO-HNSF Clinical Practice Guidelines

Dr. Mehta noted that otolaryngology is not the first specialty to use data analytics to help improve care. "One of the first examples was cardiac surgery; they set a metric establishing 30-day mortality. At first, people were skeptical, they were not happy about having to measure it, but it led to a lot of innovation and improvements in safety and quality in cardiac surgery, making it much safer than it was. I think that was a big 'aha' moment. Similar measures have been utilized in orthopedic surgery with significant improvement in patient outcomes. However, the key is having physician-driven initiatives to facilitate the adoption of clinically meaningful metrics that truly improve care for patients while avoiding those metrics that are



irrelevant or simply focused on limiting care.”

According to Dr. Mehta, approximately 1,700 otolaryngologists and 1,200 audiologists currently participate in Reg-ent and while he feels this has been a good start, the program needs to be expanded in order for the data to accurately represent the majority of the specialty. “Right now, our big focus is not only on enrolling private practitioners who benefit from Merit-based Incentive Payment System (MIPS) reporting, but also enrolling academic centers to provide patient data.

“Our major goals over the next few years are, first, to expand the registry and get as many people to sign up as possible—people from all across the United States serving all populations, academic centers, community hospitals, private practices in rural as well as urban areas—because the richness of the data will come from the ubiquity and variety of [the data] we receive. If you don’t have real-world data, it’s hard to say what is applicable to patients of [a certain] type. We understand that diversity and inclusion are important because getting a diverse group of patients will allow us to establish data points, results, and recommendations that are driven by a true representation of the population.

“The second goal is to figure out a streamlined way for us to ask the right questions, questions that are important for our members, and to provide answers and research that provide true value for ourselves as well as our patients. We will then have a data repository on which to do research evaluating real-world outcomes. Of course, as the process matures it will keep getting better and better.”

The Coordinator for Research and Quality is a member of the Reg-ent Executive Committee (REC) and chairs the Reg-ent Research Advisory Group (RRAG). Dr. Mehta will work with REC, RRAG, OREBM Committee, Patient Safety and Quality Improvement Committee, Guideline

Task Force, and CORE grants leadership to facilitate AAO-HNSF research and quality efforts. Additionally, he will serve as the Board liaison to selected research-related committees and will make committee appointment recommendations to the AAO-HNS/F President-elect.

In working with the groups and committees mentioned above, Dr. Mehta sees his primary role as one of listener. “It’s a group of many brilliant people,” he explained, “and it’s a lot of fun to interact with them and see where their priorities are because they represent the interests of our membership. It’s a matter of streamlining, coordinating, and prioritizing all of their ideas.

“By contributing data, physicians have a unique opportunity to participate, guide and impact the national dialogue on quality and value-based care. The challenge will be defining what is ‘quality’ and what is ‘value,’ and it will be very important for our physicians to feel that they have buy-in and have contributed to that data-driven process. Then, we can take those answers to Washington and to the insurance carriers and say, ‘Look, we’re providing valuable care to patients, and we need to be reimbursed in a way that makes sense.’ Having data that adequately represents the excellent care that is being delivered by otolaryngologists across the United States in rural and urban settings, in diverse communities, and in private-practices and tertiary-care academic centers will be the key to understanding and defining those measures.” ■

“

The complexity of the head and neck anatomy, as well as the impact of the disease on the quality of the patients' lives, are what drew me to the field of otolaryngology. It's a very personal thing; head and neck cancer is intimately involved in our basic functions—what we do when we're breathing, swallowing, and how we appear to the world.

”

# Reflections:

## Inspiration at #OTOMTG21 Lays Groundwork for #OTOMTG22 Call for Science!

**Daniel C. Chelius, Jr., MD**

AAO-HNSF Annual Meeting Program Coordinator

In a meeting filled with inspiration at every turn—a deep dive into personal wellness with Neha Sangwan, MD, during the Opening Ceremony; cutting-edge technology demonstrated many times over in the OTO Experience; moving reflections on the future of our field from otolaryngology legends in the inaugural Hall of Distinction induction ceremony; paradigm-defining deliberations over key controversies in the Great Debates series; thousands of reunions and cautious embraces in the halls of the Los Angeles Convention Center; and a joyful celebration at the Presidents' Reception in Xbox Plaza—some of the most powerful and inspiring moments for me came in unexpected places.

While walking through the convention center with one of my mentors on two separate occasions, I watched her step away from business to intervene for an attendee in crisis. It was a touching example of servant leadership and compassion and poignantly demonstrated the importance of attention to community.

Early Wednesday morning, October 6, I had the honor of moderating a comprehensive



otolaryngology Scientific Oral Presentation with **Nicholas A. Beckmann, DO**. Despite the early hour on the last day of the meeting, we were treated to four superb presentations: global health and the outcomes impact of a limited otolaryngology workforce in parts of the Africa by University of California, San Francisco, PGY-4 **Gaelen B. Stanford-Moore, MD**; patient safety and vaping by Kaiser Permanente Medical Group - Northern California PGY-3 **Peter M. Debbaneh, MD**; equity in metrics for otolaryngology residency applications by Vanderbilt University PGY-1 **Christina Dorismond, MD**; and the role of telemedicine in postoperative care by Trinity College junior Gillian Murdock and her mentors at Carolina Ear Nose & Throat - Sinus and Allergy Center, PA. As I listened to the very well-delivered and thought-provoking presentations from these young members of our community, I had to think that the discourse would have made our meeting founder, **Hal Foster, MD**, very proud to see his vision continued 125 years later.

Later that day at the LA airport, my partners from Baylor and I had the lucky chance to visit with an MS-4 student from a medical school without an otolaryngology program. He described the exceptional mentorship he received on the research project that brought him to our meeting. He recounted what an affirming experience



**Ariel Omiunu, MS**, 2021 Best of Orals, presenting: Gender and Outcomes in Patients with Thyroid Cancer Undergoing Thyroidectomy

All authors: Joseph Celidonio; Ariel Omiunu, MS; Christina H. Fang, MD; Soly Baredes, MD; Jean Anderson Eloy, MD



**Torin P. Thielhelm**, 2021 Best of Orals, presenting: RAD51 Inhibitor and Radiation Toxicity in Vestibular Schwannoma Cells

All Authors: Torin P. Thielhelm; Scott Welford, PhD; Eric A. Mellon, MD, PhD; Fred Telischi, MD; Michael E. Ivan, MD; Christine T. Dinh, MD





it was to see our community, our collective experience, and our technology intersecting in Los Angeles. He was flying home energized and more confident and excited about his decision to pursue our field.

These were only a few of the many moments in Los Angeles that reminded me of what an incredible privilege it is to be able to participate in what is effectively the world's largest annual otolaryngology retreat. But just as has always been the case, it only happens because we accept the invitation to join the discussion. The Call for Science for our 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania, opened in December. I join the Program Committee and Board of Directors in welcoming our community to this next chapter and inviting all voices to contribute to the future of our field.

### How to Create a Successful Expert Lecture or Panel Presentation

**Marilene B. Wang, MD**, Annual Meeting Program Committee Member

The AAO-HNSF Annual Meeting offers an unparalleled opportunity for otolaryngologists from around the world to teach and learn from each other. The Annual Meeting Program Committee strives to



formulate a program that covers the most relevant and timely topics in our specialty.

When planning a submission, it is helpful to look at the gap analysis on the Call for Science website. These are topics identified by the Academy that will be given priority when planning for future education content. An initial idea for a topic may benefit from modification according to this gap analysis. It is also a good idea to browse content from previous meetings, available within OTO Logic. This will help identify potential areas of deficiency, which can create opportunities to develop new content. Avoid submitting duplicate topics; however, if you can think of a different angle or approach, it may be a worthwhile submission.

Many successful Panel Presentations come from the Academy's committees. If you are on a committee, try to brainstorm with other members; also reach across to collaborate with other committees to develop topics. The possibilities multiply when you can work with other committees, and the likelihood of acceptance for a Panel Presentation increases as well.

Consider factors of diversity when planning for presenters or panelists. An experienced faculty member may consider inviting a former resident or fellow to join on an Expert Lecture or Panel Presentation, and a younger speaker may seek to join forces with more experienced faculty. Breadth of perspective, including

diversity across ethnicities, gender, career levels, and practice types is greatly valued. AAO-HNSF encourages submissions that promote gender diversity and include members of underrepresented communities, as well as topics relevant to diversity, equity, inclusion, and cultural competence.

Look for topics that are relevant for patient care, including controversies in management, new surgical techniques, technological advancements, practice management, ethics, and wellness. Outline the objectives clearly and organize/limit the topics to fit into the allotted time slot. If the presentation is a recurring one from previous years, be sure to update it appropriately.

Proofread the presentation carefully for correct grammar, spelling, and style. It is also important to carefully formulate the title for the presentation. An eye-catching, attention-grabbing title is appealing to both the program reviewers and the attendees who often have to choose between multiple presentations of similar topics.

Finally, the background statement offers the chance to make an argument as to why this presentation topic is relevant and worthy of inclusion in the meeting. Here is where you can "sell" the topic and presenters. Include any past successes (packed room at previous Annual Meeting), expertise of the speakers (inventor of technique), timeliness/urgency (COVID-19 sequelae), and diversity of the panel.

## ■ Annual Meeting: Call for Science

### How to Create a Great Scientific Abstract

Michele M. Carr, DDS, MD, PhD

Annual Meeting Program Committee Member

The AAO-HNSF Annual Meeting is generated by the membership. Are you interested in submitting an abstract for a Scientific Oral or Poster Presentation? To maximize your chances that it will be accepted, here's what you need to know.

### The Science

A good submission starts with a creative original research question that is executed carefully. Creating a good research project is beyond the scope of this article, but if that's the information you need, get advice locally. Work with a mentor. Once you have a project, you need to address ethical issues and obtain Institutional Review Board (IRB) approval if necessary. Make sure that the research you submit is of interest to clinical otolaryngologist-head and neck surgeons who make up the majority of Annual Meeting attendees. Create your research team early—include necessary subject area experts and at least one trainee so you can help build our future. Make sure at least one member of the team is going to be available to present at the meeting; the presenter must attend.

