

# bulletin



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

AUGUST 2022

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# bulletin

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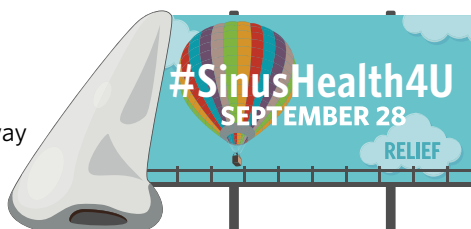
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# The Miracle of Photography

*The secret of life  
is enjoying the passage of time.*  
— James Taylor

The impact of a well-taken photograph can evoke so many memories, emotions, and remembrances. You know, “A picture is worth a thousand words.” In our family, photography may even be a genetic trait, spearheaded by my father who elevated otolaryngological photography to an art form.

During childhood, I studied composition, lighting, and depth of field, frequently referencing the *Joy of Photography* book series to master this amazing world. Many hours were spent in the darkroom manually developing and processing black and white prints. End results required patience, a bit of luck, and delayed gratification to determine if the moment had been successfully captured. I cultivated these skills as a high school and college photography editor, during monthly New Haven Camera Club color slide competitions my father and I attended, and as a Yale softball photographer. I still employ these techniques when capturing medical as well as personal family and bike-riding images.

Technology has transformed the delays of silver world film processing into instantaneous digital image playback. Capturing the moment has never been easier with the development of powerful

cameras in the palms of our smartphone hands. I vividly recall toting my 35mm camera and ring light as a resident to photograph the oral cavity and oropharynx. Smartphones now permit patients to send me images of their tonsils with incredible clarity and illumination. Depth of field can be controlled with the simple click of “portrait” mode!

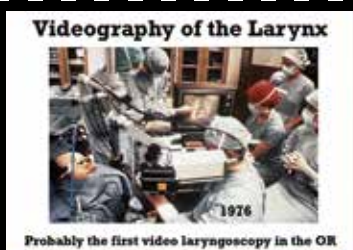
The ultimate joy and value of photography is the opportunity to freeze-frame a slice of our present time to be enjoyed and remembered at a future moment. In medical photography, some useful keys for optimal image acquisition include ensuring sharp focus and maximal image magnification of the center of interest with adequate illumination; using antifog appropriately on endoscopes to eliminate hazy images; always suctioning blood and mucous away before pressing the capture button; gently squeezing the shutter button as opposed to abrupt pushing, which will cause camera movement and blurry images; and immediately retaking any suboptimal images.

As we each create and mold our personalized wellness journeys, it is incumbent on each of us to make time to partake in activities that bring us enrichment and enjoyment. Photography is a crucial element of my wellness equation. My excitement never ceases when I discover photos from earlier years with colleagues, friends, and family, or noteworthy medical cases, and bask in the rekindled memories. ■



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

“As we each create and mold our personalized wellness journeys, it is incumbent on each of us to make time to partake in activities that bring us enrichment and enjoyment.”





# OTO Journal

## RECEIVES HIGHEST-EVER IMPACT FACTOR AND RANKINGS

The 2021 Journal Citation Reports' Impact Factors, which are based on the average number of 2021 citations in the scientific literature of reports published in 2019 and 2020, have been announced. Under the leadership of Editor in Chief John H. Krouse, MD, PhD, MBA, *Otolaryngology-Head and Neck Surgery* achieved the highest Impact Factor in its history.

2021 IMPACT FACTOR OF

# 5.591

A significant increase from the  
2020 Impact Factor of 3.497

OTO JOURNAL RANKED

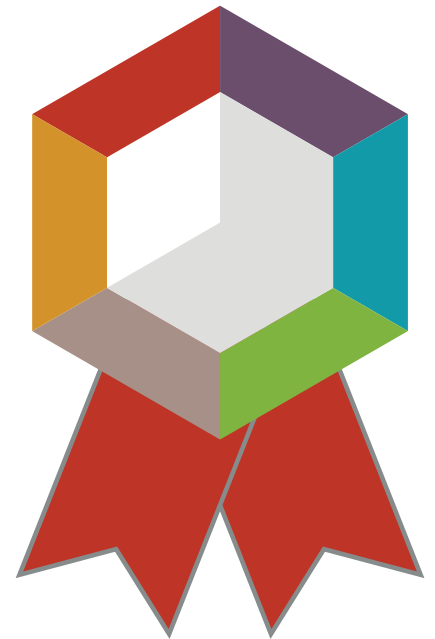
# 3rd

Out of 43 journals in the  
"Otorhinolaryngology" category

AND

# 22nd

Out of 211 journals in the  
"Surgery" category



*The Impact Factor is a publishing standard of a journal's influence and is one determinant that authors use when deciding where to submit their research articles.*



# Achieving Equitable Care in Challenging Times

The summer of 2022 has truly been one to remember. Just when the United States and the rest of the world were anticipating and even celebrating the reduction in severity of COVID-19 and a return to more normal activities, an entirely new and equally unexpected series of events has rocked the world in many ways. Even as the public perceives that the danger of COVID-19 crisis is ebbing, we are witnessing significant workforce shortages in the healthcare delivery sector, as well as supply chain shortages affecting a broad range of areas worldwide. Topping that off, in the U.S., we are facing a surge in mass shootings, controversial judicial rulings, legislative stalemate, unprecedented regulatory governance, and runaway inflation that in combination have heightened deep divisions in the country and real concerns about the future.

Each of these components individually and collectively affect our members and their patients at a personal level, whether it be emotionally, empathetically, ethically, financially, philosophically, or practically. Clearly, not each of these matters affect our friends and colleagues in the same way and at the same level of intensity, just as not everyone is affected by the same combination of events that may affect you. It is critically important to recognize that there are legitimate differences of opinion and importance surrounding many of the concerns weighing on our members. This is a time to acknowledge differences that might occur and respect the varying perspectives we employ to formulate and espouse our individual positions. We can and should support our friends and colleagues during the difficult times facing us all, having and showing empathy for others' circumstances and how they may be affecting their personal and professional lives. The ability to work together as a community will be a major determinant of how we perform as a profession in the years to come.

Historically, over many centuries, there have been good and bad times that were perceived as much more impactful contemporaneously than they eventually played out. Conventional wisdom has generally portrayed the healthcare industry as resistant to economic downturns and societal unrest. However, the combination of events listed above has certainly taken its toll on medical practices and hospital systems through surging cost of labor shortages and decreased reimbursement for medical services. Many of these current impediments

are cyclical in nature and will resolve over time.

Unfortunately, that is likely not the case in healthcare.

Many changes we are seeing now have been accelerated by the COVID-19 pandemic, including the “foot in the door” strategies employed by a host of nonphysician providers that are now being adopted through a series of state and federal regulatory maneuvers. The recently released Medicare Proposed Fee Schedule (MPFS) contains an additional -4.42% drop to the conversion factor, which does not include the ever-present budget sequestration practitioners face on a yearly basis. Although hospitals receive yearly increases through Part A, Medicare Part B funding continues its two-decade trend of relative decline that fails to keep up with even inflation, much less the true cost of running a practice saddled with unconscionable administrative burdens that have not proven to improve care.

A meaningful mission is particularly important in guiding both individuals and organizations as they progress toward worthy goals. This is particularly true during challenging times that can obscure goals and make it difficult to follow the planned pathway and focus on commitment to our goals. I frequently rely on our mission statement, “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,” as a barometer in evaluating new projects and ideas and formulating strategies to recommend to the Board of Directors that will help us fulfill these goals while maintaining fiscal responsibility.

When conditions are not as we hope and continue to present significant barriers to reaching our goals, we don't abandon the fight. Instead, we refocus our energies, reassess our strategies, and through the invaluable contributions of our members and staff, pursue our goals of achieving excellence and equitably providing the best ear, nose, and throat care and results for our patients as a unified specialty.

As we move forward together, I hope you will join us for our upcoming 126th Annual Meeting & OTO Experience in Philadelphia, Pennsylvania, this September. In addition to the fabulous program created by the Annual Meeting Program Committee, there will be a significant therapeutic component and the opportunity to share experiences, successes, failures, and wishes while supporting each other. ■



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

“  
The ability to  
work together  
as a community  
will be a major  
determinant of  
how we perform  
as a profession  
in the years  
to come.

”



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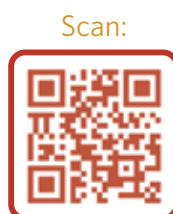
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## 2022 Board of Governor Candidates

### BOG Candidate Statements:

Read online at [www.entnet.org/bog](http://www.entnet.org/bog).

The BOG election will be held in person during the BOG General Assembly in Philadelphia on Saturday, September 10, at 3:45 pm (ET).

### Candidates for Chair-elect:



Steven T. Kmucha, MD, JD



Dale A. Tylor, MD, MPH

### Candidates for Member-at-Large:



Andrew M. Coughlin, MD



Eileen M. Raynor, MD

## Now Available On-Demand: Hiring in Healthcare Today Employment Series

Sponsored by the BOG

In today's ultracompetitive physician and healthcare recruitment environment, vacancies equal lost revenue as well as additional expenses to source, interview, and hire qualified candidates. The Academy, through the Board of Governors (BOG), is offering a new four-part webinar series on Hiring in Healthcare Today: The Diagnosis, Prognosis, and Treatment.

### Webinars are now on-demand and include:

1. The Realities, Employment Contract Evolution, and the State of Hiring
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3. Leveraging Your Website and Social Media to Recruit
4. Hiring Young Physicians: Hear Directly from the Source on How to Reach and Recruit

To access these resources, go to [www.entnet.org/bog](http://www.entnet.org/bog). ■



## 2022-2023 SRF, WIO, and YPS Candidate Slates Announced

Candidates for the 2022-2023 Section for Residents and Fellows-in-Training, Women in Otolaryngology Section, and Young Physicians Section Governing Councils have been announced. Candidate information is available on each Section's webpage.

SRF, WIO, and YPS elections will open online the week of August 22. Section members who are registered for in-person or virtual attendance at the AAO-HNSF 2022 Annual Meeting & OTO Experience will be eligible to vote in the online elections. ■



## Mark Your Schedule

YPS, SRF, WIO, and the BOG invite you to attend their respective General Assemblies during the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania. Open to all who are registered for the Annual Meeting, join your colleagues for networking, information, and inspiration!

### Saturday, September 10 | 4:00 pm (ET)

Participate in panel discussions on strategies to build bridges and grow collaboration and effectiveness at the national, state, and local levels during the **BOG General Assembly**.

### Sunday September 11 | 3:15 pm (ET)

New in 2022, the **SRF and YPS** are cohosting a lecture on physician burnout and wellness with a networking event to follow.

### Monday, September 12 | 11:45 am (ET)

Plan to have lunch with **WIO** during their General Assembly with a keynote address about unexpected ways people make higher quality decisions and more! ■





# 2022 Annual Awards



## 2022 BOG Practitioner of Excellence Award



This year's BOG Practitioner of Excellence awardee is **G. Lee Bryant, Jr., MD**, who has served his medical community and ENT practice as chair of the Board of Trustees of Summit Medical Center in Nashville, Tennessee, and chair

of the Department of Surgery of Summit Medical Center. He is an active staff member and member of the Medical Executive Committee at Summit Surgery Center and was president of Allergy & ENT Associates of Middle Tennessee from 2006 to 2021.

In July 2021 Dr. Bryant was diagnosed with subungual malignant melanoma of his right thumb. A right-handed physician, he had surgery for partial amputation of his dominant thumb and sentinel node dissection of right axilla, and he has now completed a year-long treatment of chemoimmunotherapy. Despite these challenges, Dr. Bryant returned to work in September 2021 by teaching himself how to operate again despite losing half his thumb. He has chronicled his medical journey on a blog, [drleebryant.com](http://drleebryant.com), that has a worldwide following.

In addition, Dr. Bryant is a clinical instructor at the Vanderbilt University School of Medicine, where he graduated from medical school and completed his surgical internship and training in otolaryngology-head and neck surgery. He is also a clinical instructor for the Trevecca Nazarene University Physician Assistant Program in Nashville.

Dr. Bryant has persevered in the face of adversity and is an inspiration to all by refusing to give up and striving to overcome his physical obstacles while continuing to demand and deliver excellence in patient care. ■

## 2022 BOG Model Society Award



The **Pennsylvania Academy of Otolaryngology-Head and Neck Surgery**

(PAO-HNS) is the recipient of the 2022 BOG Model Society Award. Despite the challenges of the COVID-19 pandemic, the PAO-HNS has remained active

with a robust membership. When it became clear that the PAO-HNS 2020 Annual Scientific Meeting could not be held in person, the organization quickly and effectively transitioned to a virtual meeting. Not only did it successfully maintain the meeting agenda, but increased meeting attendance compared to previous years.

In 2021 the PAO-HNS again held a successful virtual meeting, which featured guest of honor **Carol R. Bradford, MD, MS**, then-President of the AAO-HNS/F. At the annual PAO-HNS Women in Otolaryngology lectureship, Dr. Bradford delivered a talk on the importance of physician wellness, especially critical during the ongoing management of a pandemic.

