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  - February

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- **Pre-operative Optimization**
  - April

- **Facial Paralysis**
  - May

To learn more and register

www.entnet.org/FLEX
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- 2022 Presidents’ Reception: Celebrate as We Continue “Forward Together”
- 2022 Great Debates
- Best of Orals Showcases Expertise Across the Specialty
- Late-Breaking Scientific Oral Presentations
- AAO-HNS Career Fair: Connecting the Top Talent in Otolaryngology with the Nation’s Leading Employers
- OTO Experience: Meet with Vendors and Suppliers
- 2022 Exhibitor Listings
- 2022 Service and Leadership Awards

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

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

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by Ken Yanagisawa, MD

Achieving Equitable Care in Challenging Times
by James C. Denneny III, MD

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

Tech Talk: Cyber Insurance: Alignment with Cybersecurity Best Practices

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The Miracle of Photography

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.
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 AND 22nd**

Out of 43 journals in the “Otorhinolaryngology” category

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.
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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.

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

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

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.

1. The Realities, Employment Contract Evolution, and the State of Hiring
2. Unconventional Strategies for Recruiting
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.

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

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

YS, 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, 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 in solo private practice at Pediatric ENT Associates in Buffalo since 2001.
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.

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

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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 Otorhinolaryngology, 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-HNS/F 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.
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. Denneny 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. Suurma, 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.

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

### 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 Oceana 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
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 Stolovitzky, 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. Denneny III, MD, AAO-HNS/F 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.
XXXVII
Pan American Congress of Otolaryngology–Head and Neck Surgery
June 25-27, 2022 | Orlando, FL, USA
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 dysequia 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.
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. Information for patients specific to the 2022 campaign will be available at www.ENThealth.org/SinusDay and www.MySinusitis.com.
**2022 EVP/CEO Spotlight Series**

**James C. Denneny 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 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-entSM, 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 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: Michael G. Dubin, 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 otorhinolaryngologist, 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, Parisa 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, Yusel 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. Hadfield, MD, Patrick J. Byrne, MD, MBA, Dane J. Genther, 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
  Neelavash Vukkadala, MD, Nergis C. Khan, BA, Armit Saxena, MD, Edward J. Damrose, MD, Vladimir Nekhendzy, MD, C. Kwang Sung, MD, MS

- Otology/Neurotology
  Simultaneous Translabyrinthine Vestibular Schwannoma Resection and Cochlear Implantation – Long-term Follow-up
  Christoph Arnold, 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 Conster, MD, FRSCS, Paul Hong, MD, Michael Bezuhly, MD, FRSCS

- 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 Fili-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, Katharine Kedeshian, 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 Breenreddy, Howard D. Krein, MD, PhD, Ryan N. Helfelfinger, MD

- Otology/Neurotology
  Slim Modiolar Versus Lateral Wall Electrode Arrays in the Setting of Hearing Preservation
  Kevin Y. Zhan, MD, Amit Walla, 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 Fili-Mouhim, PhD, Fabiana Valera Cardoso, MD, PhD, Emmanuelle Brochiero, PhD, Martin Y. Desrosiers, MD, FRSCS

- 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. Thuler, MD, PhD, MBA, Everett Seay, Kendra Troske, Alan R. Schwartz, MD, Raj C. Dedhia, MD, MSGR
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 Clinics Improve 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

**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 Dexamethasone 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
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

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
Officine
Olympus America, Inc.
Optim, LLC
Oticon Medical

P
Panacea Financial
Pangea Laboratory, LLC
Penn Medicine
PENTAX Medical
PHACON, Inc.
PhotomiCare, Inc.
Pilling from Teleflex
Plural Publishing
Preceptis Medical
Prisma Health
PROSIDIO, LLC
Pulmodyne, 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
Sensonics 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
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

Ehab 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.
Specialization in Otolaryngology, and more.

Iraqi Commission for Higher Medical Women, the Iraqi Ministry of Health, the

many letters of gratitude and appreciation has earned the respect and admiration of

compassionate person and professional who

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Iraqi Society of Otolaryngology-Head and

Arabic Board and was president of the

Education Institute and the Graduate Iraqi

is also a supervisor at the Iraqi Higher

Surgery National Center in Baghdad. She

consultant at the Iraqi ORL Head and Neck

homes and in need of medical attention but

who are disabled or displaced from their

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 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.