### The Abstract

As authorship is anonymized, the abstract is the only information the committee uses to judge your submission. First, pick a descriptive title. A naïve reader must get an accurate idea of what your research is about if you want to attract an audience.

The abstract structure includes four sections: Introduction, Method, Results, and Conclusion:

- The **Introduction** states why you did the project and a clear purpose or objective.
- The **Method** contains the key parts of your methodology. State the kind of study you did—is it a retrospective analysis, cohort study, randomized controlled trial, or systematic review? Include key inclusion criteria if they are important. Include key variables and key outcomes. This is not the place for an exhaustive methodology discussion.

- The **Results** section is where the bulk of your words sit. Describe your study population with relevant statistics, for example, gender, age, and race. Include key findings with actual data—means, medians, 95% confidence intervals, odds ratios,  $p$  values—however you describe your data. A lot of your data will not be included in the abstract, just what is most important to your thesis. Do not submit a study you haven't done yet.
- In the **Conclusion**, state the overarching lesson you learned from your study. Make sure the conclusion is clear and follows the data, and don't overstate it. Do not restate your findings in your conclusion.

The guidelines will tell you the maximum word count allowable for the abstract. You can save space by using numerals for numbers and taking out the spaces around operation symbols, for example,  $p = .02$  versus  $p = .02$  and  $< 1$  cm versus  $< 1$  cm. Use acronyms. For example, if the term “post-tonsillectomy hemorrhage” appears several times in your abstract, use the acronym “PTH” subsequent to the term's first use. Place “PTH” in parentheses after the full term: post-tonsillectomy hemorrhage (PTH). Remember that you cannot include citations, references, figures, or tables in these abstracts.

Once you're done, check for typos, correct the spelling, and apply basic grammar rules. Then circulate it to all involved authors and make sure everyone agrees that the submission is acceptable to appear alongside their names. Your abstract will be published if it is accepted for presentation.

### The Submission Process

Once you have your abstract, decide on a category based on who you think your target audience will be. You want someone to come listen to your talk or look at your poster, and each attendee concentrates on their categories of interest. Open the online submission form and make sure you understand what is needed. In the author section, make sure that people who are leaving your program before the Annual Meeting have provided an email address that will still work at that time. The other important aspect of authorship is identifying individuals in underrepresented categories of the Academy. If you are not completely confident of these categories, communicate with your coauthors and

allow them to categorize themselves. This information is important for AAO-HNSF accountability; we need to represent all members.

You will need to choose whether you want to submit for a Scientific Oral Presentation or a Poster Presentation. Earning a spot on the schedule to speak is highly competitive. An Oral Presentation requires the submission of a full manuscript to the AAO-HNSF journal, *Otolaryngology–Head and Neck Surgery* (OTO Journal) by a specified deadline dependent on the first author's last name. A Poster gives the team the opportunity to present to walk-by attendees at a specific session during the meeting. Your team will need to cover the cost of producing a Poster. For either Oral or Poster Presentations, your work is embargoed until the date and time in which it is presented during the meeting, which means that you cannot present it elsewhere until then. While Oral Presentations must be submitted as a manuscript for publication in OTO Journal, Poster Presentations may not be submitted to another journal unless rejected for publication in OTO Journal. Presenting at the Annual Meeting is a privilege and an honor for otolaryngologists and aspiring otolaryngologists. We want to hear your good ideas, and we welcome your submissions for Philadelphia in 2022! ■



**Molly M. Murray**, 2021 Best of Orals, presenting: Retrospective Analysis of Post-Tracheostomy Complications

All Authors: Molly M. Murray; Joseph Zenga, MD



**FORWARD TOGETHER**

**AAO-HNSF 2022**

**ANNUAL MEETING & OTO EXPERIENCE**

**SEPTEMBER 10-14 PHILADELPHIA, PA**



**MAKE YOUR MARK AT THE ANNUAL MEETING BY  
SUBMITTING YOUR #OTOMTG22 EDUCATION PROPOSAL**

# **CALL FOR SCIENCE**

**December 6, 2021 – January 24, 2022**

Each year, the AAO-HNSF receives and reviews thousands of abstracts and proposals submitted by otolaryngologists and healthcare professionals. It is the goal to ensure the education programs offered at the Annual Meeting are engaging, significant, relevant, and of high quality, leaving attendees feeling equipped with the knowledge, tools, and resources to advance patient care and implement real change within the otolaryngology-head and neck surgery community.

AAO-HNSF encourages submissions that promote gender diversity and include members of underrepresented communities, as well as topics relevant to diversity, equity, inclusion, and cultural competence.

**This timeframe is inclusive of all program formats:**

- International Symposium
- Scientific Oral Presentations
- Master of Surgery Video Presentations
- Expert Lectures
- Scientific Posters
- Panel Presentations

**[www.entannualmeeting.org](http://www.entannualmeeting.org)**

# Judicious Antibiotic Usage

Philip G. Chen, MD, General Otolaryngology and Sleep Education Committee member

Penicillin was a miracle drug that saved millions of lives during World War II and ever since. However, its risk for misuse was astutely understood when Alexander Fleming, FRS, FRSE, FRCS, warned of the perils of poor penicillin stewardship and microbial resistance during his 1945 Nobel Lecture. While antibiotics continue to save lives, they also continue to be used in judiciously. It is estimated that a third of antibiotics are given for the wrong indication, such as use in viral upper respiratory tract infections. Further, when used in the correct situation, it is estimated that about half of the prescriptions are the wrong antibiotic selection, duration, and/or dose.

Otolaryngologists often prescribe antibiotics both in the office and in the perioperative period. The role of antibiotics may be clearer in situations of frank infection. Yet, situations still exist where antibiotics are regularly prescribed despite evidence of limited utility such as in uncomplicated acute otitis media. Additionally, surveys demonstrate a wide variability in practices among our peers in the perioperative period.<sup>1</sup> Survey results suggest otolaryngologists err on the side of too many antibiotic prescriptions, especially in the cases of clean surgery such as parotidectomy and even clean contaminated cases such as septoplasty. Multiple studies demonstrate minimal benefits of antibiotics in clean cases. Rather, sterile and atraumatic techniques appear more important in preventing postoperative infection. The role of antibiotics after surgery in tonsillectomy, rhinoplasty, and sinus surgery also appears limited based on the latest research. Paradoxically, our efforts to help prevent infection may actually cause more harm. For example, a growing number of studies suggest clindamycin not only increases risk of *Clostridioides difficile* infection but also adversely affects wound healing, which is

paramount after surgery.

We also face the frequent problem of inaccurate penicillin allergy reporting. Approximately 10% of the U.S. population reports allergy to penicillin, yet it is estimated that less than 1% of the population has true IgE-mediated reactions.<sup>2</sup> Rather, patients with side effects such as rash, gastrointestinal symptoms, and yeast infections incorrectly report these as allergy. Often patients do not recall a specific problem but rather were instructed by a parent not to take penicillin. This mislabeling results in widespread use of other broad-spectrum antibiotics, as well as increases in healthcare costs and antimicrobial resistance.

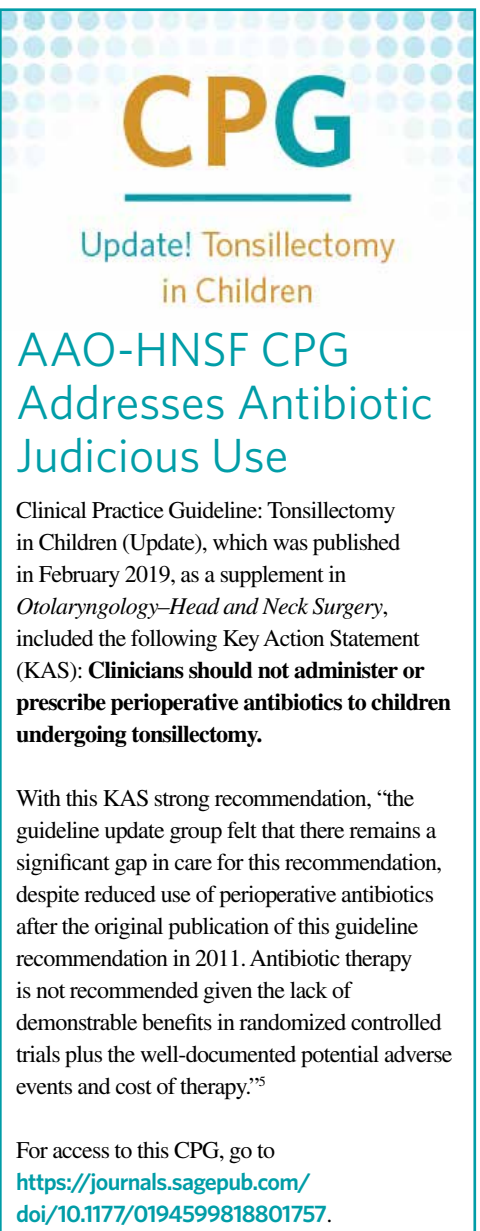
In the field of otolaryngology, penicillin allergy mislabeling often leads to avoidance of cephalosporins due to concerns of cross reactivity. There is mounting evidence that the rate of cross reactivity between penicillin and cephalosporins—especially later generations—is very low.<sup>3</sup> Thus, patients should be interviewed about their penicillin allergy, and those with intolerance can often take cephalosporins without problems. Given the severity of reactions, however, cephalosporins should be avoided in patients with documented anaphylaxis to penicillin. An allergist should evaluate patients with questionable penicillin allergy to safely remove the inaccurate label. This is done with skin prick testing and an oral challenge.<sup>4</sup>

We can do our part in minimizing inaccurate reporting by trying to understand the patient's adverse reactions. Inquiring as to what medication was being taken when the reaction occurred, the timing of the reaction, and any additional details surrounding its use are all helpful. IgE-mediated reactions typically occur within an hour of medication administration, can result in localized swelling and hives, and may be associated with wheezing or difficulty breathing.