In addition to physician wellness and the continued recognition of women in otolaryngology, the PAO-HNS recently placed directed focus on patient safety. Patient safety and quality improvement (PSQI) was highlighted as a session as well as an abstract category at the PAO-HNS 2022 Annual Scientific Meeting. The organization formed a PSQI Committee, which will move from an ad hoc status to a standing committee in 2022. The PAO-HNS also introduced an enhanced committee structure that is designed to increase membership engagement. ■



# 2022 Annual Awards

## 2022 YPS Impact Award



This year's posthumous YPS Impact awardee is **Peter F. Svider, MD**, who passed away in January 2021. Possessing an insatiable drive for research, an uncanny capacity to generate new ideas, and a unique ability to write

efficiently, Dr. Svider's lasting impact is impossible to ignore. He was a prolific author, having written in excess of 250 peer-reviewed indexed publications and eight book chapters, including 40 publications as a medical student, which is far above average for any applicant. He has over 4,300 citations and an H-index of 39 on topics including litigation, medical education, and gender inequality.

Dr. Svider's greatest impact came as a mentor. He routinely sought medical students to help them in their journey to become otolaryngologists by involving them in his own projects. He inspired peers and mentors to publish their own research and work. His dry sense of humor and wit crept into his research with clever, eye-catching titles, as well as optimism and heart.

Dr. Svider completed his residency at Wayne State University School of Medicine (WSUSOM) in Detroit, Michigan, which provided him experience in advanced thyroid and parathyroid surgery. After his passing, WSUSOM created the Peter Svider Memorial Resident Scholarship Award in honor of the scholarly achievements, clinical excellence, and exceptional collegiality of Dr. Svider.

He demonstrated expertise in all facets of otolaryngology, including minimally invasive approaches for nasal obstruction, sinus disease, pituitary tumors, head and neck cancers, sleep medicine, voice procedures, facial plastic surgery, and allergies. He was in practice at Bergen Medical Associates, New Jersey. ■

## 2022 YPS Model Mentor Award



This year's YPS Model Mentor awardee is **Philomena M. Behar, MD**, who has been an exemplary mentor for the residents in the Department of Otolaryngology at the State University of New York at Buffalo, commonly

referred to as the University at Buffalo (UB). She excels at mentoring residents and students on how to design and implement clinical research projects. Her mentees have won the annual UB Otolaryngology Resident Research Award in 2015, 2016, 2018, and 2019, and her commitment to the education and development of future otolaryngologists is commendable.

Dr. Behar has enjoyed training otolaryngology residents and fellows as a clinical associate professor of otolaryngology at UB for more than 25 years. The UB otolaryngology residents chose Dr. Behar as Clinical Instructor of the Year in 2019 and 2016. She is also actively involved in training and mentoring UB undergraduate and medical students as well as physician assistant and nurse practitioner students from Daemen University in Amherst and D'Youville University in Buffalo, both in New York.

Dr. Behar has also been the principal investigator for multiple resident research projects and publications, of which many have been published in *Otolaryngology–Head and Neck Surgery*, the official peer-reviewed journal of the AAO-HNSF. She has acknowledged the support and inspiration of her own mentors, **N. Wendell Todd, MD, MPH**, the late **Linda S. Brodsky, MD**, as well as her late husband, Jerry Behar. She started her pediatric otolaryngology career in Memphis, Tennessee, at Le Bonheur Children's Hospital and has been in solo private practice at Pediatric ENT Associates in Buffalo since 2001. ■





# 2022 Annual Awards



## 2022 WIO Helen K. Krause Trailblazer Award



This year's awardee is **Andrea Vambutas, MD**, who has been referred to as a true advocate for women in otolaryngology-head and surgery, working to promote and further the role and interests of women in the

specialty through scholarship, advocacy, leadership, and mentorship. She is described as being approachable with a distinguished leadership style, not seeking personal recognition but working behind the scenes to help others in the field succeed.

Dr. Vambutas is considered a role model to many women otolaryngologists as a leader, a successful and well-recognized physician-scientist, and a mother. One resident recalled how she took immediate action upon witnessing unfair treatment and provided ongoing support and showed empathy.

Currently, she is professor and chair of the Department of Otolaryngology at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, chair of the Department of Otolaryngology at both Long Island Jewish Medical Center and North Shore University Medical Center, and senior vice president and executive director of the Otolaryngology Service line. She is nationally recognized for her work in immune-mediated hearing loss and in the restoration of natural hearing in corticosteroid-resistant patients.

Dr. Vambutas completed her medical school training at the Albert Einstein College of Medicine with a medical degree with distinction in research. She is also an investigator in the Center for Autoimmune Disorders at the Feinstein Institute for Medical Research and professor of molecular medicine. In 2019 she delivered the Howard House Memorial Lecture on Advances in Otologic Research at the AAO-HNSF Annual Meeting. ■

## 2022 WIO Exemplary Senior Trainee Award



This year's awardee is **Zainab Farzal, MD, MPH**, who is a resident on the T-32 track and author of more than 35 publications, including ones in which she mentored junior residents and medical students. She used her time in

the lab to improve the readability of patient outcomes measures in several areas and was the first University of North Carolina (UNC) otolaryngology-head and neck surgery resident to simultaneously earn a Master of Public Health degree from the UNC School of Public Health with a focus on public health leadership. She is also a 2016 graduate with distinction in research from The University of Texas Southwestern Medical Center.

Dr. Farzal has chaired the AAO-HNS Section for Residents and Fellows-in-Training (SRF) and held multiple roles in the SRF including the SRF Representative to the Board of Governors, Information Officer, and Chair-elect. She developed a grand rounds titled "The History of Civil Rights and Desegregation in Healthcare," which she presented within the UNC School of Medicine's Academy of Educators.

Dr. Farzal is also an advocate for patients, junior residents, and students alike. Her efforts to investigate long-term outcomes of women and ethnic populations in otolaryngology residency programs were published in *Laryngoscope* in 2021. In addition, she has authored several publications on sex bias in research within the specialty. In 2019 she received her residency's Citizenship Award. During her residency, Dr. Farzal also worked with and helped resettle refugee families in the Chapel Hill, North Carolina, area. ■



## 2022 WIO He for She Award



This year's WIO He for She Award goes to **Kourosh Parham, MD, PhD,**

who is currently professor of surgery in the Division of Otolaryngology–Head and Neck Surgery at the University of Connecticut (UConn) School

of Medicine and has been the residency program director since 2016. He completed his residency in otolaryngology–head and neck surgery at that institution in 2005 and has been on the faculty ever since. He received his PhD from Northern Illinois University in neuroscience/experimental psychology and completed a postdoctoral fellowship in auditory neurophysiology at the UConn Health Center.

Dr. Parham has actively led initiatives advancing diversity and inclusion through personal engagement with the local student chapters of the Student National Medical Association and Latino Medical Student Association, and he was instrumental in obtaining the UConn School of Medicine Visiting Externship for Students Underrepresented in Medicine (VESUM) scholarship for otolaryngology. He makes it a priority to ensure a balance in gender representation, religious backgrounds, ethnic groups, and LGBTQ+ members.

Dr. Parham also participates in a program for underrepresented students, serving as a mentor for female medical students. He recognizes common barriers experienced by female trainees, especially within surgery. He has been a leading proponent of the new American Medical Women's Association (AMWA) Evolve course, a leadership certification course for women trainees in all areas of medicine. The program has been so successful that the UConn School of Medicine female otolaryngology faculty worked with AMWA to develop a faculty leadership component to the course. ■



## AAO-HNS/F COMMITTEES

### 2022 AAO-HNS/F Committee Excellence Award Winners

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

#### 2022 Committee of Excellence Awardees

Annual Meeting Program Committee	Outcomes Research and Evidence-Based Medicine Committee
Credentials and Membership Committee	Patient Safety and Quality Improvement Committee
General Otolaryngology and Sleep Education Committee	Practice Management Education Committee
Head and Neck Surgery Education Committee	Salivary Gland Committee
Medical Devices and Drugs Committee	Simulation Education Committee
	Women in Otolaryngology Endowment Committee

# Exploring the World of Otolaryngology through the AAO-HNSF ICS Network

**Mark E. Zafereo, Jr., MD**

AAO-HNSF Coordinator for International Affairs

With countries around the world reopening their borders as we enter the endemic phase of COVID-19, the Academy and many of our International Corresponding Societies (ICSs) will resume planning and participating at in-person global meetings and events. Although the AAO-HNSF has worked hard throughout the pandemic to maintain relationships and opportunities with our ICS partners through initiatives such as the Global Grand Rounds Webinar Series and virtual Joint Meetings, we are elated to celebrate the return of face-to-face interactions. As we experienced at the AAO-HNSF 2021 Annual Meeting & OTO Experience in Los Angeles, in-person collaboration enhances relationships and drives innovation—there's no substitute for personal interaction among colleagues.

This spring, I along with other AAO-HNSF faculty, jumped at the opportunity to dust off our passports, take to the skies, and once again begin exploring the world of otolaryngology through Joint Meetings with the Academy's well-established ICS network, consisting of 75+ societies worldwide. Due to the COVID-19 pandemic, it had been over two years since the Academy participated in an in-person ICS Joint Meeting abroad, and our recent participation at the 93rd Annual Meeting of the German Society of Oto-Rhino-Laryngology, Head and Neck Surgery and the Balkan Society of Otorhinolaryngology-Head and Neck Surgery 12th Congress served as welcome



reminders of how important these events and global collaborations are to our specialty.

*Interface—The Focus on Human Individual in the Age of High Tech Medicine and Technology* was the theme of the **93rd Annual Meeting of the German Society of Otorhinolaryngology, Head and Neck Surgery**, held in Hanover, Germany, May 25-28. The AAO-HNSF delegation, which included 20 faculty colleagues, was honored to present during the Congress that brought together over 2,000 attendees, predominately from Germany and other European nations. A program highlight was the 16th International Forum, a Joint Meeting between the German Society of Oto-Rhino-Laryngology, Head and Neck Surgery and the AAO-HNSF and included participation of the Austrian Society of Otorhinolaryngology, Head and Neck Surgery, the German Society of Phoniatrics and Pediatric Audiology, the Confederation of European Otorhinolaryngology - Head and Neck Surgery, and the Chinese Otolaryngology-Head & Neck Surgery Society.

Ukraine was honored as the Congress's 2022 Guest Country. The International Forum's various lectures, panels, and roundtable discussions provided a tremendous opportunity to share and learn about our specialty's latest clinical data and medical advances as well as meet and network with global otolaryngology colleagues. Congratulations to President **Hans-Jürgen Welkoborsky, MD, DDS, PhD**, and the German Society of Oto-Rhino-Laryngology, Head and Neck Surgery for hosting such an engaging and collegial event.

With great success, the Balkan Society of the Otorhinolaryngology-Head and Neck Surgery and Macedonian Society of Otorhinolaryngology, hosted the **12th Balkan**

**Congress of Otorhinolaryngology-Head and Neck Surgery, a Joint Meeting with the AAO-HNSF** in Ohrid, North Macedonia, June 1-5. The meeting was well attended, with participants representing Europe and various countries worldwide. Traveling from the United States, AAO-HNSF faculty proudly participated in multiple joint roundtables and plenary sessions, representing head and neck surgery, rhinology/skull base, and sleep surgery subspecialties.

A Congress highlight included "The Evolution of Multidisciplinary Management of Cancer of the Head and Neck," the keynote lecture given by **Eugene N. Myers, MD, FRCS Edin (Hon)**. Dr. Myers, who served as AAO-HNSF President from 1994 to 1995 and was responsible for creating the Academy's International Affairs Program and serving as the Academy's first International Coordinator from 1996 to 2002, was awarded an honorary membership of the Balkan Society. Academy member **Thomas J. Balkany, MD**, professor and chair emeritus of the Department of Otolaryngology – Head & Neck Surgery at the University of Miami Miller School of Medicine was also recognized with honorary membership. **Maria V. Suurna, MD**, AAO-HNSF Regional Advisor to Europe, was awarded a certificate of appreciation for her contributions to the organization of the Congress. The Academy thanks Dr. Suurna for her continuous efforts promoting communications and collaboration with all AAO-HNSF ICS European partners.

To learn more about AAO-HNSF Joint Meetings, including how to become a member of the AAO-HNSF Joint Meeting faculty, visit [www.entnet.org/international-joint-meetings](http://www.entnet.org/international-joint-meetings). ■



#### Academy Leaders with Host and ICS Leadership, Hanover, Germany

Featured, left to right, Mark E. Zafereo, Jr., MD, AAO-HNSF International Coordinator; Prof. Hans-Jürgen Welkoborsky, MD, DDS, PhD, President, German Society of Otorhinolaryngology, Head and Neck Surgery; James C. Denny III, MD, AAO-HNS/F Executive Vice President and CEO; and Prof. Cem Meco, MD, FEBORL-HNS, President, Confederation of European ORL-HNS, 2020-2022.



#### Opening Ceremony of 12th Balkan Congress, Ohrid, North Macedonia

Featured, left to right, Frodita Jakimovska, MD, President, 12th Balkan Congress ORL&HNS; Prof. Cem Meco, MD, FEBORL-HNS, President, CEORL-HNS 2020-2022; Marina Davcheva-Chakar, MD, President, Balkan ORL&HNS Society; Prof. Hesham Negm, MD, Faculty of Medicine Cairo University; Prof. Karl Hoermann, MD, AAO-HNSF 2021 IAB Chair; Maria V. Suurna, MD, AAO-HNS Regional Advisor to Europe; Kathleen L. Yaremchuk, MD, MS, AAO-HNS/F President-elect; and Jane Netkovski, MD, Vice President of Balkan ORL&HNS Society and 12th Balkan Congress ORL&HNS.