Nikhil J. Bhatt, MD International Public Service Award

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

This year’s awardee for the Nikhil J. Bhatt, MD International Public Service Award is 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.

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This year’s Distinguished Award for Humanitarian Service goes to 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

Awareness 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. We explore the racial, ethnic, and socioeconomic disparities in SDB screening, diagnosis, treatment, and outcomes, present a sociocological 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 of SDB and greater severity 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. Furthermore, children with public insurance experience significant barriers to sleep testing and delays in care compared to those with private insurance. 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. 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. AT reduces SDB severity and improves symptoms and quality-of-life; 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. 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.

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.

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. Untreated SDB is associated with negative neurobehavioral consequences and poor school performance. 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. 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.
Racial disparities in pediatric SDB are complex and multifactorial, reflecting the interaction of factors at multiple levels.16 Socioecological models convey how health outcomes are influenced by individual, interpersonal, organizational, community, and structural 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.13 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.

References
Cyber Insurance: Alignment with Cybersecurity Best Practices

When 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.

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Security Failure</td>
<td>• Legal expenses &lt;br&gt; • IT forensics &lt;br&gt; • Ransomware payment and negotiation &lt;br&gt; • Data restoration &lt;br&gt; • Call center setup &lt;br&gt; • Public relations expertise &lt;br&gt; • Credit monitoring and identity restoration</td>
</tr>
<tr>
<td>Privacy Liability</td>
<td>• Class action litigation &lt;br&gt; • Regulatory investigation for violating privacy legislation</td>
</tr>
<tr>
<td>Business Interruption</td>
<td>• Coverage for items such as lost profit, fixed expenses, extra costs incurred for implementing work arounds</td>
</tr>
</tbody>
</table>

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/aoa-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.

<table>
<thead>
<tr>
<th>Cybersecurity Area</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backups</td>
<td>• Frequency?</td>
</tr>
<tr>
<td></td>
<td>• Are backups encrypted?</td>
</tr>
<tr>
<td></td>
<td>• Stored offline?</td>
</tr>
<tr>
<td></td>
<td>• Regular testing of backups and restores?</td>
</tr>
<tr>
<td></td>
<td>• How long does it take for a full restore?</td>
</tr>
<tr>
<td>Identity and Access Management</td>
<td>• Privileged account management</td>
</tr>
<tr>
<td></td>
<td>• Is least privilege method applied?</td>
</tr>
<tr>
<td></td>
<td>• Multi-factor authentication (MFA)</td>
</tr>
<tr>
<td>Remote Access</td>
<td>• Virtual private network (VPN)</td>
</tr>
<tr>
<td></td>
<td>• Is MFA required for all access?</td>
</tr>
<tr>
<td></td>
<td>• Does email access from non-corporate device require MFA?</td>
</tr>
<tr>
<td>Endpoint Protection and Threat Management</td>
<td>• What tools are used for endpoint protection?</td>
</tr>
<tr>
<td></td>
<td>• Active monitoring of threats</td>
</tr>
<tr>
<td>Software Updates and Patch Management</td>
<td>• Describe patch management process</td>
</tr>
<tr>
<td></td>
<td>• What timeframe are critical and high severity patches installed across environment?</td>
</tr>
<tr>
<td></td>
<td>• Third-party patch management solution?</td>
</tr>
<tr>
<td></td>
<td>• What devices are included (firmware)?</td>
</tr>
<tr>
<td>Email Security</td>
<td>• Inbound/outbound scanning for malicious content</td>
</tr>
<tr>
<td></td>
<td>• Advanced threat protection capability?</td>
</tr>
<tr>
<td></td>
<td>• Phishing training conducted?</td>
</tr>
<tr>
<td></td>
<td>• Email security tools (DMAR, SPF, etc.)</td>
</tr>
<tr>
<td>Network Segmentation</td>
<td>• Separate guest Wi-Fi?</td>
</tr>
<tr>
<td></td>
<td>• Describe how your network is segmented</td>
</tr>
<tr>
<td>End of Life (Software and hardware)</td>
<td>• Do you use any software or hardware that has reached end-of-support by the vendor?</td>
</tr>
<tr>
<td></td>
<td>• If so, how are the risks mitigated?</td>
</tr>
<tr>
<td>Cybersecurity Awareness Training</td>
<td>• Do you have a cybersecurity awareness program? Is it mandatory for all staff?</td>
</tr>
<tr>
<td></td>
<td>• Is monitoring awareness and remedial training part of the plan?</td>
</tr>
</tbody>
</table>

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

The 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.¹

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.² 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.³ 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.