Antibiotics are life-saving medications, but we owe it to our patients to better appreciate when and how they can be used. Efforts to educate patients about indications for antibiotic usage take time and can be met with resistance.

Understanding a patient's allergic history also requires a little extra effort on our part. Ultimately, by doing so, we can continue to provide our patients the best possible care while also ensuring antibiotics are effective for years to come. ■

See the online version of this article for a complete list of references.



**CPG**

Update! Tonsillectomy  
in Children

**AAO-HNSF CPG  
Addresses Antibiotic  
Judicious Use**

Clinical Practice Guideline: Tonsillectomy in Children (Update), which was published in February 2019, as a supplement in *Otolaryngology–Head and Neck Surgery*, included the following Key Action Statement (KAS): **Clinicians should not administer or prescribe perioperative antibiotics to children undergoing tonsillectomy.**

With this KAS strong recommendation, “the guideline update group felt that there remains a significant gap in care for this recommendation, despite reduced use of perioperative antibiotics after the original publication of this guideline recommendation in 2011. Antibiotic therapy is not recommended given the lack of demonstrable benefits in randomized controlled trials plus the well-documented potential adverse events and cost of therapy.”<sup>5</sup>

For access to this CPG, go to  
<https://journals.sagepub.com/doi/10.1177/0194599818801757>.

The graphic features a central circular emblem composed of eight overlapping, leaf-like segments in teal, purple, green, and gold. Below this emblem is a red curved banner with the text 'WE ARE ONE' in white. The entire design is set against a background of radiating lines in light blue, green, and gold.

# 2021 ANNUAL REPORT

WE ARE ONE

**Annual Report:** Calendar Year 2021

**Financial Report:** Fiscal Year 2021 (*July 1, 2020 - June 30, 2021*)





## MESSAGE FROM AAO-HNS/F LEADERSHIP

**Carol R. Bradford, MD, MS**  
2020/2021 President

**James C. Denny III, MD**  
EVP/CEO

The 2021 Annual Report is a special one in the history of the American Academy of Otolaryngology-Head and Neck Surgery and its Foundation (AAO-HNS/F) in that it marks the 125th anniversary of our organization. The year 2021 was the convergence of both the reflection of our rich history and footprint in the house of medicine and our proactive response to the ongoing transformation of member and patient needs ignited by the COVID-19 pandemic. As a result, and through a thorough and engaged strategic planning process, the Academy not only strengthened the pillars of this organization—advocacy, education, and research—but extended that reach through new initiatives and campaigns.

The 2021 AAO-HNS/F Strategic Planning process, which included considerable input from over 100 internal and external stakeholders representing the full spectrum of the otolaryngology community, began in early 2021. Both the plan and the budget that supports it were finalized and approved at the Boards of Directors meeting in April.

### ADDRESSING EQUITY IN HEALTHCARE AND THE CHALLENGES OF IMPLICIT BIAS

During the strategic planning process, the AAO-HNS/F updated our Core Purpose and Core Guiding Principles and added the word “equitable” to our Core Purpose to read, “We engage our members and help them achieve excellence and provide high-quality, evidence-informed, and equitable ear, nose, and throat care through professional and public education, research, and health policy advocacy.” We expanded that further with one of our updated Core Guiding Principles that reads, “Promote inclusive

diversity and equity in ENT patient care and throughout our specialty and organization.”

The AAO-HNS/F strives to serve as a positive example of inclusive excellence, where all members have the opportunity to thrive. We strive for a workforce that has parallel diversity to the communities we serve. We aspire to overcome healthcare disparities so that we can provide high-quality, equitable care to all. We know that significant health disparities exist, and we know that the work ahead of us matters—that this work will require us to devote our talents, resources, and creativity to make a meaningful difference.

To effect change and reduce and eliminate barriers to equitable care, the AAO-HNSF, through the collaborative effort of the Diversity and Inclusion Committee, created 10 interactive videos that explore the most common types of implicit bias. Past President **Duane J. Taylor, MD**, provided the introductory video for the series. The production of this valuable series was made possible by a successful staff effort to identify funding sources and secure the needed resources for the production. The Academy would like to thank the sponsors of this project—Medtronic, the Josiah Macy Jr. Foundation, Acumed, Integra Foundation, and Olympus—for their generous support that allowed production of this valuable resource.

We also extend a special thank you to the members of the AAO-HNS Diversity and Inclusion Committee and Foundation staff for their dedication to this project and commitment to providing valuable resources not only to the members of the Academy but to the healthcare community as a whole.



## FOCUS OF BUSINESS OF MEDICINE AND DEVELOPING THE PRIVATE PRACTICE STUDY GROUP

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 with the following objectives:

- Advocate for appropriate reimbursement and diminished administrative burdens.
- Promote awareness of existing practice management resources through collaboration with our practice administrator colleagues.
- Develop an active forum for collaboration on practice management support.
- Develop strategic models for incorporating advanced practice providers (APPs) into team-based otolaryngology care.

An assortment of venues and approaches will be utilized to attain these objectives, including the creation of the Private Practice Study Group (PPSG). The PPCSG 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 Board of Directors 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.

## FUTURE OF MEETINGS TASK FORCE

One major area of transformation as a result of the COVID-19 pandemic has been the logistics of meetings. In response, the Board of Directors created a Task Force on the Future of Meetings that is charged with evaluating the entire portfolio of meetings that the AAO-HNS/F convenes each year. To remain relevant to the needs of attendees of our meetings, it will be critical for the Task Force to identify the purpose and goals of each as well as who are the target audiences for our meetings. Since we are likely to be dealing with some level of the COVID-19 pandemic well into the future, we will need to maintain flexibility and practice patience as we find the best way to maintain the significant benefit of the meetings while considering stakeholder concerns and value.

## 125 STRONG

The 125 Strong Campaign was initiated to drive transformation and innovation, expand and magnify programs and services, and collectively partner for the health and well-being of our members and those we serve.

The four areas of this campaign, which will run through the end of 2022, include Diversity, Equity, and Inclusion (DEI); Education; Leadership Development and Mentorship; and Wellness. We extend a special thank you to two Past Presidents **Sujana S. Chandrasekhar, MD**, and **Albert L. Merati, MD**, who are serving as the Co-chairs of the

125 Strong Campaign, and to the leaders of the four projects: **Angela M. Powell, MD (DEI)**; **Richard V. Smith, MD (Education)**; **Kathleen L. Yaremchuk, MD, MSA (Leadership Development and Mentorship)**; and **Dana M. Thompson, MD, MS (Wellness)**.

We have made strides on the fundraising goals for this campaign in 2021, but we need more participation from the membership in 2022 to reach our \$5 million goal in total. Look for more opportunities throughout in the coming year on how you can participate and contribute to the project and initiatives that further the efforts of our organization’s supporting pillars.

## TRANSITION IN LEADERSHIP

Supporting the extensive work of the Strategic Plan is a multi-layer approach that includes the Boards of Directors, coordinators, committees, sections, member volunteers, and staff, as well as our collaboration through specialty and other medical societies.

In 2021 there were several transitions in the coordinator-level position to note. **Daniel C. Chelius, Jr., MD**, served his first full year as Annual Meeting Program Coordinator after **Mark K. Wax, MD**, finished his term in October 2020. **Mark E. Zafereo, Jr., MD**, took the torch from **J. Pablo Stolorovitzky, MD**, in October and is now serving as the sixth Coordinator for International Affairs. **Vikas Mehta, MD, MPH**, assumed the role of Coordinator for Research and Quality in October when **Cecelia E. Schmalbach, MD, MSc**, stepped down to assume the role as Editor in Chief-elect for *Otolaryngology-Head and Neck Surgery* and *OTO Open*. She will serve as the first AAO-HNSF female Editor in Chief starting in October 2022 at the end of the term for current Editor in Chief **John H. Krouse, MD, PhD, MBA**.

## THE 125-YEAR LAUNCH PAD

Over the years, the Academy has expanded from primarily an education and research organization that fostered a collegial community of U.S. otolaryngologists to a full-service association with significant international presence and collaborative relationships to meet the needs and preferences of otolaryngologists around the globe. The discipline to focus both talents and resources on factors directly related to improving patient care and meeting members’ needs has allowed our organization to thrive in changing environmental and political situations as well as through global pandemics like COVID-19.

The continued growth in the specialty and the organization can be directly linked to the commitment of our engaged otolaryngology community. It can also be mapped to our ability to transcend challenges and recognize the transformative significance of innovation and initiative.

As the year closes to our 125-year celebration, it is quite evident that otolaryngology-head and neck surgery has a rich history and has established itself as an essential, highly respected specialty within the medical community. Just like the past 125 years, our specialty and organization will rise to the challenges that confront us, advancing otolaryngology and improving patient care around the world thanks to the extraordinary dedication and leadership of our members. 🌈



# AAO-HNS/F 125th ANNIVERSARY CELEBRATION

## LEGACY of EXCELLENCE

Published a print and digital version of the sequel to *Century of Excellence*. This nearly 300-page, colorful illustrative publication documents the AAO-HNS/F history and contributions to otolaryngology-head and neck surgery over the past 25 years.



## 125th ANNIVERSARY SPECIAL ISSUE OF THE BULLETIN

Published a special, commemorative issue of the *Bulletin* in January 2021 that documented the AAO-HNS/F 125-year history. This bonus issue included contributions from guest authors.



## LEGACY OF EXCELLENCE MUSEUM

THE LEGACY of EXCELLENCE WAS MADE POSSIBLE BY THE GENEROUS SUPPORT OF:

**stryker**



**Medtronic**

Thank you for helping the AAO-HNS/F honor and share our rich 125-year history with the global otolaryngology-head and neck surgery community.





# SHAPING OUR FUTURE TOGETHER

125 STRONG CAMPAIGN

## 125 STRONG CAMPAIGN

The 125 Strong Campaign commemorates the 125th anniversary of the Academy and our specialty and is critical to shaping our future together. Ensuring the AAO-HNSF raises the funds needed to complement our existing programs is a major component of shaping the specialty's next 125 years and beyond. The 125 Strong Campaign is a fundraising effort designed and driven by practicing otolaryngologists to provide funds for programs for otolaryngologists locally, regionally, nationally, and internationally. We are investing in each other, in you, your partners, your trainees, and your communities—as we work to improve patient care at home and around the world. This fundraising effort, which officially launched in January 2021, focuses on raising funds in four essential areas: Diversity, Equity, and Inclusion; Education; Leadership Development and Mentorship; and Wellness.