## Upcoming 2022-2023 Joint Meetings

Here are upcoming conferences or meetings that are jointly organized or endorsed by AAO-HNSF. Meetings continue to be added, so please visit the online calendar at [www.entnet.org/international-joint-meetings](http://www.entnet.org/international-joint-meetings)

### 2022

36th Argentina Congress of Otolaryngology

**August 15 - 17, 2022**

**Mendoza, Argentina**

15th Annual Meeting of the Taiwan Head and Neck Society

**October 15 - 17, 2022**

**Kaohsiung City, Taiwan**

6th Congress of European ORL-Head & Neck Surgery

**October 29 - November 2, 2022**

**Milan, Italy**

12th SARC 2022 & 7th SARC FESS Workshop

**November 10 - 13, 2022**

**Singapore**

Brazilian Congress of Otolaryngology 2022

**November 17 - 19, 2022**

**Porto Alegre, Brazil**

RINO 2022 Peru: XIX Latin American Congress of Rhinology & Facial plastic Surgery / XX National Congress of Otolaryngology

**November 23 - 26, 2022**

**Lima, Peru**

### 2023

IFOS 2023 ENT World Congress

**January 17 - 21, 2023**

**Dubai, UAE**

Asia Oceania Otorhinolaryngological Head and Neck Surgery Congress

**March 8 - 12, 2023**

**Brisbane, Australia**

Mexican Society of Otorhinolaryngology-Head and Neck Surgery - LXII National Congress

**April 30 - May 4, 2023**

**Cancun, Mexico**

5th South Pacific ORL Forum

**July 2 - 6, 2023**

**Denarau Island, Fiji**



# ENT Specialists Gather for the XXXVII Pan American Congress of Otolaryngology—Head and Neck Surgery

Close to 700 otolaryngologists, representing 35 countries worldwide, met in Orlando, Florida, June 25-27, to learn and reconnect with their global colleagues. Hosted by the American Academy of Otolaryngology–Head and Neck Surgery Foundation (AAO-HNSF), the 2022 Pan American Congress highlighted the importance of ongoing education and the strength and potential of global collaboration for the specialty.

With seven subspecialty tracks and over 150 sessions to choose from presented by leading faculty in the specialty, attendees discovered the latest clinical data and medical advances. Attendees could choose from English, Spanish, or bilingual sessions, and translation services were provided for a significant portion of the program. The virtual poster program complemented the robust academic agenda and included 25

unique submissions. Congress participants benefited from access to the exhibit area, which showcased leading medical resources, equipment, pharmaceutical, and tech providers.

In addition to the fabulous scientific program, the Congress provided numerous opportunities to renew existing collegial relationships and establish new ones through a series of social events at the Opening and Closing Ceremonies featuring music, dancing, and networking. Attendees were also transported to Universal Studios City Walk for an evening of live music and a taste of America from reggae, jazz, swing, and karaoke clubs.

“The Congress was a great success with physicians able to reconnect with OTO peers from around the world and take advantage of a truly informative and worthwhile program,” stated **Pablo Stolvitzky, MD**, President of the

2022 Congress, and AAO-HNSF Immediate Past Coordinator for International Affairs.

“We would like to thank the companies that generously sponsored this year’s Congress, including Medtronic, Sanofi Regeneron, A.R.C. Laser, Cochlear, and Talala,” noted **James C. Denny III, MD**, AAO-HNSF Executive Vice President and CEO.

The Pan American Congress first convened in 1946 and has met almost every two years since then. However, due to the COVID-19 pandemic, the Congress had not gathered since 2018 in Lima, Peru. The AAO-HNSF and the 2022 Pan American Program Committee are thankful to the Congress speakers, sponsors, exhibitors, and attendees, who, despite pandemic-related obstacles, ensured the 2022 Pan American Congress was an informative and successful reunion. ■





# pearls from your peers:



## INTERVIEWEE

**Mark A. Zacharek, MD**

*Professor, Department of Otolaryngology–Head and Neck Surgery, University of Michigan*



## INTERVIEWER

**Jeffrey J. Stanley, MD**

*Associate Professor, Department of Otolaryngology–Head and Neck Surgery, University of Michigan*

### What is the prevalence of COVID-19-related olfactory dysfunction?

Approximately 50% of patients with COVID-19 infection experience some degree of olfactory dysfunction. The prevalence of anosmia, hyposmia, parosmia, phantosmia, hypogeusia, and dysgeusia is so high that the American Academy of Otolaryngology–Head and Neck Surgery advocated for these symptoms to be included in the screening for COVID-19 as early as March 2020. In July 2020 the Centers for Disease Control and Prevention added olfactory dysfunction to the list of presenting symptoms for this infection.

Olfactory dysfunction is more commonly experienced by women, individuals < 50 years of age, and those with a milder clinical course not requiring hospitalization. It has been shown to have a significant effect on quality of life and social interactions and is associated with an increased rate of depression. There are also safety considerations for patients with severe olfactory dysfunction. The use of both smoke and natural gas detectors is critical for those who live or work alone. In addition, food safety is a concern, and a “food taster” is often recommended to avoid ingestion of potentially rotten or toxic food substances.

### What are the mechanisms for olfactory dysfunction following SARS-CoV-2 infection?

It is well established that SARS-CoV-2 enters cells through angiotensin converting enzyme (ACE) receptors on the cell surface. Nasal and oral tissues are typically the first sites exposed to this virus. There are at least two plausible explanations for olfactory dysfunction in patients with COVID-19. First, short-term mucosal edema may inhibit the flow of odorants to the olfactory cleft. This is sometimes referred to as “olfactory cleft syndrome.” Second, the virus itself may cause injury and death of cells in the olfactory region. This includes injury to sustentacular cells, supporting cells that harbor the greatest number of ACE receptors, Bowman’s glands, which reside beneath the olfactory epithelium and olfactory basal cells. This phenomenon is frequently referred to as “post-viral anosmia syndrome” and has been reported with other types of viral infection.

It appears that ACE receptors on sustentacular cells are the primary target of the SARS-CoV-2 spike protein and may result in cell death. Sustentacular cells contain two important genes, UGT2A1 and UGT2A2, which are responsible for metabolizing and detoxifying odorants. Olfactory epithelial basal cells may be injured by the body’s

innate cytokine and interleukin immune response. Fortunately, these cells may retain the ability to regenerate, which accounts for the high rate of recovery of olfactory function following COVID-19 infection. Severe loss of these primordial olfactory basal cells may account for the permanent loss of olfaction observed in a small subset of patients.

### What is the natural history of this condition?

Over 80% of patients have return of olfactory function at six months and over 90% at 12 months. Only 5%-10% of patients have persistent olfactory symptoms beyond one year, presumably caused by the permanent loss of olfactory epithelial basal cells.

### What type of evaluation and testing is recommended?

A careful history confirming the temporal relationship to COVID-19 infection and ruling out other known causes—e.g., head trauma and other potential causes—is the first step in evaluation of this condition. Next, objective testing using smell tests may be useful to determine the degree of dysfunction and assist in patient counseling. The University of Pennsylvania Smell Identification Test (UPSIT) is a commonly used assessment tool to measure an individual’s ability to detect odors at a suprathreshold level and takes only a few minutes to complete in the clinic. Imaging studies are rarely indicated.

### What treatment options are available?

Although there have been no randomized placebo-controlled trials, treatment with topical steroids with or without oral steroids may be useful to decrease inflammation within the olfactory cleft during the acute phase of infection. In addition, the regular use of nasal saline rinses is recommended. Finally, olfactory training using central odorants may be helpful by stimulating olfactory epithelium inducing transmembrane protein changes with induction of greater receptor numbers and ultimately nerve regrowth.

### What is on the horizon regarding the treatment of this condition?

There are studies underway investigating the use of intranasal sodium citrate to reduce free calcium and the use of intranasal platelet-rich plasma and intranasal insulin to reduce inflammation and promote regrowth of neuroepithelial tissue in patients with olfactory dysfunction following COVID-19 infection. ■



WORLD SINUS HEALTH AWARENESS DAY  
SEPTEMBER 28

# NAVIGATING YOUR PATHWAY TO BETTER SINUS HEALTH

#SinusHealth4U

RELIEF

ENThealth  
POWERED BY AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-HEAD AND NECK SURGERY

Medtronic

## What Is World Sinus Health Awareness Day?

This important public education campaign is designed to inform and educate patients around the world about the causes of their nasal and sinus symptoms as well as various treatment options and when they should seek additional specialized care.

Materials include posters, patient information (digital and print), social media campaigns, webinars, and podcasts with experts in otolaryngology answering patient questions, media outreach, and more.

## Who Is Sponsoring World Sinus Health Awareness Day?

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) sponsors World Sinus Health Awareness Day annually. In 2022 this sponsorship is being done in collaboration with the American Rhinologic Society and corporate partner Medtronic.

## When Is World Sinus Health Awareness Day?

In 2022, the day will be recognized on September 28. *Please note this observance will take place in September annually with the dates adjusted as needed.*

## What Is the 2022 World Sinus Health Awareness Theme?

"Navigating Your Pathway to Better Sinus Health" is the 2022 World Sinus Health Awareness Day theme. Understanding the options for nasal and sinus symptom treatments can be overwhelming. The focus of this year's education campaign is to provide accurate and reliable information about different treatment options for the spectrum of nasal symptoms, disorders, and diseases. It is the goal of this campaign to provide accessible public and patient information that will assist individuals in understanding their own individual journey to better sinus health.

## Where Can I Get More Information?

Information for medical professionals who want to participate will be available in early September at [www.entnet.org/WSHAD](http://www.entnet.org/WSHAD). Information for patients specific to the 2022 campaign will be available at [www.ENThealth.org/SinusDay](http://www.ENThealth.org/SinusDay) and [www.MySinusitis.com](http://www.MySinusitis.com). ■

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

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

### About ENThealth.org

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

### About Medtronic

Medtronic is a leading global healthcare technology company that attacks the most challenging health problems facing humanity by searching out and finding solutions. Our mission — to alleviate pain, restore health, and extend life — unites a global team of 90,000+ passionate people across 150 countries. The Ear, Nose, and Throat Operating Unit specializes in products that enable physicians to treat patients suffering from ENT conditions like chronic rhinosinusitis and head and neck tumors. With more than 20 years of dedication to ENT surgeons, Medtronic is the global market leader in the areas of powered surgical instruments, intraoperative nerve monitoring, and surgical navigation. Expect more from us as we empower insight-driven care, experiences that put people first, and better outcomes for our world. In everything we do, we are engineering the extraordinary.

### About MySinusitis.com

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

# #OTOMTG22

## EDUCATION PROGRAM BY THE NUMBERS

**12**  
GREAT DEBATES

**SIM 17**  
SIMULATION PRESENTATIONS

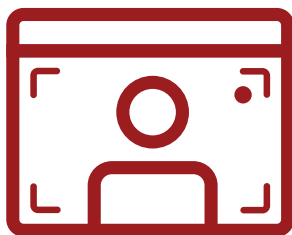


**36**  
INTERNATIONAL SYMPOSIUM



**73**

LUNCH WITH THE CLINICAL EXPERTS



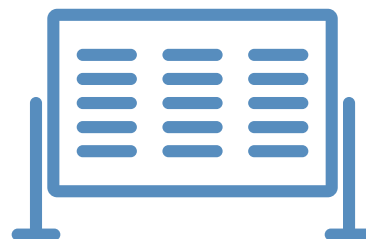
**18**  
MASTER OF SURGERY VIDEO PRESENTATIONS



**171**  
EXPERT LECTURES

NEARLY

**600**



INVITED POSTER PRESENTATIONS



**220**

PANEL PRESENTATIONS



**450**

SCIENTIFIC ORAL PRESENTATIONS



FORWARD TOGETHER

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# 2022 EVP/CEO Spotlight Series

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

Every year, the Annual Meeting Program Committee (AMPC) creates a fabulous education experience with new wrinkles designed to enhance attendees' opportunities and value at our Annual



Meeting & OTO Experience. **Daniel C. Chelius, Jr., MD**, Annual Meeting Program Coordinator, and the AMPC have not disappointed this year. As we move back fully into in-person meetings, there was a record number of submissions for presentations and posters. In addition to the standard program and late-breaking presentations, I have the extreme pleasure and opportunity to identify and select unique topics of special interest to the advancement of the practice of otolaryngology.

This year has presented continued challenges affecting the day-to-day practice of medicine and the increasing need for aggressive advocacy and additional tools to help change the downward trajectory physicians are experiencing in today's environment. The Spotlight Series in Philadelphia will include different looks at private practice concerns; a review of the FDA proposed rule on over-the-counter hearing aids; a new look at the otolaryngology workforce; a look at how our clinical data registry, Reg-ent<sup>SM</sup>, can be an advocacy tool; and if things progress as expected, a look from the FDA perspective at the future of cochlear implant investigation and advancement.

## **Sunday, September 11 | 4:00 - 5:00 pm (ET)** **Independent Private Practice Paradigms that Continue to Thrive in the Current Healthcare Environment**

This panel discussion put together by the Private Practice Study Group should be one of the most interesting presentations of the entire meeting. At a time when both political parties are interested in re-engaging in healthcare reform following the November 2022 elections, it is timely that otolaryngology can present experience and success in incorporating different models of practice. The presentation of the following four panelists, **Marc G. Dubin, MD, Daniel R. Gold, MD, David E. Melon, MD, and Annette M. Pham, MD**, reveals creative solutions to the onslaught of new requirements in both the public and private payer worlds.

## **Monday, September 12 | 3:45 - 4:45 pm (ET)**

### **What I Know Now That I Wish I Understood Then!**

The title says it all for this presentation. At a time in history when the ability to recognize the future direction and trends in healthcare delivery are at a premium, the knowledge gained by **Robert A. Glazer, MPA**, and **Daniel R. Gold, MD**, as they have directed one of the most innovative and influential otolaryngology practices in the United States is priceless. As the practice environment continues to change in a rapid pace, the wisdom they offer will be helpful to all who attend.

## **Tuesday, September 13 | 9:15 - 10:15 am (ET)**

### **The Otolaryngology Workforce**

President **Ken Yanagisawa, MD**, created the Workforce and Socioeconomic Task Force to identify and study methodologies to accurately characterize the current otolaryngology workforce and longitudinally collect the data necessary to identify trends and needs that will be critical for future planning. **Andrew J. Tompkins, MD, MBA**, will present the recommendations of the Task Force and the preliminary findings of this year's survey. Dr. Tompkins will also cover the areas where this information will be a potent tool for advocacy for the organization going forward. I will also present the preliminary numbers from the accompanying socioeconomic survey.

## **Tuesday, September 13 | 2:15 - 3:15 pm (ET)**

### **Maintaining a Viable and Effective Dispensing Program in the OTC Hearing Aid Era**

The FDA is scheduled to release the proposed regulations for the sale of over-the-counter (OTC) hearing aids in July 2022. I will review the pertinent elements of the proposed regulations, including the Academy's comments and recommendations back to the FDA. AAO-HNS/F President-elect **Douglas D. Backous, MD**, and Dan Quall, AuD, CCC-A, will then present a summary of the ramifications of government dispensing programs, commercial insurance coverage, and the OTC availability of hearing aids on your practice. They will reveal and discuss strategies and options at your disposal for maintaining your practice as a viable option for patients with all degrees of hearing loss.

## **Time Still to Be Determined**

### **How Reg-ent Can Create Advocacy Tools**

Many of today's private and public healthcare policy decisions seem arbitrary. Our clinical data registry, Reg-ent, gives us the opportunity to develop and promote evidence-based solutions that can help change healthcare delivery for the better. **Vikas Mehta, MD, MPH, Jean Brereton, MBA**, and I will present results of several studies that will be influential in policy change.

As a group and individually these presentations offer an opportunity to gather insights into practice-related areas that can be difference makers in whatever type of practice you have. I hope you will take the opportunity to attend this year's EVP/CEO Spotlight Series.





## 2022 Presidents' Reception: Celebrate as We Continue "Forward Together"

Make plans to arrive early in Philadelphia, Pennsylvania, for this year's can't-miss Presidents' Reception during the AAO-HNSF 2022 Annual Meeting & OTO Experience. Taking place Saturday, September 10 at 6:30 pm (ET), The Fillmore Philadelphia will provide the perfect backdrop for attendees to connect with colleagues from coast to coast and around the globe. You are invited to mix and mingle with otolaryngology's finest, experience the blend of rock and elegance at The Fillmore, and enjoy a blend of delicious Philadelphia cuisine and specialty drinks.

The original Fillmore is one of this country's most storied venues. Originally opened in 1965 in San Francisco, California, that intimate Fillmore was the epicenter of the American music scene during the 1960s and 1970s, promoting the who's who of iconic musical acts, such as Aretha Franklin, Grateful Dead, Miles Davis, Jefferson Airplane, Cream, Santana, The Doors, Janis Joplin; and many others who helped it grow into the legend it is today. Philadelphia's Fillmore pays homage to the original club's spirit with vintage posters, ornate chandeliers, and velvet curtains to create a signature atmosphere.

The Fillmore features an array of unique spaces allowing you to create your unique Presidents' Reception experience. As you walk into The Fillmore, you will find Ajax Hall. Here, the notorious Betsy Ross Wall is comprised of 450 different Fillmore concert photos, composing an American flag. You will also see a funky Volkswagen van—a perfect opportunity for a groovy selfie! The Music Hall is modeled after the original Fillmore with grand chandeliers and plenty of space to show

### Helpful Reminders

- All attendees must wear their Annual Meeting badge during the Presidents' Reception
- If you did not have a chance to pick up your badge before the Presidents' Reception, there will be registration desks on-site at The Fillmore
- To reduce security staff's contact with guest belongings, you are encouraged to bring clear plastic, vinyl, or PVC bags (max size: 12"x6"x12) or small clutch bags approximately the size of a hand (max size: 4.5"x6.5")

off your best dance moves. Finally, the Foundry offers a bit more intimacy upstairs and will be home to the karaoke stage.

Pack your dancing shoes because it's not a celebration at The Fillmore without live music. This year's band will cover your top 40 favorites from the 70s through today. Do you think you have what it takes to join the list of performers at The Fillmore? Join the legendary list of icons who have performed at The Fillmore by taking the karaoke stage at the Presidents' Reception!

When you're not tearing it up on the dance floor or smashing it on the karaoke stage, you will have an opportunity to taste the foods that made Philly famous. You won't want to miss out on cheesesteaks and an assortment of other complimentary foods representing the unique cuisine and taste of Philadelphia.

This high-profile networking event creates the much-anticipated opportunity to reunite with the specialty as we continue "Forward Together." Kick off your #OTOMTG22 experience by meeting new friends and reconnecting with old friends at this legendary venue. ■



# 2022 Great Debates

Like in the historic buildings in Philadelphia where our founders debated the path for our country's future, so too will the Annual Meeting provide a stage for the Great Debates in otolaryngology-head and neck surgery! The Annual Meeting Program Committee (AMPC) has brought back this highly popular education offering, which was launched last year. The AMPC education track leaders have collaborated with the AAO-HNSF Education Committees and associated subspecialty societies to identify contentious issues deserving of our collective focus and deliberation as well as prominent thought leaders who can push these discussions forward via structured debate. Register today and mark your calendars for this innovative programming.

## Otology/Neurotology

### Ménière's Disease: Medical vs. Surgical Management

**September 11, 9:15 - 10:15 am (ET)**

Moderators: Meredith E. Adams, MD, MS, and Gregory J. Basura, MD, PhD

Debate Speaker #1: Steven D. Rauch, MD

Debate Speaker #2: Jay T. Rubinstein, MD, PhD

## Rhinology/Allergy

### Maximalist vs. Minimalist Approach to Sinus Surgery: What's Better?

**September 11, 2:15 - 3:15 pm (ET)**

Moderator: Sarah K. Wise, MD, MSCR

Debate Speaker #1: Devyani Lal, MD

Debate Speaker #2: Troy D. Woodard, MD

## Professional and Personal Development

### The Role of APPs in Your Practice: Teammate or Free Agent?

**September 11, 2:15 - 3:15 pm (ET)**

Moderator: Michael J. Brenner, MD

Debate Speaker #1: Gavin Setzen, MD

Debate Speaker #2: Kristi S. Gidley, PA-C, MSHA

Debate Speaker #3: Elisabeth D.H. Ference, MD, MPH

Debate Speaker #4: Wendy Mackey, APRN-BC, MSN, CORLN

## Pediatric Otolaryngology

### To Clip or to Not Clip: That Is the Tongue Tie Question

**September 11, 2:15 - 3:15 pm (ET)**

Moderator: Sanjay R. Parikh, MD

Debate Speaker #1: Anna H. Messner, MD

Debate Speaker #2: Nikhila P. Raol, MD, MPH

## Business of Medicine/Practice Management

### Allergy in Otolaryngology: DIY or Hire an Outside Agent?

**September 12, 10:45 - 11:45 am (ET)**

Moderator: Dole Baker, MD and Cecelia Damask, DO

Debate Speaker #1: Douglas D. Reh, MD

Debate Speaker #2: Gavin Setzen, MD

## Facial Plastic and Reconstructive Surgery

### Controversies in Facial Reanimation

**September 12, 10:45 - 11:45 am (ET)**

Moderators: Teresa M. O, MD, and Linda N. Lee, MD

Debate Speaker #1: Tessa Hadlock, MD

Debate Speaker #2: Kofi Boahene, MD

## Patient Safety and Quality Improvement

### Does Surgical Volume Matter? A Pro-Con Debate

**September 12, 10:45 - 11:45 am (ET)**

Moderator: Sujana S. Chandrasekhar, MD

Debate Speaker #1: Richard W. Waguespack, MD

Debate Speaker #2: Amy Chen, MD, MPH

Debate Speaker #3: Catherine K. Hart, MD

Debate Speaker #4: Soham Roy, MD, MMM

## Comprehensive Otolaryngology

### Where Would You Do Your Next Sinus Surgery:

#### In-Office vs. Surgery Center

**September 12, 3:45 - 4:45 Pm (ET)**

Moderator: William R. Blythe, MD

Debate Speaker #1: Bradford A. Woodworth, MD

Debate Speaker #2: Marc G. Dubin, MD

## Head and Neck Surgery

### Radiation vs. Endoscopic Management of Early Glottic Cancer

**September 13, 10:45 - 11:45 am (ET)**

Moderator: D. Gregory Farwell, MD

Debate Speaker #1: Nancy Lee, MD

Debate Speaker #2: Michael L. Hinni, MD

## Endocrine Surgery

### Radiofrequency Ablation of Thyroid Nodules:

#### Is Thyroid Surgery Becoming Obsolete?

**September 13, 10:45 - 11:45 am (ET)**

Moderator: Joseph Scharpf, MD

Debate Speaker #1: Lisa A. Orloff, MD

Debate Speaker #2: Michael C. Singer, MD

## Sleep Medicine

### Should Adenotonsillectomy Be the First-Line Treatment for All Pediatric Patients with Mild Obstructive Sleep Apnea?

**September 13, 10:45 - 11:45 am (ET)**

Moderator: Nikhila P. Raol, MD, MPH

Debate Speaker #1: Derek J. Lam, MD, MPH

Debate Speaker #2: Stacey L. Ishman, MD, MPH

## Laryngology/Brocho-Esophagology

### KTP Ablation vs. En Bloc CO2 Resection of Early Glottic Cancer

**September 13, 1:00 - 2:00 Pm (ET)**

Moderator: Jeanne L. Hatcher, MD

Debate Speaker #1: James A. Burns, MD

Debate Speaker #2: Andrew J. McWhorter, MD



## Best of Orals Showcases Expertise Across the Specialty

A large number of abstracts are submitted for presentation at the Annual Meeting. They undergo a rigorous peer review evaluation, with each one being assessed by five to seven different reviewers. The abstracts are ranked based on subspecialty. Then, based on the rankings, all the abstracts are discussed at a joint meeting of the subspecialty members of the Annual Meeting Program Committee. The top abstracts, which are those that are top scoring and have the most applicability to the entire specialty and to all otolaryngologists, are then chosen to comprise the Best of Orals session. The abstracts that were selected to be presented during the Best of Orals at the AAO-HNSF 2022 Annual Meeting & OTO Experience include the following:

### BEST OF ORALS SCIENTIFIC PRESENTATION PART I

Sunday, September 11, 9:15 am (ET)

#### Business of Medicine

##### Trends in Private Equity Acquisition of U.S. Otolaryngology Practices

Hemali Shah, Parsa P. Salehi, MD, Alexandra Bourdillon, Adam Li, Kane Wu, Saral Mehra, MD, MBA

#### Comprehensive Otolaryngology

##### Outcome of SARS-CoV-2 Anosmia

David J. Myssiorek, MD

#### Endocrine Surgery

##### Hashimoto Thyroiditis Ameliorates the Risk of Recurrence in BRAF-Positive Differentiated Thyroid Carcinoma

Mahmoud Omar, MD, Yusef Buti, Mohamed Aboueisha, Peter Issa, Mohamed Shama, Emad Kandil

#### Facial Plastic and Reconstructive Surgery

##### Management, Referral Patterns, and Outcomes in Bell's Palsy: A Single-Institution 924 Patient Series

Sara W. Liu, MD, Stephen P. Hadford, MD, Patrick J. Byrne, MD, MBA, Dane J. Genter, MD, Michael A. Fritz, MD, Peter J. Ciolek, MD

#### Head and Neck Surgery

##### Discrepancies in Prices of FDA-Approved Agents for Head and Neck Cancer

Abhinav Talwar, Alex J. Gordon, Michael Papazian, Babak Givi, MD

#### Laryngology

##### Safety and Utility of Transnasal Humidified Rapid-Insufflation Ventilatory Exchange for Laser Laryngeal Surgery

Neelaysh Vukkadala, MD, Nergis C. Khan, BA, Amit Saxena, MD, Edward J. Damrose, MD, Vladimir Nekhendzy, MD, C. Kwang Sung, MD, MS

#### Otology/Neurotology

##### Simultaneous Translabrynthine Vestibular Schwannoma Resection and Cochlear Implantation - Long-term Follow-up

Christoph Arnoldner, MD, MBA, Alice Auinger, MD, Valerie Dahm, MD, Anselm Gadenstätter, Matthias Gerlitz, Christian Matula, MD