## HALL OF DISTINCTION

The AAO-HNS/F announced the selection of the inaugural class of the “Hall of Distinction.” The Awards Task Force, chaired by Past President **Albert L. Merati, MD**, recommended and the Executive Committee subsequently approved these individuals for the 2021 inaugural class of inductees. President **Carol R. Bradford, MD, MS**, honored this outstanding class of inductees on Tuesday, October 5, 2021, followed by a reception.



L to R: William Harry Barnes, MD; John J. Conley, MD; Antonio De la Cruz, MD; Hal Lovelace Foster, MD; Chevalier Jackson, MD; Helen F. Krause, MD



L to R: M. Jennifer Derebery, MD; K.J. Lee, MD; Eugene N. Myers, MD, FRCS Edin (Hon); James L. Netterville, MD; Gavin Setzen, MD; Gayle E. Woodson, MD

## LEGACY of EXCELLENCE MUSEUM

The Academy's rich history was on display in the 125th Anniversary Legacy of Excellence Museum at the Annual Meeting & OTO Experience in Los Angeles, California. This exhibit provided attendees the opportunity to view a sampling of artifacts from the John Q. Adams Center for the History of Otolaryngology-Head and Neck Surgery housed at the Academy's headquarters—including some original artwork from Chevalier Jackson, MD, from 1939. It also included an animated timeline reflecting on historic accomplishments and moments since Hal Foster, MD, founded the organization in 1896.







# ADVOCACY

- Engaged with national, regional, and local insurers seeking positive coverage changes to policies relating to:
  - ★ Tonsillectomy for adults with or without adenoidectomy
  - ★ Obstructive sleep apnea, including hypoglossal nerve stimulation (HGN)
  - ★ Absorbable nasal implant (Latera)
  - ★ SPECT/CT Fusion Imaging
  - ★ Steroid-eluting implant (Sinuva)
  - ★ Balloon sinus ostial dilation
  - ★ Functional endoscopic sinus surgery
  - ★ Cochlear implants
  - ★ Cryosurgical ablation for chronic rhinitis
- Executed successful “First 50” campaign via ENT PAC, garnering an annual contribution of \$1,000 or greater by 50 AAO-HNS members, in the midst of a challenging political climate following the November 2020 elections
- Continued to grow the Academy’s political footprint on Capitol Hill, expanding support to new candidates and U.S. Representatives and Senators not previously supported by ENT PAC—attended several virtual events beginning in March 2021 and commenced in-person political participation via ENT PAC in late July
- Launched multiple impactful grassroots campaigns advocating for AAO-HNS federal legislative priorities on [www.entadvocacy.org](http://www.entadvocacy.org)—the October 2021 campaign, urging Congress to stop scheduled cuts to the 2022 Medicare Physician Fee Schedule, contributed to a bipartisan letter sent to Congressional leadership generating 247 signatories
- Continued the fight in Congress to stop inappropriate federal scope-of-practice expansions for audiologists and other nonphysician providers, including actively opposing legislation (H.R. 1587/S. 1731, the “Medicare Audiologist Access and Services Act of 2021”), which would grant audiologists unlimited direct access to Medicare patients without a physician referral
  - ★ As part of this effort, the AAO-HNS led coalition letters to Congressional leadership strongly opposing these bills—both letters included 110 national, state, and local physician organizations that signed on in opposition to H.R. 1587/S. 1731
- Conducted targeted federal legislative and regulatory advocacy efforts, including through an AMA-led coalition, to oppose and revise the U.S. Department of Veterans Affairs’ (VA) project to develop National Standards of Practice for 48 healthcare occupations—the VA is invoking the Supremacy Clause of the Constitution to preempt state and local scope of practice laws, which has harmful implications on patient care
- Worked with CPT team, Academy leaders, and collaborating societies on the creation of a new CPT code, effective in January 2022, for:
  - ★ Nasal Valve Collapse
  - ★ Bone Anchored Hearing Aids (BAHA)
- Worked with RUC team and other Academy leaders to achieve appropriate valuation for a new CPT code, effective in January 2022, for:
  - ★ Drug Induced Sleep Endoscopy (DISE)
- Convened a joint workgroup with leadership of the American Rhinologic Society to create radiographic imaging criteria for endoscopic sinus surgery for distribution to commercial insurers

## Collaborated with state advocates and state medical societies to successfully:

- Grow the State Trackers program to include 175 trackers who collectively worked on 2,484 state legislative and regulatory proposals
- Add the AAO-HNS/AMA amendments to Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) legislation in eight out of fifteen states that have passed the compact
  - ★ Following the introduction of ASLP-IC bills in 29 states, 11 bills were stopped and one was vetoed by a governor
- Propose multiple amendments to North Carolina HB 72, the audiology practice act legislation
- Submit letters of support/testimony on Massachusetts’s “Act to Increase Access to Hearing Aids”
- Submit letters of opposition to West Virginia HB 3037, the “HEAR Act,” which would have allowed audiologists to determine medical hearing loss
- Work with advocates in Ohio (HB 198), South Carolina (SB 193/HB 3234) and Florida (SB 1268) to amend bills omitting otolaryngologists for medical evaluation and insurance coverage of children for hearing aids
- Alert, comment, and propose multiple amendments to Tennessee HB 920 and SB 665, regarding cerumen management for hearing aid specialists
- Work with Arkansas advocates to amend SB 88, legislation to eliminate the physician position on the Hearing Instrument Dispensers Board

# PROFESSIONAL EDUCATION & DIGITAL LEARNING

- Released the first eight sections of FLEX, AAO-HNSF's new flagship education program, offering 10 different creative and contemporary modalities
- Offered 1,672 activities in OTO Logic and welcomed 2,527 new learners
- Developed 15 new online digital courses
- Introduced the AAO-HNSF 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 the American Board of Otolaryngology – Head and Neck Surgery (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, "Pearls from Your Peers"
- Achieved reaccreditation from the Accreditation Council for Continuing Medical Education (ACCME) demonstrating AAO-HNSF education meets the requirements for delivering independent CME that accelerates learning, change, and improvement in healthcare

## AAO-HNSF 2021 ANNUAL MEETING & OTO EXPERIENCE

### OPENING CEREMONY:

The AAO-HNSF welcomed Neha Sangwan, MD, as the keynote speaker at the AAO-HNSF 2021 Annual Meeting & OTO Experience Opening Ceremony. Dr. Sangwan provided a positive outlook on wellness for the medical community both as a whole and as individuals during her interactive keynote speech titled, "Self-Care in Healthcare." Her focus on wellness directly supports the AAO-HNSF Strategic Plan's goal to cultivate member well-being and resiliency to enhance quality of care and sustainability of our community.

### FEATURED VIDEOS:

- Why OTO?
- 125 History Video

### EDUCATION AND SCIENCE:

- Offered 300+ hours of CME credit
- Added new programming options including the Great Debates, Simulation Activities, and ENTrepreneur Faceoff
- Showcased 500+ Scientific Posters
- Included 220 Scientific Orals



**AAO-HNSF 2021**  
ANNUAL MEETING & OTO EXPERIENCE  
LOS ANGELES, CALIFORNIA | OCTOBER 3-6  
WE ARE ONE TWENTY-FIVE



**269** On-demand  
**232** In-person  
**56** Livestream



**4,100+**  
Total registered for  
online and in-person

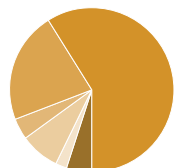


## TOP 10 REPRESENTED COUNTRIES/REGIONS:

4,150 .... United States	73 ..... Canada
207 ..... Philippines	50 ..... Saudi Arabia
179 ..... Mexico	41 ..... Dominican Republic
89 ..... Undesignated	40 ..... Egypt
79 ..... Columbia	28 ..... Ecuador

## WHO ATTENDED?

59% ..... Physician
22% ..... Resident
4% ..... Administrator/Advanced Practice
8% ..... Medical Student
2% ..... Nonphysician
5% ..... Speaker/OTO Experience Only



### MEETING DAILY:

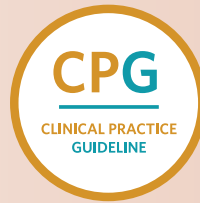
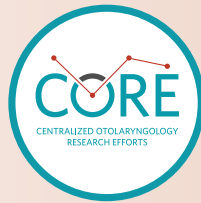
The *Meeting Daily* went digital only for 2021 and included the debut of Meeting News Central, the website that housed the *Meeting Daily* covered content.