#### Pediatric Otolaryngology

##### Decision Aid for Pediatric Sleep-Disordered Breathing

Chad Purcell, MD, Gerard Corsten, MD, FRSCS, Paul Hong, MD, Michael Bezuhly, MD, FRCS

#### Professional and Personal Development

##### Gender Disparities in Otolaryngology

Amy L. Rutt, DO

#### Rhinology/Allergy

##### Azithromycin Reduces Type 1 Inflammation and Induces Epithelial Restoration After Endoscopic Sinus Surgery

Axel E. Renteria, MD, MSc, Anastasios Maniakas, MD, MSc, Ali Filai-Mouhim, PhD, Fabiana Valera Cardoso, MD, PhD, Emmanuelle Brochiero, PhD, Martin Y. Desrosiers, MD, FRCS

### BEST OF ORALS SCIENTIFIC PRESENTATION PART II

Sunday, September 11, 10:45 am (ET)

#### Comprehensive Otolaryngology

##### An In Vitro Model for Cranial Nerve Injury and Rehabilitation

Ashley E. Kita, MD, Michelle Hong, Katherine Kedesian, Kristen Echanique, MD, Larry F. Hoffman, PhD

#### Facial Plastic and Reconstructive Surgery

##### Artificial Intelligence for Objectively Measuring Aesthetic Youthfulness After Facial Rejuvenation Surgery

Zachary Elliott, Michele A. Fiorella, MS, Vanessa Christopher, MD, Alekya Bheemreddy, Howard D. Krein, MD, PhD, Ryan N. Heffelfinger, MD

#### Otology/Neurotology

##### Slim Modiolar Versus Lateral Wall Electrode Arrays in the Setting of Hearing Preservation

Kevin Y. Zhan, MD, Amit Walia, MD, Matthew A. Shew, MD, Nedim Durakovic, MD, Craig A. Buchman, MD, Jacques A. Herzog, MD

#### Pediatric Otolaryngology

##### Hearing Loss Outcomes of Prolonged and Delayed Ganciclovir Treatment in a Murine Cytomegalovirus Model

Katrina Hillam, Daniel Suarez, John P. Carey, MD, Abigail Traxler, Anna Winslow, Maura Hughes

#### Professional and Personal Development

##### Female Representation Among CORE Grant Recipients: A Longitudinal Retrospective Study Investigation of Gender-Based Needs in Academic Otolaryngology

Ronit E. Malka, MD, Jivianne K. Lee, MD

#### Rhinology/Allergy

##### Engineering for Success After Endoscopic Sinus Surgery: Decrease in T1 Inflammation, Epithelial Restoration, and Reduction in Staphylococcus aureus

Axel E. Renteria, MD, MSc, Anastasios Maniakas, MD, MSc, Ali Filai-Mouhim, PhD, Fabiana Valera Cardoso, MD, PhD, Emmanuelle Brochiero, PhD, Martin Y. Desrosiers, MD, FRCS

##### Omega-3 Fatty Acid Supplementation for the Treatment of COVID-19-Related Olfactory Dysfunction

David Lerner, MD, Katherine L. Garvey, MPH, Evan Kominsky, MD, Anthony Del Signore, MD, Satish Govindaraj, MD, Alfred Marc C. Illoreta, Jr., MD

#### Sleep Medicine

##### Reliability and Accuracy of Visualized Pharyngeal Opening Pressures During Drug-Induced Sleep Endoscopy

Jason L. Yu, MD, Eric R. Thulser, MD, PhD, MBA, Everett Seay, Kendra Troske, Alan R. Schwartz, MD, Raj C. Dedhia, MD, MSCR



# Late-Breaking Scientific Oral Presentations

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

## Business of Medicine/Practice Management

- Academic Diversity in Faculty at Top 25 Otolaryngology Training Programs
- Two-Year Interview and Match Outcomes of Otolaryngology Preference Signaling

## Facial Plastic and Reconstructive Surgery

- Fluorescence Imaging With ALM-488 Improves Identification of Degenerated Murine Facial Nerves After Transection
- Otoplasty in Adults – Psychological Impacts on Quality of Life
- Outcomes of Delayed Timing of Midface Fracture Repair

## Head and Neck Surgery

- Adjuvant Radiotherapy in Moderately Advanced (T3) Oral Cavity Cancers
- ALM-488 for Intraoperative Fluorescence Nerve Visualization – First-in-Human Clinical Trial
- Cost-Effectiveness Analysis of PET-CT Surveillance After Definitive Treatment of HPV+ Oropharyngeal Cancer
- Detection and Monitoring of Circulating Tumor HPV DNA in HPV-Associated Nonoropharyngeal Head and Neck Cancers

- Effect of Different Virtual Reality Experiences on Perioperative Anxiety and Pain: A Randomized Crossover Trial
- Gaps in Depression Symptom Management for Patients With Head and Neck Cancer
- Lymph Node Yield Ratio as a Predictor of Survival in Oral Cavity Squamous Cell Carcinoma
- Myeloid Subpopulations Are Associated With Response to Immunotherapy in Head and Neck Cancer
- Nigella Sativa Oil Mitigates Xerostomia and Recovers Salivary Stem Cells: Radiotherapy Survivorship Pilot in Mice
- Opioid Sparing Multimodal Analgesia for Transoral Robotic Surgery: Improved Analgesia and Narcotic Use Reduction
- Preoperative Care Clinic Improves Survival in Patients With Multiple Comorbidities Undergoing Total Laryngectomy
- Successful Early Neovascularization in Composite Tracheal Grafts
- Tracheostomy Is Associated With Decreased In-Hospital Mortality During Severe COVID-19 Infection

## Laryngology/Broncho-Esophagology

- Association of Objective Voice Measurement With Treatment of Vocal Fold Masses
- Comparative Treatment Outcomes for Idiopathic Subglottic Stenosis: 5-Year Update
- Safely Utilizing High-Flow Oxygenation During Transoral Laser Microsurgery Without Airway Fire

## Otology/Neurotology

- Cochlear Implantation in US Military Veterans
- Comparing Intraoperative Neck Flexion Angles Between Endoscopic and Microscopic Otologic Surgeries
- Long-term Functional Hearing Survival After Cochlear Implantation in Slim Perimodiolar Versus Lateral Wall Arrays
- Long-term Outcomes of Patients With Small Acoustic Tumors Treated Using a Modified Endoscopic Transcanal Approach

- Options and Outcomes of the Sigmoid Sinus Variants Surgery in the Patients With Pulsatile Tinnitus
- Validity of a High-fidelity Surgical Middle Ear Simulator (SMS): A Randomized Prospective International Trial
- Vestibular Histology Changes in a Viral Infection Model for Sensorineural Hearing Loss

## Pediatric Otolaryngology

- Asymptomatic SARS-CoV-2 Infection in Children's Tonsils
- Clinical Impact of Vagal Nerve Stimulator Implantation on Laryngopharyngeal Function in Children
- Influence of Deflazacort on Postoperative Pain Management Following Tonsillectomy in Pediatric Population
- Intravenous Acetaminophen in Cleft Palate Surgery Significantly Decreases Pain and Length of Stay
- Sociodemographic Factors Affecting Loss to Follow-up After Newborn Hearing Screening: A Meta-analysis
- Two-Year Outcomes After Pediatric In-Office Tympanostomy

## Professional and Personal Development

- Does Medical School Rank Impact Matching Into Otolaryngology?

## Rhinology/Allergy

- A Comparison of Oral Steroid Use in AERD Patients Treated With Sinus Surgery, Aspirin Sensitization, and Biologics
- Etiology-Specific Olfactory Phenotypes for COVID-19 and Mild Cognitive Impairment
- Incidence and Factors Associated With Paxlovid-Related Dysgeusia: A Pharmacovigilance Study

## Sleep Medicine

- Clinical Changes and Factors Affecting Positive Airway Pressure Device Use in Patients With Obstructive Sleep Apnea
- Parental Experiences With Access to Care for Obstructive Sleep-Disordered Breathing: A Qualitative Study



# #OTOMTG22

## AAO-HNS Career Fair: Connecting the Top Talent in Otolaryngology with the Nation's Leading Employers

**September 12, 6:00 - 8:00 pm (ET)**  
**Philadelphia Marriott Downtown**

Are you about to graduate, looking to relocate, or searching for a new job in otolaryngology? Don't miss the AAO-HNS ENT Career Fair, held in person on September 12 in conjunction with the AAO-HNSF 2022 Annual Meeting & OTO Experience in Philadelphia, Pennsylvania. The AAO-HNS Career Fair is a high-energy event where you will have the opportunity to meet top healthcare providers in a casual, low-pressure setting. This is your chance to meet employers from all over the country, including private practice employers, representatives from group practices, hospitals, and health systems, and other recruiters from around the country. You will also have the opportunity to network with other otolaryngologists and enjoy complimentary food and beverages.

### Top Three Reasons to Attend

1. Meet with Employers: Connect with representatives from the nation's leading employers in the specialty.
  2. Connect in Person: If Zoom fatigue is setting in from the past two years, this is your chance to meet face-to-face with your next potential employer.
  3. Make the Most out of Your Time at #OTOMTG22: The AAO-HNS ENT Career Fair is held in conjunction with the 2022 Annual Meeting, allowing you to also attend dynamic education sessions, see the latest devices, and engage with other otolaryngologists from around the world.
- This AAO-HNS ENT Career Fair is free for job seekers to attend. Register today! Please note a separate registration is required to attend the AAO-HNSF 2022 Annual Meeting & OTO Experience. ■



## OTO Experience: Meet with Vendors and Suppliers

The **OTO Experience** features the most comprehensive display of the latest products and services available for advancing the specialty of ear, nose, and throat care. With exhibitors at the ready, attendees can participate in hands-on demonstrations and Q&As about innovative, new products and technology that can help improve your practice and enhance patient care.

The **OTO Experience** provides a central location for opportunities to engage with other attendees, leaders in the specialty, industry partners, and exhibitors representing a vast array of industries that specialize in surgical tools, robotics, imaging and video, diagnostic technology, and more.

The **OTO Experience** creates an environment where science, education, and industry work collaboratively and encourage mutually beneficial partnerships within the house of otolaryngology to serve the common purpose of supporting the specialty in advancing patient care. ■





# Exhibitor Listings

For an up-to-date listing,  
visit [www.entannualmeeting.org](http://www.entannualmeeting.org).

## 1

3-D Matrix, Inc.  
3NT Medical Ltd.

## A

ABISA, LLC  
Acclarent, Inc.  
Advanced Bionics  
Aerin Medical, Inc.  
ALK-Abelló, Inc.  
ATMOS, Inc.  
Audigy Medical

## B

Beutlich Pharmaceuticals, LLC  
Bharadwaj MPC  
BiLumix  
BioMed ENT, Inc.  
Black & Black Surgical, Inc.  
Boston Medical Products, Inc.  
Boston Scientific Corporation  
BR Surgical-Optomic  
Bryan Medical Inc.

## C

C2Dx, Inc.  
Cardinal Health, Inc.  
Carestream Health  
Castle Biosciences  
Clarius Mobile Health  
Cochlear Americas  
Compulink Healthcare Solutions  
Cook Medical

## D

DePuy Synthes  
Designs For Vision, Inc.  
Doctus Equipamentos Médicos  
Dr. Kim Co.  
D-Scope Systems  
DUALAMS, Inc., dba Airkor

## E

Earlens Corporation  
Ecleris, USA  
Elsevier  
Endocraft, LLC

## F

Firefly Global

## G

Global Surgical Corporation  
Grace Medical  
GSC/SurgiTel  
GSI (Grason-Stadler, Inc.)

## H

Haag-Streit USA, Inc.  
Happersberger Otopront GmbH  
Hemostasis, LLC  
Hill Dermaceuticals, Inc.

## I

Innovia Medical  
InnoVoyce, LLC  
Inspire Medical Systems, Inc.  
Intelligent Hearing Systems  
Interacoustics  
Interpace Diagnostics  
Intersocietal Accreditation  
Commission  
Intuitive Surgical, Inc.  
Invotec International, Inc.

## J

J. Morita USA  
JEDMED  
Jeunesse Innovations  
JULLSURG INSTRUMENTS  
CORP

## K

KARL STORZ Endoscopy  
America, Inc.  
Kirwan Surgical Products, LLC  
KLS Martin Group  
Kurz Medical, Inc.

## L

Leica Microsystems

## M

MAICO Diagnostics  
McKeon Products, Inc.

MedPro Group  
MedTech International Group  
Medtronic, PLC  
Mega Medical Co., Ltd.  
Mitaka USA, Inc.  
Modernizing Medicine, Inc.  
MTI, Inc.

## N

Naveris, Inc.  
NeilMed Pharmaceuticals, Inc.

## O

Officite  
Olympus America, Inc.  
Optim, LLC  
Oticon Medical

## P

Panacea Financial  
Pangea Laboratory, LLC  
Penn Medicine  
PENTAX Medical  
PHACON, Inc.  
PhotoniCare, Inc.  
Pilling from Teleflex  
Plural Publishing  
Preceptis Medical  
Prisma Health  
PROSIDIO, LLC  
Pulmonary, Inc.