## CORPORATE PARTNERSHIPS

- Sold \$694,000 in conference-related sponsorships (92% to budget,) which included mostly facilities-based sponsorships, online advertising, ad retargeting, and virtual advertising
- Sold \$1,001,000 (61% to budget) in exhibit space at the Annual Meeting and on the Annual Meeting virtual platform—this included 136 exhibiting companies of which 35 were first-time exhibitors
- Welcomed our first Podcast Sponsor: Aerin Medical
- On-boarded three major 125th Anniversary sponsors: Stryker, GSK, and Medtronic
- Created sponsorship prospectus and additional partnership opportunities for the XXXVII Pan American Congress of Otolaryngology—Head and Neck Surgery

## #OTOMTG21 BY THE NUMBERS

# RESEARCH & QUALITY



## REG-ENT<sup>SM</sup>

- Transitioned structured data from FIGmd to OM1 for data validation and curation allowing for the development of a Reg-ent research platform
- Launched the 2021 performance year dashboard and MIPS reporting module
- Submitted the Qualified Clinical Data Registry (QCDR) self-nomination to the Centers for Medicare & Medicaid Services (CMS) for the 2022 Merit-based Incentive Payment System (MIPS) program to continue supporting our members' participation and data reporting, and to help foster improvement in the quality of patient care
- Achieved QCDR designation with CMS for performance year (PY) 2021, the sixth year Reg-ent earned this designation
- Completed integration for several academic medical centers (AMCs) and continued with onboarding and technical support to eight AMCs
- Developed, distributed, and evaluated face validity surveys for priority QCDR measures, collaborating with volunteer Reg-ent practices
- Initial practices have shared the first patient reported outcome (PRO) tool on Age-Related Hearing Loss with patients—refinement is taking place based on practice feedback
- Reg-ent contains 7 million individual patients and 27 million patient visits
- Identified a solution for integrating Greenway cloud-hosted practice data to Reg-ent
- Successfully completed 2020 MIPS reporting for 1,075 clinicians—communicated CMS updates on COVID-19-related MIPS exceptions with practices
- Co-hosted, with Reg-ent technical partner FIGmd, a MIPS Submission and Data Validation Audit webinar in January attended by practices reporting 2020 MIPS through Reg-ent
- Redesigned the Reg-ent webpage for improved usability

## CORE GRANTS

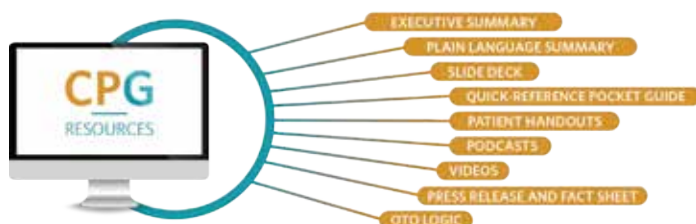
- Held the virtual CORE Study Section in March with 63 reviewers and three chairs participating
- Reviewed 175 grant applications, with 24 meritorious CORE grants awarded
- Funded \$549,885 in CORE grant awards, supported by AAO-HNSF and specialty societies

## QUALITY MEASURES

- Contributed quality measures data to the CMS QCDR self-nomination process incorporating measure testing information and performance rate data
- Held discussions with CMS outlining a comprehensive otolaryngology MIPS Value Pathways (MVP) to help members satisfy MIPS reporting requirements—the proposed otolaryngology MVP candidate includes measures and activities related to:
  - ★ chronic rhinosinusitis
  - ★ hearing loss
  - ★ early oral cavity cancer
- Received approval by CMS for 22 specialty-specific AAO-HNSF developed measures for reporting in MIPS
- Made available in the Reg-ent registry 35 reportable measures in MIPS

## CLINICAL PRACTICE GUIDELINES (CPG) & EXPERT CONSENSUS STATEMENTS (ECS)

- Published the following CPG and ECS in *Otolaryngology-Head and Neck Surgery*:
  - ★ **ECS:** Pediatric Drug-Induced Sleep Endoscopy (DISE)
    - Published January 2021
  - ★ **CPG:** Opioid Prescribing for Analgesia After Common Otolaryngology Operations
    - Published April 2021
- Continued work on the following CPGs and ECSs in progress:
  - ★ **CPG:** Tympanostomy Tubes in Children (Update)
    - Anticipated publication date February 2022
  - ★ **CPG:** Manual Update
  - ★ **ECS:** Prevention and Management of Dysphagia in Head and Neck Cancer Patients
  - ★ **ECS:** Persistent OSA After Adenotonsillectomy
- Held a virtual meeting of the Guideline Task Force in July





# MEMBER SERVICES & GLOBAL AFFAIRS

- Launched mENTor, a new AAO-HNS program, connecting medical student members to otolaryngologists who are eager to share their guidance, advice, and personal experiences. To date (10/19/2021), there are 190 medical students participating and 163 physician members signed up to mentor between 1 and 3 students.
- Engaged more than 1,800 medical students in a series of five webinars, the largest of which was “Is OTO in Your Future?” that had an audience of over 1,000. Additionally, the Academy participated in the Association of American Medical Colleges (AAMC) Virtual Specialty Forum — 2,650 medical students participated, Academy panelists included SRF members and retired/lifetime members who answered questions and provided information to 700 students.

- Grew committee applications for the third year with 331 in 2019, 339 in 2020, and 344 in 2021 and the Committee Handbook was updated and streamlined.
- Netted more than 2,000 new and returning members from successful international Facebook campaigns (100 new members and generated over 1,000 leads). In addition, more than 600 previously lapsed members rejoined the organization and a new program messaging physicians abandoning the online join process had a 30% success rate (250 new members).
- Began preparations and planning for the XXXVII Pan American Congress of Otolaryngology—Head and Neck Surgery (June 2022) with a Call for Science launched and 300 invited speakers to date.

## AAO-HNS SECTIONS

### WIO

#### WOMEN IN OTOLARYNGOLOGY

Held its second annual virtual speed networking program with 100 participants who rotated through two break-out sessions. The 10 topics included wellness, career transition, financial health, leadership, and underrepresented communities in medicine.

### YPS

#### YOUNG PHYSICIANS SECTION

Developed four new YPS leadership podcasts that feature interviews with well-known department chairs sharing their philosophies and leadership styles.

### BOG

#### BOARD OF GOVERNORS

Held the AAO-HNS/F 2021 Virtual Leadership Forum & BOG Spring Meeting with more than 300 registered attendees and 210 participants. 83% of the attendees rated the meeting as favorable or very favorable. The meeting was advocacy focused with speakers Mark Cuban, AMA President Susan Bailey, MD, U.S. Representative Larry Buchson, MD (R-IN), and Wendell Primus, PhD, Lead Senior Policy Advisor on Budget and Health issues to Speaker of the U.S. House of Representatives Nancy Pelosi.

### SRF

#### SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING

Sponsored two webinars on “You’ve Matched, Now What” and “What to Expect in the First Year of Residency.”

## Grew PAID MEMBERSHIP for the Fifth Year in a Row!



Driven again by international physicians and medical students

## Launched the GLOBAL GRAND ROUNDS PROGRAM

Combined Participants → **3,020**  
Countries Represented → **95**

→ **TOPIC ONE** “Avoiding and Managing Complications in Endoscopic Sinus Surgery”

→ **TOPIC TWO** “From UPPP to Neurostimulation”

### BREAKDOWN OF GLOBAL PARTICIPATION:



## Launched Video Education Series HOW TO AVOID IMPLICIT BIAS

→ **\$78,000** in grant money received

→ **10 VIDEO** scripts written and filming completed

→ **EDUCATED** physicians and the healthcare team on how to avoid implicit bias when treating:

Black and Indigenous Patients	Patients with Cultural Dress
Hispanic Patients	Patients with Obesity
LGBTQ Patients	Spanish-Speaking Patients
Older Patients	Transgender Patients
Patients from Rural Areas	Women

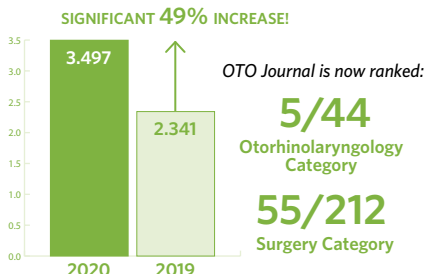
# COMMUNICATIONS

Please see the 125th Anniversary page for additional efforts and highlights related to Communications.

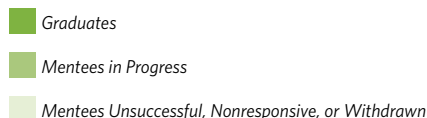
## OTOLARYNGOLOGY-HEAD AND NECK SURGERY



Achieved the Highest Impact Factor in Its History: **3.497**



## RESIDENT REVIEWER DEVELOPMENT PROGRAM



### CYCLE 1 (2017-2019) | Matriculants: 28



### CYCLE 2 (2018-2020) | Matriculants: 17



### CYCLE 3\* (2019-2021) | Matriculants: 38



### CYCLE 4\* (2020-2022) | Matriculants: 23



### CYCLE 5\* (2021-2023) | Matriculants: 39



\*Cycles with matriculants still progressing through the program

In its fifth year, the program focused on international outreach by developing a four-course curriculum:

- Introduction and Approach to Peer Review for Clinicians
- International Perspective on Publishing and Avoiding Predatory Journals
- Key Concepts in Statistics
- Interactive Peer Review Workshop

[www.entnet.org/rrdp-international](http://www.entnet.org/rrdp-international)

## DIGITAL AND PRINT COMMUNICATIONS

### OTOLARYNGOLOGY-HEAD AND NECK SURGERY:

- 947,714 full-text downloads in 2021 YTD (as of September 30, 2021) — 3.18% + from same time last year
- 20,159 podcast downloads from January 1, 2021 to September 30, 2021

### OTO OPEN:

- 94,421 full-text downloads in 2021 YTD (as of September 30, 2021) — 57.24% + from same time last year

## PUBLIC OUTREACH AND PATIENT INFORMATION



### WORLD SINUS HEALTH AWARENESS DAY:

The Academy sponsored the inaugural World Sinus Health Awareness Day on September 21, 2021, with our partner, Intersect ENT. It was created to give the millions of sinus sufferers around the world access to patient-focused trusted information about their symptoms and conditions, as well as how they can improve these and when they should seek specialized care. A tool kit of resources was disseminated to the otolaryngology community around the world and is available to members and the public throughout the year at [www.entnet.org/WSHAD](http://www.entnet.org/WSHAD).

### ENTHEALTH:

Developed new content for [ENTHealth.org](http://ENTHealth.org) to promote World Sinus Health Awareness Day and keep current on COVID-19-related information from the World Health Organization and the Centers for Disease Control and Prevention.