## Q

QTC, A Leidos Company

## R

R&D Surgical USA, Inc.  
Rabbit Air  
RG Medical USA  
RGS Healthcare  
Rose Micro Solutions, LLC  
Royal Bee

## S

Santosh Surgical Instruments  
Senonics International  
SENTA Partners

SleepSource Alliance ENT  
Smith+Nephew  
Sontec Instruments, Inc.  
Stryker Corporation  
Sutter Medical Technologies USA

## T

Taewoong Medical USA  
TEAC  
The American Institute of Balance  
The Doctors Company  
The Permanente Medical Group, Inc.  
Treble Health

## U

United Endoscopy  
University of Michigan Health-West  
USO Medical  
UV Smart Technologies B.V.

## V

Valent Medical, Inc. (Prev. Valam  
Corp)  
Vector Surgical, LLC  
Veracyte  
Vestibular First, LLC

## X

Xoran Technologies, LLC

## Z

ZEISS

## 2022 Service and Leadership Awards

### The Holt Leadership Award for Residents and Fellows-in-Training



This year's  
awardee, **Hayley  
L. Born, MD,**

has been an active  
member of the  
American Academy  
of Otolaryngology–  
Head and Neck

Surgery (AAO–HNS) since her second year of residency at the University of Cincinnati. There, she served as a program and regional representative for the Section for Residents and Fellows-in-Training (SRF).

The description of the Holt Leadership Award highlights honesty, integrity, fairness, advocacy, and enthusiasm. Dr. Born not only embodies these traits, but she also works to lift up and encourage her colleagues, setting her apart as she develops herself as a leader within the specialty. She has held several leadership positions within the SRF, including two years as the appointed delegate to the Society of University Otolaryngologists Head and Neck Surgeons.

When she was voted onto the Governing Council (GC) as the Board of Governors (BOG) Socioeconomic and Grassroots Representative (SEGR), she instituted a fun “term of the month” initiative on SRF social media accounts to help residents understand the role of the BOG. She is serving her second term as Member-at-Large on the GC during her laryngology fellowship, where she works with junior moderators to ensure that AAO-HNSF Annual Meeting Panel Presentation proposals are well crafted and include impactful topics and panelists.

Dr. Born has also served on many AAO-HNS committees, most within the Women in Otolaryngology Section, including the Leadership Development and Mentorship, Program and Awards, and Communications Committees. In 2019 she received the WIO Exemplary Senior Trainee Award for her excellence in leadership and mentorship inside as well as outside the organization. ■

### C. Jerome Goldstein Public Service Award



**E**hab Y. Hanna, MD, is recognized with the C. Jerome Goldstein Public Service Award. He is currently a professor in the Department of

Head and Neck Surgery, Division of Surgery, at The University of Texas MD Anderson Cancer Center (MDACC) in Houston.

Dr. Hanna has devoted his life to improving the welfare of patients with head and neck cancer, sinonasal cancer, and skull base tumors. He strives to improve the quality and value of patient care through his extensive clinical efforts and research and has dedicated himself to educating physicians and surgeons in the delivery of excellent care.

Dr. Hanna has led education initiatives on a large scale within the MDACC as well as nationally within the specialty of head and neck surgery, while maintaining a devotion to teaching and training individual medical students, residents, and fellows. Dr. Hanna has trained over 100 fellows and residents, most of whom have gone on to careers in academic head and neck surgery. On a local level, he has led the MDACC Head and Neck Center as the executive medical director of Ambulatory Care, a multidisciplinary clinic with over 100 employees and more than 10,000 annual unique patient visits.

Dr. Hanna is recognized as one of the national and international leaders in otolaryngology-head and neck surgery and is an especially effective teacher in the operating room. In addition to his many clinical, research, and administrative duties and service in national organizations within the specialty, he meets regularly with individual medical students, residents, fellows, and junior faculty to provide invaluable one-on-one mentoring and career guidance. ■





## Nikhil J. Bhatt, MD International Humanitarian Award



**Hana H. Nassir, MD, PhD, FICMS,** longtime advocate for and supporter of the AAO-HNS/F, is the recipient of the Nikhil J. Bhatt, MD

International Humanitarian Award. Dr. Nassir is best known for her dedicated and selfless service to the poor in her native country of Iraq, particularly during times of war and conflict. Her colleagues have recognized her for her unlimited charitable support for those who are disabled or displaced from their homes and in need of medical attention but who could not otherwise afford surgery.

Dr. Nassir is a skilled surgeon and consultant at the Iraqi ORL Head and Neck Surgery National Center in Baghdad. She is also a supervisor at the Iraqi Higher Education Institute and the Graduate Iraqi and Arabic Board and was president of the Iraqi Society of Otolaryngology-Head and Neck Surgery for eight years.

Dr. Nassir's Iraqi colleagues shared moving letters of gratitude written by the parents of children on whom she operated at no charge. One family's son needed a critical operation, which the family could not afford due to difficult circumstances. Dr. Nassir performed the surgical procedure at no cost to the family.

According to one colleague, her charitable contributions are without limit, calling her a pleasant, sincere, honest, and compassionate person and professional who has earned the respect and admiration of all who know her. Dr. Nassir has received many letters of gratitude and appreciation from and through the Iraqi Ministry of Women, the Iraqi Ministry of Health, the Iraqi Commission for Higher Medical Specialization in Otolaryngology, and more. ■

## Nikhil J. Bhatt, MD International Public Service Award



**Emmanuel D. Kitcher, MBChB, FRCS, FWACS, FGCPs,** who, after completing his training in otolaryngology in the UK, returned to his native country of Ghana and established an ENT department at the Korle-Bu Teaching Hospital in Accra, the capital of Ghana. According to a colleague, Dr. Kitcher's perseverance, dedication, and devotion to his department as well as the entire hospital community are legendary as he lived on campus and was available 24 hours a day, seven days a week for more than two decades.

Currently an otolaryngologist consultant at Korle-Bu, he is also an associate professor of otolaryngology at the University of Ghana Medical School in Accra. When not lecturing in the medical school, Dr. Kitcher can be seen on ward rounds teaching medical students, residents, and consultant colleagues. He displays deep compassion and consideration for patients of all ages.

Some of Dr. Kitcher's major achievements include establishing an ultramodern audiology center at Korle-Bu, acquiring and developing space to house 10 well-furnished outpatient consulting rooms, starting a master of science (MS) degree program in audiology and speech and language therapy at the University of Ghana, supporting otolaryngology nursing and theatre nursing training programs, providing and refurbishing operating theatre equipment, and much more.

To date, Dr. Kitcher has mentored more than 20 otolaryngology specialist surgeons and has made it his objective to promote otolaryngology ancillary services by training nurse specialists, perioperative nurses, audiologists, and speech and language therapists. Graduates of his MS program are now supporting otolaryngology-head and neck treatment and surgery throughout Ghana. ■

## Distinguished Award for Humanitarian Service



**Edward E. Dodson, MD,** who, since 1995, has helped the underserved

population of the Dominican Republic (DR) through Project Ear, a humanitarian organization that medically assists patients who are financially unable to access hearing healthcare. Dr. Dodson has served as president of Project Ear since 2000, when the organization became an official nonprofit.

Underserved from an otolaryngologic perspective, the DR has no fellowship-trained otologists. Under the guidance of Dr. Dodson, Project Ear has completed nearly 60 weeklong biannual trips with over 1,200 otologic surgeries, 1,500 ear exams, 700 screening audiograms, and 300 hearing aid fittings. Surgeries are performed at a small mission hospital with just four operating rooms and equipment that is nearly 30 years old.

To kickstart Project Ear, Dr. Dodson personally bought two otologic microscopes and shipped them to the DR. He has also helped train a local otolaryngologist who is now performing advanced otologic surgery, including cochlear implantation. Even more impressive has been Dr. Dodson's impact on resident education—there are now two otolaryngology residency programs thanks to his efforts.

As a professor and neurotologist at The Ohio State University, Dr. Dodson plans his next medical mission by gathering supplies that would otherwise be discarded by the hospital, obtaining new equipment (often personally funded), and recruiting volunteers. He also invites surgeons from other otolaryngology-head and neck surgery subspecialties to help train residents in techniques with which they may not be familiar.

Dr. Dodson's dedication to global health has touched thousands of patients' lives in the DR and instilled a sense of compassion and dedication to hundreds of trainees both American and Dominican. ■



# Mind the Gap: Addressing Health Inequity in Pediatric Sleep-Disordered Breathing

Erin M. Kirkham, MD, MPH, Stacey L. Ishman, MD, MPH, and Michael J. Brenner, MD, Chair

**A**wareness of healthcare disparities in otolaryngology has increased dramatically in the past decade, yet disparities persist. Elimination of these disparities requires active effort toward pursuit of health equity, defined as a fair and just opportunity for all individuals to be as healthy as possible. These considerations are highly relevant to pediatric sleep-disordered breathing (SDB), which refers to a continuum of nocturnal respiratory disturbances from primary snoring to obstructive sleep apnea (OSA).

SDB affects 11%-17% of children and predisposes them to neurobehavioral impairments and poor cardiorespiratory health. Untreated pediatric SDB is also associated with higher healthcare utilization.<sup>1</sup> We explore the racial, ethnic, and socioeconomic disparities in SDB screening, diagnosis, treatment, and outcomes,<sup>2,4</sup> present a socioecological model of the underlying drivers of disparity (Figure 1), and suggest potential solutions.

## Scope of the Problem

### Disparities in SDB Diagnosis

Compared to White children, Black children have four- to six-fold higher prevalence<sup>3</sup> and greater severity<sup>5</sup> of SDB. Controlling for race and ethnicity, children who live in lower income homes and socioeconomically disadvantaged neighborhoods are more likely than their relatively advantaged counterparts to have SDB.<sup>4,6</sup> Furthermore, children with public insurance experience significant barriers to sleep testing and delays in care compared to those with private insurance.<sup>7</sup>

In one retrospective cohort, nearly 50% of children with public insurance were lost to follow-up before they obtained a recommended polysomnography. Causes may include difficulty taking time from

work, challenges relating to travel, and other direct or indirect costs. Thus, children within historically marginalized groups are more likely to have SDB, have more severe SDB, and are less likely to receive timely testing and diagnosis. This inequity has implications for long-term health and development, as adequate sleep is crucial in the preschool years, and evidence suggests that early sleep patterns may influence long-term sleep health.

### Disparities in SDB Treatment

Studies have consistently demonstrated racial and socioeconomic disparities in access to adenotonsillectomy (AT), which is first-line treatment for pediatric SDB. Query of a multistate database demonstrated that Black and Hispanic children underwent AT less commonly than non-Hispanic White children. In addition, AT utilization was lower for children with public, compared to private, insurance and for those who lived in metropolitan versus nonmetropolitan regions.<sup>8</sup> Another study found racial disparities in access to AT within the publicly insured. Among children insured under Medicaid, those of Black race and Hispanic ethnicity had lower odds of AT than non-Hispanic White children.<sup>9</sup> AT reduces SDB severity and improves symptoms and quality-of-life;<sup>5,10</sup> disparate access to surgery might thus impede psychosocial development and health.

### Disparities in SDB Outcomes

Black and Hispanic children also experience higher rates of post-AT complications. Analysis of a large multistate database found that Black and Hispanic children are at increased risk for a revisit after tonsillectomy and were 35% more likely to have acute pain at the revisit, compared to their White counterparts.<sup>11</sup>

The authors also found an inverse relationship between household income and multiple post-tonsillectomy complications, independent of race. The higher burden of complications may be due to many factors, but

research has shown that implicit bias among physicians is associated with prescribing practices for pain management after surgery.<sup>12</sup>

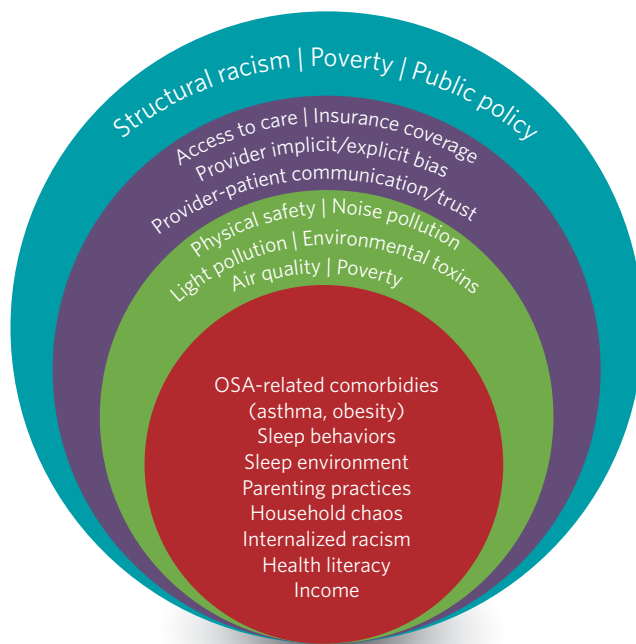
The childhood adenotonsillectomy trial (CHAT) was a multicenter randomized controlled trial of AT versus watchful waiting in over 400 children with OSA. CHAT demonstrated that children of Black race are less likely than non-Black children to experience resolution of OSA whether they underwent AT or six months of observation. Although AT improved the severity of OSA and associated neurobehavioral problems, Black children experienced less improvement overall than their non-Black counterparts.<sup>5</sup>

### Disparities in Persistent OSA Management

Disparities are also evident in management of persistent OSA after AT. Although Black and Hispanic children have an elevated risk of persistent post-AT OSA, they are less likely than non-Hispanic White children to undergo postoperative polysomnogram and to be treated with positive airway pressure for residual post-AT OSA.<sup>13</sup> Untreated SDB is associated with negative neurobehavioral consequences and poor school performance.<sup>14</sup> Lack of follow-up care for post-AT SDB has implications not just for the individual but for society as a whole, as education is a prerequisite for equal access to the jobs, skill, resources, and overall socioeconomic success.

### What Drives Disparities in SDB?

Racial and ethnic health disparities are not due to biology but rather social and economic factors that influence health.<sup>15</sup> As an illustration, Wang, et al. conducted a neighborhood-level analysis of patients enrolled in CHAT and found that the association between race and disease severity was largely explained by poverty rate or percentage of single-female-headed households within the neighborhoods in which subjects resided.<sup>4</sup>



## Society

Public advocacy for policy change  
Later school start times to increase sleep duration  
Elimination of daylight savings time  
Tax incentives for wellness programs  
Sleep education initiatives  
Employment policy to promote healthy work hours

## Healthcare System

Sleep education  
Resources to improve access (transportation, social services)  
Provider training in bias and cross-cultural communication

## Neighborhood

Increase community resources (community centers, greenspace)  
Public safety  
Targeted provision of services to high-risk groups

## Child/Family

Optimization of individual health  
Group-based interventions for weight loss  
Family education on sleep hygiene  
Web-based social support

**Table 1.** Socioecological model of disparities in pediatric sleep-disordered breathing.

Racial disparities in pediatric SDB are complex and multifactorial, reflecting the interaction of factors at multiple levels.<sup>16</sup> Socioecological models convey how health outcomes are influenced by individual, interpersonal, organizational, community, and structures or systems. At the societal level, insurance coverage and structural inequities can shape outcomes. At the community or neighborhood level, safety, noise pollution, school environment, environmental toxins, and air quality can influence sleep quality and rates of prematurity, obesity, and asthma. At the organizational level, healthcare systems can influence access and care delivery. Then, family-level factors, including belief systems, sleep and work schedules, challenges related to transportation and childcare, parental income, and education, might also predispose to health inequity.

## Elimination of Health Inequity in SDB

Ameliorating health inequity requires a shift in research focus from identifying disparities to elucidating root causes and taking purposeful steps to reduce them.<sup>15</sup> Potential solutions are shown in Figure 1. These can range from window coverings to combat light pollution to altering school start time intended to improve

sleep duration. Moreover, improving sleep health literacy and access to diagnosis and surgical care are key preliminary steps. Additional approaches include promoting effective cross-cultural communication. Individual providers can assess their own implicit bias (<https://implicit.harvard.edu/implicit/takeatest.html>) and applying a broader lens to patient care, advocating for social services. Engagement with advocacy efforts can also shape health policy. Ultimately, efforts on individual, organizational, and societal levels will be required to close the gaps in SDB diagnosis, treatment, and outcomes. Concerted effort on multiple fronts can promote equitable access and care, helping all children to achieve their full potential. ■

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# Tech Talk

## Cyber Insurance: Alignment with Cybersecurity Best Practices

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

**W**hen was the last time you reviewed your cyber insurance policy? Significant changes have taken place within this segment of the insurance industry, most likely caused by the exponential growth of threats and losses from cyber events. According to *Forbes*, the healthcare industry faced a 755% increase in ransomware attacks in 2021. This article provides an update on what you need to know.

### Coverage Areas

For organizations that have an online presence or work with cloud-based software, obtaining cyber insurance to protect against losses due to cyber threats is an expected business expense. Business interruptions and data breaches are costly. Reputation loss, particularly if patient information is exposed, is another big concern. All this said, one of the biggest drivers for obtaining cyber insurance is to cover other contractual obligations. Many technology support and cloud service agreements require you to carry cyber insurance.

Table 1 shows some expenses of the more common risk areas that cyber insurance covers.

During the Academy's recent experience renewing our cyber insurance, we discovered

two new endorsements added to our policy:

- Neglected Software Vulnerability
- Widespread Cyber Events

**Neglected Software Vulnerability** introduced a sliding scale of diminishing coverage. Basically this endorsement says if a hacker exploited a known vulnerability and a patch was available, the amount of coverage is reduced depending on the number of days the patch was downloadable prior to the cyberattack. The National Vulnerability Database (NVD), <https://nvd.nist.gov>, is commonly used to determine availability.

**Widespread cyber events** are ones that affect multiple policyholders. Like flood

insurance, widespread cyber event coverage is an added endorsement to a policy to protect the insurer from paying out multiple policyholder claims based on a single event. With any reported cyber event, you can expect a forensics study to be conducted to determine the cause and whether the event was limited (only affected your practice) or widespread (affected other organizations, too).

### Alignment with Cyber Hygiene

Cyber insurance is aligning with cybersecurity best practices. Based on questions asked by our carrier as well as additional research, Table 2 provides a list of cybersecurity areas that insurers are likely to probe.

Risk Area	Expenses
Network Security Failure	<ul style="list-style-type: none"><li>▪ Legal expenses</li><li>▪ IT forensics</li><li>▪ Ransomware payment and negotiation</li><li>▪ Data restoration</li><li>▪ Call center setup</li><li>▪ Public relations expertise</li><li>▪ Credit monitoring and identity restoration</li></ul>
Privacy Liability	<ul style="list-style-type: none"><li>▪ Class action litigation</li><li>▪ Regulatory investigation for violating privacy legislation</li></ul>
Business Interruption	<ul style="list-style-type: none"><li>▪ Coverage for items such as lost profit, fixed expenses, extra costs incurred for implementing work arounds</li></ul>

**Table 1.** Risk areas covered by cyber insurance.



## Preparing for Cyber Incident

Now that we have defined cyber insurance's risk coverage areas and discussed alignment with cybersecurity best practices, let's transition to preparing for a cyber incident. At the very least, create a cheat sheet that has the name of the insurer, your policy number, and the number to call to report an incident. Keep this in a secure safe place, and make sure it is readily accessible from wherever you are. The last thing you want to do is look through a bunch of documents to find this critical information. Also, keep the policy itself handy. You will need to refer to your policy down the road, after an incident is reported.

Many insurers want you to use one of their preferred incident response providers. Typically, these are independent organizations from your insurer. Your policy may state you can use any incident response provider you like, but if you do not use one of their preferred incident response providers, then your coverage will be reduced. Most insurers have a list of their preferred incident response providers on their website. Make sure your cheat sheet includes the URL to the list of providers. You may want to consider contacting a few of the providers before an incident occurs to pre-establish a relationship.

Think of cyber insurance as a component of your overall cybersecurity strategy. Like it or not, your next renewal will be aligned with cybersecurity best practices. The tables provided in this article are a good starting point for reviewing your cybersecurity hygiene plan. Another good source is the past Tech Talk article on combating ransomware: <https://bulletin.entnet.org/aa0-hnsf-2021/article/21759592/tech-talk-a-framework-for-combating-ransomware>.

**One final thought:** At some point, you may have to attest that your practice does perform such steps as software patching on a regular basis. For every action item in your cybersecurity plan, make attestation a component so that you can quickly respond to your cyber insurer's requests for more information when an incident is reported. ■

Cybersecurity Area	Concerns
Backups	<ul style="list-style-type: none"> <li>Frequency?</li> <li>Are backups encrypted?</li> <li>Stored offline?</li> <li>Regular testing of backups and restores?</li> <li>How long does it take for a full restore?</li> </ul>
Identity and Access Management	<ul style="list-style-type: none"> <li>Privileged account management</li> <li>Is least privilege method applied?</li> <li>Multi-factor authentication (MFA)</li> </ul>
Remote Access	<ul style="list-style-type: none"> <li>Virtual private network (VPN)</li> <li>Is MFA required for all access?</li> <li>Does email access from non-corporate device require MFA?</li> </ul>
Endpoint Protection and Threat Management	<ul style="list-style-type: none"> <li>What tools are used for endpoint protection?</li> <li>Active monitoring of threats?</li> </ul>
Software Updates and Patch Management	<ul style="list-style-type: none"> <li>Describe patch management process</li> <li>What timeframe are critical and high severity patches installed across environment?</li> <li>Third-party patch management solution?</li> <li>What devices are included (firmware)?</li> </ul>
Email Security	<ul style="list-style-type: none"> <li>Inbound/outbound scanning for malicious content</li> <li>Advanced threat protection capability?</li> <li>Phishing training conducted?</li> <li>Email security tools (DMAR, SPF, etc.)?</li> </ul>
Network Segmentation	<ul style="list-style-type: none"> <li>Separate guest Wi-Fi?</li> <li>Describe how your network is segmented</li> </ul>
End of Life (Software and hardware)	<ul style="list-style-type: none"> <li>Do you use any software or hardware that has reached end-of-support by the vendor?</li> <li>If so, how are the risks mitigated?</li> </ul>
Cybersecurity Awareness Training	<ul style="list-style-type: none"> <li>Do you have a cybersecurity awareness program? Is it mandatory for all staff?</li> <li>Is monitoring awareness and remedial training part of the plan?</li> </ul>
Software Supply Chain Management	<ul style="list-style-type: none"> <li>Do you follow NIST Best Practices? <a href="https://csrc.nist.gov/CSRC/media/Projects/Supply-Chain-Risk-Management/documents/briefings/Workshop-Brief-on-Cyber-Supply-Chain-Best-Practices.pdf">https://csrc.nist.gov/CSRC/media/Projects/Supply-Chain-Risk-Management/documents/briefings/Workshop-Brief-on-Cyber-Supply-Chain-Best-Practices.pdf</a></li> </ul>

**Table 2.** Cybersecurity areas likely to be probed by insurers.

# Circulating Tumor DNA: HPV-Related Oropharyngeal Cancer Diagnosis, Prognostication, Treatment De-intensification, and Surveillance

Neil Gildener-Leapman, MD, and Wojciech K. Mydlarz, MD, members of the Head and Neck Surgery Education Committee

**T**he current standard of care dictates that oropharyngeal squamous cell carcinoma (OPSCC) diagnosis entails tissue biopsy and human papillomavirus (HPV) or p16 testing. Despite the better overall treatment response and survivorship of HPV-positive patients, some still recur and develop progressive disease. This makes stratification and de-intensification of treatment challenging. There have been a number of studies that have examined ways to de-intensify therapy for patients with HPV-positive oropharyngeal cancer with results indicating that not all patients may benefit from a less intense therapeutic approach.

Surveillance evaluation typically entails careful focus-based interview, physical exam, high definition endoscopy, and imaging. Use of a sensitive molecular screening and surveillance test can become a valuable tool for clinicians and patients. Liquid biopsy testing is a simple and minimally invasive option for blood sampling to look for circulating tumor DNA (ctDNA). Frequently used in Epstein-Barr virus (EBV)-positive nasopharyngeal cancers, ctDNA can be an adjunct to diagnostic biopsies and, more importantly, helpful for confirming tumor treatment response and disease control during surveillance.<sup>1</sup>

There is now commercially available peripheral blood ctDNA testing for HPV-related OPSCC. This approach was characterized in a 2019 study by Chera, et al. that examined the kinetics of HPV related DNA fragments in the peripheral blood of patients treated with chemoradiation.<sup>2</sup> The assay was highly accurate in determining newly identified HPV-related OPSCC. Ability to accurately diagnose patients with HPV related cancer with a blood test, could have implications for patients who

have insufficient biopsy material for P16/HPV staining. The study went further and identified a good prognostic phenotype, with high baseline ct HPV16DNA (>200 copies/mL) and a greater than 95% clearance of the ctDNA at one month into chemoradiation. HPV can appear in two configurations in the tumor cell: as either episomal (free viral DNA) or integrated into the cell DNA. Patients with integrated HPV DNA are known to have a worse prognosis and are also indicated by much lower peripheral blood HPV DNA copies/mL. This may also help explain why some patients may have HPV OPSCC, but test negative for peripheral blood circulating HPV DNA, and further illuminates the better prognosis with higher pre-treatment ctDNA levels.

The ability of peripheral blood HPV ctDNA fragment assays to help risk stratify and potentially de-intensify therapy may eventually be elucidated by clinical trials. Baseline HPV copy number concentration could become an inclusion criterion for clinical trials. The ability to measure and quantify peripheral blood HPV DNA may allow for wider de-intensification and observation for patients that receive surgery or radiation therapy only, while also serving to intensify treatment in others with persistently elevated levels. Results from proposed clinical trials may not be available for some time. However, there is already a potential immediate benefit for clinical use in both tumor treatment response and surveillance.

In 2020 Chera, et al. also described the utility of peripheral blood HPV DNA detection in the surveillance of 115 patients treated with curative intent chemoradiotherapy.<sup>3</sup> 87 patients had undetectable circulating tumor HPV DNA post-treatment with zero recurrences noted after a median follow up of 23 months. For patients with more than one consecutive post-treatment positive result for circulating tumor HPV DNA, 15 out of 16 of those patients recurred, yielding a 94% positive predictive value.

Interestingly, some patients had one positive post-treatment blood test and were not found to have recurrence, which raises the question of whether the patient is having immune mediated elimination post-treatment, with continued tumor regression and cure.