## MULTIMEDIA

### 2021 APEX AWARDS FOR PUBLICATION EXCELLENCE:

- The Academy received two 2021 APEX Awards
  - ★ The Grand Award for Electronic Media for the AAO-HNS COVID-19 Podcast Series
  - ★ Award of Excellence for the AAO-HNS International Recruitment Campaign

### VIDEOS:

- LA OTO Leaders Welcome You to #OTOMTG21: **1,132 Views**
- #OTOMTG21 Call for Science Tips and Guidance Webinar: **784 Views**
- #OTOTMG21 Warm-Up with Daniel C. Chelius, Jr., MD, and Anne Marie Visosky, MD: **659 Views**
- Los Angeles Awaits #OTOMTG21: **210 Views**
- 125 Strong Member Challenge with Sujana S. Chandrasekhar, MD, and Albert L. Merati, MD: **150 views**

### PODCASTS:

- Released 12 podcasts in 2021
  - ★ Most downloaded podcast title: "AAO-HNS Trauma Committee Podcast: Acute Head and Neck Injuries" **956 downloads**
- OTO Journal podcasts were made available on Spotify in 2021 <https://open.spotify.com/show/5SLTa96JGQt9yvt0mjpKiH>



Launched **489** Unique Email Messages

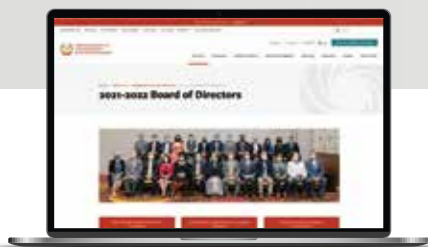
**1,566,383**  
Total Emails Sent

Click Rate:

**8.5%** of Opened **3.2%** of Delivered

**37%**  
Open Rate

# INFORMATION TECHNOLOGY



Unveiled the  
**NEW REDESIGNED  
WEBSITE**  
[www.entnet.org](http://www.entnet.org)

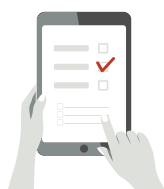
- Led the successful launch for the redesigned website
- Created a sleek, intuitive, and relevant design
- Conducted extensive content and image review, refresh, and migration
- **UPGRADED SEARCH FEATURE**  
Includes the ability to search across other AAO-HNS/F online properties like the Bulletin, Otolaryngology-Head and Neck Surgery, and OTO Logic



The main menu highlights the following content areas:

- About Us
- Education
- Quality in Practice
- Business of Medicine
- Advocacy
- Resources Search Page
- Events
- Get Involved

Many PDF forms and applications were converted to electronic web form versions, saving time and expediting the application processes.



- Expanded the Academy's cybersecurity defenses by implementing the staff cybersecurity awareness program and included HIPAA training for the Reg-ent<sup>SM</sup> staff
- Implemented multifactor authentication for virtual private network access for login projection when staff works remotely
- Worked with Membership to design and implement the Medical Student Mentorship program, mENTor
- Supported various membership recruitment and winback campaigns throughout the year



- |      |   |   |
|------|---|---|
| 2021 |   |   |
| FEB  | → | <b>5G - The Next Generation of Cellular Service</b> |
| —    |   |   |
| APR  | → | <b>Growing Role of Big Data</b>                     |
| —    |   |   |
| AUG  | → | <b>Framing the Use of Technology</b>                |
| —    |   |   |
| OCT  | → | <b>A Framework for Combating Ransomware</b>         |



# FINANCIAL HIGHLIGHTS

FISCAL YEAR JULY 1, 2020 — JUNE 30, 2021 (FY21)

Please see the 125th Anniversary page for additional efforts and highlights related to Development.

## DEVELOPMENT

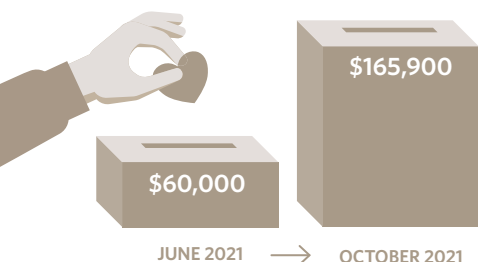


### Launched the 125 STRONG CAMPAIGN

Two-year campaign to raise \$5M in support of four new programs:

- Diversity, Equity, and Inclusion
- Education
- Leadership Development and Mentorship
- Wellness

### 125 STRONG CAMPAIGN DONATIONS:



Implemented a new online digital fundraising platform providing enhanced giving capabilities and features (Powered by [Givebutter.com](https://givebutter.com))

Restricted Funds Donations:	\$125,300
Annual Fund Donations:	\$18,000

The financial results for the fiscal year July 1, 2020 – June 30, 2021 (FY21), were significantly impacted by the cancellation of the 2020 Annual Meeting. A successful virtual meeting replaced the planned in-person meeting but did not generate the same net revenue budgeted to be received from the Annual Meeting in Boston, Massachusetts. Fortunately, the Foundation had meeting cancellation insurance that includes communicable disease coverage. An insurance claim was filed, and a recovery of the lost net revenue is expected to be received and recorded in FY22. No cancellation insurance proceeds are included in the FY21 actual results.

Travel restrictions and other COVID-19-related circumstances led to cost savings across all expense categories. While all 69 staff positions were retained as budgeted, savings were realized in salaries and benefits because of vacancies and lower than budgeted benefit renewals.

The Foundation applied for Paycheck Protection Program loans to retain staff and received two. The first loan of \$886,000 was forgiven and recorded as Other Revenue in FY21. The second loan is expected to be forgiven later in 2021 and, if forgiven, will be recorded as revenue in FY22.

Investments had a positive return for the fiscal year and account for the positive contribution to net asset reserves. In total, \$4,960,000 will be added to Net Assets without Donor Restrictions, of which \$5,183,000 is from investments, offset by a negative \$223,000 operating deficit.

Membership dues were within 1% of the fiscal year budget and accounted for

55% of FY21 revenue. The first-year FLEX product was well received, leading to sales at double the amount budgeted. Other income came from publication contracts, Academy Advantage partner royalties, individual donations, and Reg-ent<sup>SM</sup> application fees.

As of June 30, 2021, Net Assets without Donor Restrictions were \$34,500,000. In addition, Net Assets with Donor Restrictions totaled \$8,600,000 of which \$4,900,000 are Hal Foster, MD Endowment funds restricted into perpetuity and not to be spent. The Foundation's Finance and Investment Subcommittee (FISC) monitors investment performance and adherence to the Foundation's Investment Policy Statement (IPS).

For a copy of the independent audit of AAO-HNS/F's FY21 financial statements, contact [CHanlon@entnet.org](mailto:CHanlon@entnet.org).

In May 2021, the Boards of Directors approved a balanced fiscal year 2022 (FY22) budget with revenue and expenses both equal to \$19,630,000. The budget includes positive net revenue from an in-person Annual Meeting in Los Angeles, California, although at a reduced net revenue compared to meetings held pre-COVID-19. No member dues increase is budgeted, leaving budgeted dues revenue at the same level as the prior year. Use of Board Designated Net Assets allows for a balanced FY22 budget. The budgeting process is integrated with the AAO-HNS/F Strategic Plan and involves the efforts of elected leadership, the Boards of Directors, Executive Committee, and the FISC. 🌈

**"Your gift will help us drive transformation and innovation, expand and magnify our programs, and collectively partner for the health and well-being of our members and those that we serve."**

– Carol R. Bradford, MD, MS AAO-HNS/F 2020/2021 President



## UNAUDITED (ROUNDED) CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE FISCAL YEAR ENDED JUNE 30, 2021

Description	BUDGET FY21	%	ACTUAL FY21	%	BUDGET FY22	%
<b>REVENUE AND SUPPORT</b>						
Membership Dues	\$6,950,000	37%	\$6,877,000	55%	\$6,950,000	35%
Annual Meeting Revenues	6,438,000	34%	1,048,000	8%	5,357,000	27%
Education and Other Product Sales	1,349,000	7%	1,713,000	14%	1,484,000	8%
Publication Revenues and Other Royalties	1,704,000	9%	1,610,000	13%	1,587,000	8%
Annual Fund	150,000	1%	18,000	0%	-	0%
Corporate Support	300,000	2%	-	0%	250,000	1%
Other Revenue	65,000	> 1%	1,015,000	8%	727,000	4%
<i>Subtotal</i>	16,956,000	91%	12,281,000	98%	16,355,000	82%
Use of Donor Restricted Net Assets	262,000	1%	194,000	2%	238,000	1%
Use of Board Designated Net Assets	1,565,000	8%	-	0%	3,037,000	15%
<b>Total Revenue and Support</b>	<b>\$18,783,000</b>	<b>100%</b>	<b>\$12,475,000</b>	<b>100%</b>	<b>\$19,630,000</b>	<b>99%</b>
<b>OPERATING EXPENSES</b>						
Salaries and Benefits	\$9,180,000	49%	\$8,183,000	64%	\$9,329,000	48%
Occupancy	985,000	5%	909,000	7%	951,000	5%
Other Operating Expenses	2,175,000	12%	1,206,000	9%	2,715,000	14%
Annual Meeting Costs	3,564,000	19%	519,000	4%	3,628,000	18%
Consultants & Professional Fees	1,984,000	11%	1,667,000	13%	2,083,000	11%
Grants	445,000	2%	214,000	2%	474,000	2%
Contingency Expense	450,000	2%	-	0%	450,000	2%
<b>Total Expenses</b>	<b>\$18,783,000</b>	<b>100%</b>	<b>\$12,698,000</b>	<b>100%</b>	<b>\$19,630,000</b>	<b>100%</b>
Revenue and Support in Excess of (Below) Expenses	\$ -		\$(223,000)		\$ -	
Net Investment Activity			\$5,183,000			
Increase in Net Assets without Donor Restriction			\$4,960,000			



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Your source protection for in office or in hospital endoscopy

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- has a clear window to ease for placement over the nasal tip
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- patent pending and assembled in California
- Academy special for orders during October to December 2021 10% off when you mention this Ad.



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## LEGACY of EXCELLENCE

ORDER YOUR COPY TODAY!

Members: \$99  
Nonmembers: \$125

The sequel to *Century of Excellence*, documents the Academy's contributions to otolaryngology-head and neck surgery and medicine over the past 25 years.

### This nearly 300-page publication includes:

- Milestone Moments that document the AAO-HNS/F 125-year history in a pictorial timeline.
- Five chapters that break down the past 25 years and key accomplishments.
- Profiles of the Executive Vice Presidents and CEOs and Past Presidents from 1997 - 2021.
- A commentary on the next 125 years in otolaryngology-head and neck surgery.
- Photo pages that bring the history to life with the people who compose the Academy.
- An appendix documenting 125 years in leadership and dates and locations of the Annual Meetings, and more.