Introduction of highly accurate blood-based assays for cancer surveillance could allow for more selective use of resources. Radiographic assessments could be more selective and reserved for persistent ctDNA detection or concerning symptoms. In cases of delayed resolution of disease on post treatment imaging, patient may not need to undergo salvage neck dissection for treated neck disease. Surveillance visits could be more efficient, tailored based on molecular surveillance leading to less frequent clinic visits, and geared more for evaluation of any concerning patient symptoms. In crafting cancer surveillance protocols, the positive and negative emotional effects of repeat testing can be considered. However, there remain many questions that need to be answered prior to widespread adoption including: what is the correct frequency of testing? At Diagnosis and at every subsequent clinic visit? Is there a point where several negative results are sufficient to not undergo further testing? Will HPV ctDNA testing allow for earlier diagnosis of recurrence and/or distant disease? If so, lead-time bias should be considered in assessing salvage outcomes and benefits of earlier detection. Finding the correct balance of these interventions may yield health care cost savings, instead of summative costs of excess investigations during survivorship.

Overall, the preliminary results with the ctDNA assays demonstrate a promising tool for assessing treatment response and surveillance of HPV OPSCC. However, there remain important questions that need to be answered and rigorous testing in clinical trial settings will need to be done prior to utilizing ctDNA results to guide clinical decision making.

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



## AAO-HNSF Hearing Testing Course (for staff) CPOP - Certificate Program for Otolaryngology Personnel Courses November 4-6, 2022 and May 5-7, 2023

The CPOP program is a training program to teach hearing testing to office staff.



### For Information, contact:

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

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**System Chair, Department of Otorhinolaryngology and Communication Sciences, Ochsner Health**

Ochsner Health, the largest health system in Louisiana and the central Gulf Coast, seeks an experienced physician leader to serve as **System Chair of Otorhinolaryngology and Communication Sciences**. The successful candidate will lead a highly engaged and academically productive group of **30 otolaryngologists and 10 advanced practice providers** who practice at **11** sites in the Greater New Orleans and Baton Rouge area, with its academic and referral hub at Ochsner Medical Center in New Orleans.

In addition to clinical activities, the Department serves as the primary training site for otolaryngology residents from Tulane University as well as medical students from all Louisiana institutions and the Ochsner Clinical School of the University of Queensland (Australia). There is an active research section focusing on clinical and outcomes research, including clinical trials. Ochsner Otorhinolaryngology enjoys a strong regional reputation and rising national reputation, reflected in our frequent inclusion in the US News and World Report Top 50 rankings.

The Department of Otorhinolaryngology and Communication Sciences has expanded dramatically over the past 7 years, nearly tripling in size and scale. There has been particular growth on the subspecialty academic side, with development of teams in head and neck surgery, laryngology, rhinology and skull base surgery, otology/neurotology, and pediatric otolaryngology. As a system department, we deliver comprehensive ENT care across the region, with complex, referral-based care occurring at Ochsner Medical Center. To manage this growth, the departmental structure accounts for regional leadership, as well as existing Vice-Chairs for Academic Affairs and Operations, in a dyad relationship with administrative partners.

The successful candidate will have a national reputation for excellence and academic accomplishment within otolaryngology – head and neck surgery, along with at least 3 years of leadership at the Section or Department level. Strategic planning, execution of a clear vision, familiarity with service line structure, experience in quality improvement and safety, financial acumen, and a collaborative approach are essential requirements to succeed in our group practice.

Ochsner Otorhinolaryngology is a historically strong and innovative department that is on a path to be a national leader in our field - we are looking through a diverse applicant pool to find the leader that will continue our exciting journey and take us to new heights.

**Interested candidates should apply here: [https://ochsner.wd1.myworkdayjobs.com/OchsnerPhysician/job/New-Orleans---New-Orleans-Region---Louisiana/System-Chair--Otorhinolaryngology\\_REO\\_00127474-1](https://ochsner.wd1.myworkdayjobs.com/OchsnerPhysician/job/New-Orleans---New-Orleans-Region---Louisiana/System-Chair--Otorhinolaryngology_REO_00127474-1)**

Ochsner Health is a system that delivers health to the people of Louisiana, Mississippi and the Gulf South with a mission to Serve, Heal, Lead, Educate and Innovate. Ochsner Health is a not-for-profit committed to giving back to the communities it serves through preventative screenings, health and wellness resources and partnerships with innovative organizations that share our vision. Ochsner Health healed more than 876,000 people from across the globe in 2019, providing the latest medical breakthroughs and therapies, including digital medicine for chronic conditions and telehealth specialty services. Ochsner Health is a national leader, named the top hospital in Louisiana and a top children's hospital by U.S. News & World Report. As Louisiana's leading healthcare educator, Ochsner Health and its partners educate thousands of healthcare professionals annually. Ochsner Health is innovating healthcare by investing in new technologies and research to make world-class care more accessible, affordable, convenient and effective. Ochsner's team of more than 26,000 employees and 4,500 providers are working to reinvent the future of health and wellness in the region. To learn more about Ochsner Health, please visit [www.ochsner.org](http://www.ochsner.org). To transform your health, please visit [www.ochsner.org/healthyyou](http://www.ochsner.org/healthyyou).

Ochsner is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, disability status, protected veteran status, or any other characteristic protected by law.

## **UTHealth<sup>®</sup> Houston** McGovern Medical School **Faculty Position**

The Department of Otorhinolaryngology-Head & Neck Surgery at McGovern Medical School (part of The University of Texas Health Science Center at Houston) is recruiting Pediatric ENT faculty. This is a unique opportunity to build a comprehensive Pediatric ENT practice in a large, diverse, and growing metropolitan area. The ideal candidate should be comfortable in providing full-spectrum Pediatric ENT services primarily at our academic medical center location, which includes a clinic and Children's Memorial Herman Hospital.

This position is primarily focused on clinical care and resident education, although opportunities for scholarship are encouraged. Fellowship training in Pediatric ENT is required, and the successful candidate must have certification in complex pediatric otolaryngology or be planning to obtain certification. All applicants should be board-certified or board-eligible in otolaryngology.

Academic appointment commensurate with experience. Excellent salary and benefits. Outstanding opportunities for teaching and research.

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

*Interest and questions may be directed to:*

**Zi Yang Jiang, MD (Pediatric ENT Chief)**  
**Department of Otorhinolaryngology-Head & Neck Surgery**  
**McGovern Medical School**  
**The University of Texas Health Science Center at Houston**  
**Phone: 713-500-5414 Fax: 713-383-1410**  
**Email: [zi.yang.jiang@uth.tmc.edu](mailto:zi.yang.jiang@uth.tmc.edu)**

UTHealth Houston is an EEO/AA employer. UTHealth Houston does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, genetics, disability, age, or any other basis prohibited by law. EOE/M/F/Disabled/Vet.

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**CONTACT INFORMATION:**  
**Judy (Office Manager) (661) 406-6505**  
**Email: [otorhinman@gmail.com](mailto:otorhinman@gmail.com)**



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## Department of Otolaryngology - Chair Opportunity University of Texas Medical Branch – Galveston, Texas

### University of Texas Medical Branch (UTMB)

UTMB Health is a \$2.2 billion health science center comprised of five hospitals, an extensive network of outpatient clinics, and Schools of Medicine, Nursing, Health Professions, Public and Population Health, as well as a Graduate School of Biomedical Sciences, three institutes and over 10 exceptional research centers. UTMB has a long and remarkable history of advancing health sciences education, research, and patient care. It was the first academic health center in Texas and is home to the state's first schools of medicine, nursing, and allied health sciences. UTMB is also home to the Galveston National Laboratory, one of only two laboratories conducting research on a university campus at the BSL-4 level in the U.S. Overall research funding has increased 20% over the past five years to \$132 million and UTMB ranks 54th nationally in NIH funding among medical schools. UTMB also ranks as a five-star hospital by Vizient, for superior performance in providing high quality care. For more information, visit <https://www.utmb.edu/>

**The UTMB Department of Otolaryngology – Head and Neck Surgery** consists of a faculty of driven individuals, trained at leading centers throughout our country now exercising their expertise both on Galveston Island and the Mainland. We actively engage in medical student and resident education, cutting edge basic and clinical science research, and most importantly, exemplary individualized care for our patients. <https://www.utmb.edu/oto/>

**Professor and Chair Department of Otolaryngology** - The University of Texas Medical Branch is actively seeking a Chair for the Department of Otolaryngology – Head and Neck Surgery. The Department Chair will provide leadership and direction to the department for all existing programs, look to expand and develop new programs, and lead the faculty on matters of curriculum, instruction, research, diversity, scholarship, service, and clinical enterprise. The Chair will oversee the Department's performance across all missions of the Institution.

### Essential Responsibilities and Functions:

- Provide leadership and direction to strategic initiatives that will build and expand patient care services
- Promote excellence in patient care, research, and education
- Develop and expand the research capacity of the department
- Responsible for faculty recruitment, retention, and development
- Oversee and be held accountable for the fiscal resources including space and equipment allocated to the Department
- Manage expenditures and build programs that continue to generate revenues to achieve a balanced operational budget
- Foster a climate of academic excellence, collaboration, and interdisciplinary initiatives that are compliant with UT System regulations and policies
- Contribute to a department culture that promotes collaborative decision-making, and affirms equity, diversity, and inclusion
- Serve as a representative for the Department on Health System, Institutional, and Executive Committees
- Develop and strengthen alumni relationships

### Position Requirements:

- MD or DO degree from an accredited institution
- Eligible for an appointment at the Professor level
- Board Certification in all related fields
- Ability to obtain an unrestricted Texas state medical license

**Income Package:** Salary will be commensurate with Academic rank, qualifications, experience, and educational background. In addition, UTMB offers a superior benefits package, an excellent retirement program, a relocation allowance as well as many other potential incentives.

**Living in South Houston and Galveston, Texas:** Galveston Island is home to approximately 50,000 residents and is known for its 32 miles of Gulf Coast beaches, temperate climate, wide array of leisure and cultural activities, and affordable cost of living – all just south of Houston, the 4th largest city in the US. More information about UTMB and Galveston can be found on the UTMB Living Website: <http://www.utmb.edu/utmbiliving/>

**Interested candidates should submit a Cover Letter and current Curriculum Vitae (CV) to Skott Harrington via email, [saharrin@utmb.edu](mailto:saharrin@utmb.edu). Please be sure to include a preferred contact method.**

\* Review of applications will begin immediately and will continue until the position is filled.

*UTMB Health strives to provide equal opportunity employment without regard to race, color, national origin, sex, age, religion, disability, sexual orientation, gender identity or expression, genetic information, or veteran status. As a VEVRAA Federal Contractor, UTMB Health takes affirmative action to hire and advance women, minorities, protected veterans, and individuals with disabilities.*



## THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

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

### BC/BE General Otolaryngologist

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

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

### Head & Neck Surgery

## Chair, Department of Otolaryngology

**Henry Ford Health seeks a Chair for the Department of Otolaryngology - Head & Neck Surgery to provide strategic and operational leadership.**

Reporting to the CEO of the Henry Ford Medical Group, the successful candidate will be responsible for clinical, educational and research activities of the department including responsibility for the Division of Audiology, Division of Oromaxillofacial Surgery, and the Section of General Dentistry.

#### Highlights of the Department include:

- Otolaryngology services provided at five Henry Ford Health hospitals and eight Outpatient Clinics
- More than 3,500 Surgeries annually
- More than 68,000 outpatient visits
- 26 Otolaryngologists in the Department, 4 Oral & Maxillofacial Surgeon, 2 General Hospital Dentists, 23 Audiologists, 4 Audiology fellows, 10 Advanced Practice Providers, 13 Otolaryngology Residents, 1 Head and Neck Cancer Fellow
- More than \$36M in patient revenue
- Academic appointment through Michigan State University as part of the Henry Ford Health + Michigan State University Health Sciences Center

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FORD  
HEALTH**



Henry Ford Health is located in Detroit and draws patients nationally and internationally. The Henry Ford Medical Group, one of the nation's largest group practices, with more than 1,800 physicians and researchers in more than 40 specialties.

#### To apply

Submit an updated Curriculum Vitae (CV) and Letter of Interest to Larisa Pistin at [lpistin1@hfhs.org](mailto:lpistin1@hfhs.org).

Henry Ford Health is committed to the hiring, advancement and fair treatment of all individuals without regard to race, color, creed, religion, age, sex, national origin, disability, veteran status, size, height, weight, marital status, family status, gender identity, sexual orientation, and genetic information, or any other protected status in accordance with applicable federal and state laws.



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### About Us

Summit Health is a physician-driven, patient-centric network committed to simplifying the complexities of health care and bringing a more connected kind of care. Formed by the 2019 merger between Summit Medical Group, one of the nation's premier independent physician-governed multispecialty medical groups, and CityMD, the leading urgent care provider in the New York metro area, Summit Health delivers a more intuitive, comprehensive, and responsive care experience for every stage of life and health condition through high-quality primary, specialty, and urgent care.

In 2022, **Westmed Medical Group**, a multispecialty practice, and **New Jersey Urology**, one of the leading urology practices in the United States, partnered with us to extend our services. Summit Health has more than 2,500 providers, 12,000 employees, and over 340 locations in New Jersey, New York, Connecticut, Pennsylvania, and Central Oregon. For more information, please visit [summithealth.com](https://summithealth.com).

### Benefits We Offer

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- Opportunities for professional growth
- Complete administrative and care management support

If you are an interested candidate, please reach out to our recruitment team email: [providerrecruitment@summithealth.com](mailto:providerrecruitment@summithealth.com)

To apply and explore opportunities, visit our career page: [joinsummithealth.com](https://joinsummithealth.com)

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