### To purchase your own copy, please visit:

<https://myspecialty.entnet.org/AAOHNS/Legacy/Legacy.aspx> (login is required)



# Texas Hill Country ENT SYMPOSIUM

March 26-27, 2022

Hyatt Regency Lost Pines Resort & Spa

## Course Directors

Martin J. Citardi, MD • Kunal Jain, MD • Zi Yang Jiang, MD

## Course Faculty

Ibrahim "Trey" Alava, MD • Fernando Gomez-Rivera, MD  
Tang Ho, MD • Zhen "Jane" Huang, MD, MBA  
Ron Karni, MD • Amber Luong, MD, PhD  
Aniruddha "Alok" Patki, MD • Soham Roy, MD  
Douglas Stanley, MD • Andrew Titter, MD • William Yao, MD



McGovern  
Medical School



texasentmeeting.org

## Fellowship in Laryngology/ Care of the Professional Voice

Dates: July 1, 2023 – June 30, 2024

**American Institute for Voice and Ear Research  
Drexel University College of Medicine  
Lankenau Medical Center  
Philadelphia, Pennsylvania**

Our fellowship has a special focus on care of the professional voice, but we provide comprehensive training in all areas of laryngology including neurolaryngology, dysphagia and airway disorders. We offer extraordinary academic training and research opportunities. Former fellows have published numerous articles (and several have co-authored books) during their fellowship. Additional information can be found at [www.phillyent.com](http://www.phillyent.com).

If interested in applying for fellowship, please send a letter of interest, current CV and three (3) letters of recommendation to the Fellowship Director, Dr. Robert Sataloff at [rtsataloff@phillyent.com](mailto:rtsataloff@phillyent.com). To schedule a preliminary virtual interview, please contact Debbie Westergon at [office@phillyent.com](mailto:office@phillyent.com).



EMORY  
UNIVERSITY

**Emory University's Department of Otolaryngology  
- Head & Neck Surgery seeks to hire an Assistant/  
Associate Professor Otolaryngologist –  
Atlanta VA. Head & neck or laryngology preferred**

Interested applicants should apply online at Emory University Careers (Requisition 31425) and/or contact:  
Kaltun Mire: [Kaltun.mire@emory.edu](mailto:Kaltun.mire@emory.edu) and  
Dr. Douglas Mattox: [dmattox@emory.edu](mailto:dmattox@emory.edu)

The highly motivated team has long been actively involved in academic, research, and professional endeavors at the national and international levels. Opportunities to teach medical students, residents and fellows, and participate in scholarly activities. Duties will include patient care, resident and fellow teaching, and academic and research productivity.

Applicants must be Board Certified or Board Eligible in Otolaryngology.



## Otolaryngologist Cooper University Hospital

The Division of Otolaryngology-Head & Neck Surgery at Cooper University Hospital (located in southern New Jersey across the river from Philadelphia) is seeking a full-time BE/BC Otolaryngologist to join our academic/clinical practice. The ideal candidate will have expertise in facial plastic surgery and sleep apnea surgery, as well as be comfortable and competent in managing all aspects of general otolaryngology encountered in the outpatient and inpatient/on-call setting.

This is an exciting opportunity to join a dynamic and collegial group of ENT surgeons as well as to serve as a core faculty member in our ACGME-accredited Otolaryngology residency training program that started in July 2019. You will have the opportunity to teach and mentor medical students and residents on a regular basis and will receive robust practice support from our team of Advanced Practice Providers. Compensation and benefits are highly competitive. You will be eligible to receive an academic teaching appointment through the Cooper Medical School at Rowan University, commensurate with experience. Clinical research opportunities exist and are encouraged. Our team enjoys a healthy work/life balance and we pride ourselves on the scope and quality of ENT care that we render.

Our division and Cooper University Hospital are committed to the principles of diversity, equity, and inclusivity.

Interested candidates should send their CV and cover letter to:  
Nadir Ahmad, MD, FACS  
Division Head, Otolaryngology-Head & Neck Surgery  
Cooper University Hospital  
Email: [ahmad-nadir@Cooperhealth.edu](mailto:ahmad-nadir@Cooperhealth.edu)



## **Facial Plastic and Reconstructive Surgery Faculty Position**

University of Utah Otolaryngology-Head and Neck Surgery seeks BC/BE Assistant/Associate Professor faculty with fellowship training in facial plastic and reconstructive surgery. This is a full-time career line (non-tenure track) position. Responsibilities will include resident education, research, and clinical care. Research opportunities are plentiful with intramural funding available in a strong collaborative environment. Position available immediately.

The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.

The University of Utah is an Equal Opportunity/ Affirmative Action employer and educator. Minorities, women, and persons with disabilities are strongly encouraged to apply. Veterans preference. Reasonable accommodations provided. For additional information: <http://www.regulations.utah.edu/humanResources/5-106.html>.

Applicants must apply at:  
<https://utah.peopleadmin.com/postings/122953>

For additional information, contact:  
Susan Harrison  
University of Utah School of Medicine  
50 North Medical Drive 3C120  
Salt Lake City, Utah 84132  
Phone: (801) 585-3186  
Fax: (801) 585-5744  
E-mail: [susan.harrison@hsc.utah.edu](mailto:susan.harrison@hsc.utah.edu)



## 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.
- The Pediatric ENT program specializes in cases ranging from tubes and tonsils to complex airway management. The team participates in multi-disciplinary clinics in collaboration with Pediatric Pulmonology, Pediatric Gastroenterology, Pediatric General Surgery, Audiology and Speech Therapy.
- 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

- Peoria, the largest Illinois metropolitan area outside of Chicago and St. Louis, is home to a large collection of medical research, educational and clinical facilities including the University Of Illinois College Of Medicine at Peoria and Jump Trading Simulation & Education Center.
- Peoria, Illinois, offers a range of residential opportunities whether you are looking for something out of the way, in the woods, along the river or right in the heart of the city.
- Peoria is also home to a number of performance venues, museums, art galleries and more than two dozen historic landmarks of both local and national fame.

### About OSF HealthCare Children's Hospital

OSF HealthCare Children's Hospital of Illinois in Peoria is the third largest pediatric hospital in Illinois and the only full service tertiary hospital for kid's downstate. With 136 beds and more than 141 pediatric subspecialists, OSF Children's Hospital cares for more children in Illinois than any hospital outside of Chicago. Formally established as a pediatric hospital within the walls of OSF HealthCare Saint Francis Medical Center in 1990, OSF Children's Hospital has over 7,000 admissions; 2,500 newborn deliveries, and 18,000 emergency department visits each year. More at <https://www.osfhealthcare.org/childrens/>.

### Please contact or send CV to:

Stacey Morin, OSF HealthCare Physician Recruitment  
Ph: (309) 683-8354  
Email: [stacey.e.morin@osfhealthcare.org](mailto:stacey.e.morin@osfhealthcare.org)  
Web: [www.osfhealthcare.org](http://www.osfhealthcare.org)

OSF HealthCare



St. Louis, Missouri

## Comprehensive Otolaryngologist Position Immediately Available

The largest private practice otolaryngology group in the St. Louis region is seeking a BE/BC comprehensive otolaryngologist for an attractive position in an extremely busy suburban ENT office to succeed an experienced physician who is retiring. This thriving office is fully equipped and staffed for ongoing success, with in-office audiology, allergy and high yield referral sources. Great opportunity for success within a larger, growing group practice.

Sound Health Services, an established physician-owned private practice with 15 physicians, 13 audiologists, 4 speech pathologists and 8 nurse practitioners across 10 practice locations, offers an excellent salary with bonus, benefits, and partnership potential.

For more information, visit us online:

**[www.soundhealthservices.com](http://www.soundhealthservices.com)**

**Interested candidates should contact and send CV to:**

Dave Hinkle, Chief Executive Officer

C: 314-956-4060

Email: [dhinkle@soundhealthservices.com](mailto:dhinkle@soundhealthservices.com)



Otolaryngologist opportunities here on the beautiful West Coast of Florida. Due to large patient volume in the area we are looking for a dedicated Otolaryngologist. The ideal candidate is a BE/BC otolaryngologist interested in building a practice that focuses on the full spectrum of ENT disorders along with head/neck surgeries.

### Qualified Candidates:

- Board certified/board eligible in field of specialty
- Must hold or be able to obtain an active Florida Medical License prior to start
- Large patient volume
- Solo practice
- Head and neck surgery with interest in Oncology and Pediatrics a plus

### Incentive/Benefits Package:

- Sign on bonus
- Competitive compensation and benefits
- Growth potential

### Location:

West Central Florida boasts a growing business community, a top-rated school system and charming communities nestled into beautiful backdrops. Located approximately an hour away from the large metropolitan areas of Greater Orlando and Greater Tampa Bay. Rich with history and old-world charm, it's also a great place to visit for camping, fishing, kayaking and canoeing.

### Contact

Mary Langenstein

[Mary.Langenstein@HCAhealthcare.com](mailto:Mary.Langenstein@HCAhealthcare.com)

Phone: 813-876-3171



Penn State Health is seeking Otolaryngologists to join our growing team in either academic or community-based settings. Penn State is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,500 people system-wide.

#### WE'RE HIRING FOR:

- Pediatric Otolaryngologist
- General Otolaryngologists
- Otolaryngologist/Neurotologist
- Otolaryngology subspecialists

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

**FOR MORE INFORMATION,  
PLEASE CONTACT:**

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



**PennState Health**



## Do you have a position, course, or meeting you would like to promote?

*The Bulletin* is the perfect vehicle to reach your audience. Contact **Suzee Dittberner** today at **913-344-1420** or **sdittberner@ascendmedia.com**.



## HEAD AND NECK SURGERY OPPORTUNITY AVAILABLE AT SANFORD CLINIC – SIOUX FALLS, SD

Seeking a Head and Neck Surgeon to join an established head and neck cancer practice with multidisciplinary care. Walk into a full Head and Neck cancer practice with all the amenities of a large university with a very attractive salary and the ability to do research if interested!

### Practice Details:

- Call schedule is 1:5 with no mandatory trauma call
- Join an exciting, innovative Head and Neck program
  - Established microvascular reconstruction program
  - Established TORS program
  - Multiple active head and neck cancer clinical trials including several investigator initiated clinical trials with strong institutional support for research and potential for protected research time depending on interest
  - Head and neck cancer nurse navigation with experienced head and neck cancer focused Nurse Practitioners and Physician's Assistants in the clinic and operating room.
- Join a team of well-trained ENT physicians, audiologists, APPs & support staff within the department
- 545-bed, Level II Trauma Center
- Large, State-of-the-Art Surgical Suites
- Competitive compensation and comprehensive benefit package
- Excellent retention incentive & relocation allowance

Sioux Falls, SD is one of the fastest growing areas in the Midwest and balances an excellent quality of life, strong economy, affordable living, safe and clean community, superb schools, fine dining, shopping, arts, sports, nightlife and the ability to experience the beauty of all four seasons. The cost of living is competitive with other leading cities in the region and South Dakota has no state income tax. Check us out at [practice.sanfordhealth.org](http://practice.sanfordhealth.org).

For More Information Contact:  
Deb Salava, Sanford Physician Recruitment  
(605) 328-6993 or (866) 312-3907 or email:  
[debra.salava@sanfordhealth.org](mailto:debra.salava@sanfordhealth.org)



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OF GEORGIA**

### ***FACIAL PLASTIC SURGEON***

- Assistant Professor; fellowship training required
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- Approximately 1000 cases of Mohs reconstruction per year
- Cosmetic surgery 1-2 days per week at MCG-AU

### ***GENERAL OTOLARYNGOLOGIST***

- VA Otolaryngology Division Chief
- Part-time appointment at MCG-AU
- Rank commensurate with experience
- Excellent resources are available

To apply and receive additional information, please contact:  
Stil Kountakis, MD, PhD, Professor and Chairman - [skountakis@augusta.edu](mailto:skountakis@augusta.edu)

Department of Otolaryngology-Head & Neck Surgery  
1120 Fifteenth Street, BP-4109  
Augusta, Georgia 30912-4060

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

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





## 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](mailto: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>.

UC Davis Health welcomes applications from women and under-represented minorities. The University has a strong institutional commitment to the achievement of diversity among its faculty and staff.

Under Federal law, the University of California may employ only individuals who are legally able to work in the United States as established by providing documents as specified in the Immigration Reform and Control Act of 1986. Certain UCSC positions funded by federal contracts or sub-contracts require the selected candidate to pass an E-Verify check. More information is available at: <http://www.uscis.gov/e-verify>.

UC Davis is a smoke and tobacco-free campus (<http://breathefree.ucdavis.edu/>)



**Stanford  
MEDICINE**

Otolaryngology –  
Head & Neck Surgery

801 Welch Road • Stanford, CA 94305-5739 • [med.stanford.edu/ohns](http://med.stanford.edu/ohns)

**Seeking Assistant Professor, Associate Professor, or Full Professor or Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor for the Division of Comprehensive Otolaryngology Stanford University School of Medicine**  
**Department of Otolaryngology-Head and Neck Surgery**

The Division of Comprehensive Otolaryngology in the Department of Otolaryngology – Head and Neck Surgery at Stanford University seeks a board-eligible or board-certified otolaryngologist to join the Division as an Assistant Professor, Associate Professor or Full Professor in either the Medical Center Line or the Clinician Educator Line. Academic rank and line will be determined by the qualifications and experience of the successful candidate. The major criteria for appointment for faculty in the Medical Center Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service appropriate to the programmatic need the individual is expected to fulfill. The major criterion for appointment as Clinician Educators is excellence in the overall mix of clinical care, teaching, administrative and/or scholarship appropriate to the programmatic need the individual is expected to fulfill.

The successful applicant should be board-eligible or board-certified in Otolaryngology-Head and Neck Surgery.

We expect the successful candidate to develop an active clinical practice in general otolaryngology, be an active teacher of medical students and residents, oversee the clinical program, and (for MCL) maintain an excellent clinical and/or translational research program.

Stanford is an equal employment opportunity and 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, protected veteran status, or any other characteristic protected by law. Stanford welcomes applications from all who would bring additional dimensions to the University's research, teaching and clinical missions.

The Otolaryngology – Head and Neck Surgery Department, School of Medicine, and Stanford University value faculty who are committed to advancing diversity, equity, and inclusion. Candidates may optionally include as part of their research or teaching statement a brief discussion of how their work will further these ideals.

**Submit CV, a brief letter and the names of three references to Lori Abrahamsohn, Faculty Affairs Administrator, Department of Otolaryngology-Head and Neck Surgery, at [lori4@stanford.edu](mailto:lori4@stanford.edu), 650.724.1745.**





## THE OHIO STATE UNIVERSITY

### WEXNER MEDICAL CENTER

**The Ohio State University**  
**Department of Otolaryngology – Head and Neck Surgery**  
**BC/BE Otolologist/Neurotologist**

The Department is seeking an academically productive Otolologist for a clinician/scientist position in the Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Applicants must be board certified/board eligible, fellowship trained, and demonstrate excellence in research, teaching, patient care, and leadership. NIH funded applicants with current leadership responsibilities are preferred. This is an outstanding opportunity to join one of the top ranked programs in the country.

Located in the heart of Ohio, Columbus is the fastest growing city in the Midwest and offers a population of over 1.5 million people. Voted as one of the most livable cities in the USA, Columbus has excellent cultural, sporting, and family activities.

To build a diverse and inclusive workforce, all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status or protected veteran status. The Ohio State University Wexner Medical Center is an Equal Opportunity/Affirmative Action employer.

Send letter of interest and CV to:  
 James Rocco, MD, PhD, Professor and Chair  
 The Ohio State University Department of Otolaryngology  
 915 Olentangy River Rd. Suite 4000  
 Columbus, Ohio 43212

Contact the Department Administrator via  
 Email: [mark.inman@osumc.edu](mailto:mark.inman@osumc.edu)  
 Fax: 614-293-7292 or  
 Phone: 614-293-3470



## FULL TIME SPECIALTY AND SUB-SPECIALTY POSITIONS AVAILABLE AT THE **PREEMINENT OTOLARYNGOLOGY PARTNERSHIP IN THE NATION**

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

### **We offer new associates:**

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

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

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



Busy ENT practice seeking a well rounded BC/BE Otolaryngologist in Atlanta GA. The practice is well established and fully equipped with state of the art equipment including Video Stroboscopy, Medtronic CT scan, EMR, networked fiberoptic scopes in the exam rooms. Fully equipped allergy and audiology department, AuD audiologist, VNG, ABR, hearing aids. Competitive salary.

**Qualifications:**

- GA License
- Board certification or board eligibility in Otolaryngology
- Current and unrestricted Georgia License
- Active and unrestricted DEA license
- Commitment to clinical excellence and compassionate care to patients
- Ability to work well alone and within a team
- Bi-lingual a plus

**Competitive Benefits:**

- Competitive Salary
- Health, Dental, and Vision insurance
- Covered Malpractice insurance
- Paid company holidays and paid time off
- CME allowance
- Company sponsored 401(K)

Interested candidates please send CV to:  
**Controller@buckheadent.net**



**Piedmont Ear, Nose, and Throat Associates** seeks a full-time, BC/BE comprehensive otolaryngologist to join its successful practice in vibrant Winston-Salem, NC. PENTA is the area's premier independent practice and enjoys a strong referral network associated with a major regional health care system.

PENTA offers the following and more:

- Competitive salary with short time interval to partnership
- Single-specialty surgical center with ownership opportunity
- Real estate opportunities
- Ancillary lines of audiology, hearing aids, allergy, clinical research, and imaging
- ER call approximately 1:10

Winston-Salem is located in the Piedmont region of North Carolina and has been ranked among the top 50 "Best Places to Live" by *U.S. News & World Report*. It enjoys an even distribution of all four seasons and easy access to both the Blue Ridge Mountains and Atlantic coast, striking an enviable balance between big city amenities and small-town southern charm. It is also the home to three universities, infusing the community with energy from sports, arts, culinary diversity, and recreation. Explore this opportunity by contacting us today at [recruitment@piedmontent.com](mailto:recruitment@piedmontent.com).



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

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

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

**Requirements:**

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

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

For more information about our clinic please visit [www.entsalem.com](http://www.entsalem.com)

Please contact or send CV to:

Kim Robbins, HR Director  
Email: [kimr@entsalem.com](mailto:kimr@entsalem.com)  
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## Opportunities

### Geisinger Department of Otolaryngology

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For over a century, Geisinger has created easy access to healthcare for our friends and neighbors in Pennsylvania. That spirit of innovation still drives us today with a 20-year clinical data warehouse (Geisinger was one of the earliest implementers of Epic), our groundbreaking population genomics program which links multiple generations of clinical data, and an unwavering commitment to value-based primary and specialty care. You'll have opportunities to better your life and make a difference in the lives of your neighbors – at home and across the country.

#### We take pride in the support we provide:

- Excellent compensation and benefits package, including recruitment loans, relocation and malpractice with tail coverage
- Opportunities to participate in teaching, research and optimizing access for patients
- Monthly stipend available to residents and fellows upon signature of an offer letter
- Support and leadership from a full range of dedicated, experienced specialists and subspecialists

#### Join our teams:

- General Otolaryngology
- Otology
- Rhinology
- Facial Plastic Surgery

*Fellowship training or experience in health services research is preferred.*

As a physician-led system, we offer several convenient locations that are 2.5-4 hours from New York City, Philadelphia and Baltimore. We serve over one million residents in Pennsylvania in a system of nine hospital campuses, a 550,000-member health plan, two research centers and the Geisinger Commonwealth School of Medicine. With approximately 24,000 employees and more than 1,600 employed physicians, Geisinger boosts its hometown economies in Pennsylvania by billions of dollars annually.



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](mailto:kaltman@geisinger.edu) or apply online at [jobs.geisinger.org/physicians](https://jobs.geisinger.org/physicians).



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