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

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

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

For Information, contact:
Alison Devine
Phone: 248-865-4135
eMail: adevine@michiganear.com

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

Provider Park Hospital, Novi Michigan
Van Elslander Surgical Innovation Center
Co-directors: Eric Sergent, MD (Michigan Ear Institute) & Jeffrey Weinberger, MD (Ear, Nose & Throat Consultants)

Registration Deadline: 3 weeks before start of course

Avera Medical Group Otolaryngology – Head & Neck Surgery is expanding with subspecialty opportunities in LARYNGOLOGY RHINOLOGY

AMG Otolaryngology – Head & Neck Surgery provides subspecialty ENT care for the entire Avera network at McKennan Hospital & University Health Center in Sioux Falls, South Dakota

- 545-bed non-profit Catholic tertiary care referral center for SD and the surrounding areas of MN, IA, NE and ND
- Large network of referrals from regional primary care, ENT, and other specialty physicians
- State-of-the-art technology, senior mentors, and enthusiastic collaborators in a collegial environment
- Robust translational and clinical research infrastructure and support
- Commitment to drive improvement in patient care and clinical outcomes locally and regionally
- Opportunities for academic appointment and teaching through University of South Dakota School of Medicine
- Excellent compensation and benefit package, 96% retention rate

Sioux Falls, SD has been recognized as one of the most business-friendly communities in the nation, as well as a great place to raise a family. Most recently, Sioux Falls was recognized #1 in the nation for young professionals (SmartAsset 5/21). South Dakota has no state income tax!

Suzette Holwieder, Physician Recruiter, at 605-360-2997 or email Suzette.Holwieder@Avera.org or Mark Jameson, MD PhD, Medical Director for Otolaryngology at Mark.Jameson@Avera.org
Now Hiring! We’re ready for you!

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

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• GA License
• Board certification or board eligibility in Otolaryngology
• Current and unrestricted Georgia License
• Active and unrestricted DEA license
• Commitment to clinical excellence and compassionate care to patients
• Ability to work well alone and within a team
• Bilingual (English/Spanish) a plus

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

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Otolaryngology Facial Plastics and Reconstructive Surgery, Faculty Opportunity

University of Texas Medical Branch – Galveston, Texas

University of Texas Medical Branch (UTMB) – Galveston, Texas 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 $122 million and UTMB ranks 5th 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/. The department is actively recruiting an enthusiastic Otolaryngology Facial Plastics and Reconstructive Surgery candidate for immediate hire. The faculty of UTMB Department of Otolaryngology strive to provide the most contemporary, comprehensive, and multi-disciplinary care available to the community.

What UTMB has to offer potential candidates:
• A high quality academic and clinical program.
• Participation in medical student, resident, and fellow education and training.
• Research support for basic science, clinical outcomes, and clinical trial projects.
• Leadership and career advancement opportunities.
• Collaborative care with neurosurgery, dermatology and Mohs surgeons, plastic surgery, and oculoplastic surgery.
• Faculty appointment at the Assistant Professor level.
• Competitive salary with a generous bonus and benefits package.

Candidate Requirements:
• M.D. or D.O. degree.
• Board Certification or Board Eligibility in Otolaryngology.
• Completion of a Facial Plastics and Reconstructive Surgery Fellowship.
• Experience in a wide spectrum of aesthetic and reconstructive facial plastic surgery is strongly desired.
• A strong commitment to patient care, medical student and resident education.
• Participation in research and scholarly activities.
• U.S. Citizenship or Employment Authorization to work in the U.S.
• Ability to obtain an unrestricted state of Texas Medical License.

Income Package: Salary is commensurate with Academic rank, experience, and qualifications. In addition, UTMB offers a superior benefits package, an excellent retirement program, a relocation allowance as well as 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/utmbliving/

For more information, please submit an updated Curriculum Vitae (CV) and Cover Letter to, Skott Harrington at: saharrin@utmb.edu

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 VEVRRA Federal Contractor, UTMB Health takes affirmative action to hire and advance women, minorities, protected veterans, and individuals with disabilities.
Positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology - Head & Neck Surgery

GENERAL OTOLARYNGOLOGIST
- Part-time appointment at the Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available

HEAD AND NECK SURGEON
- VA Otolaryngology Division Chief
- Part-time appointment at the Medical College of Georgia at Augusta University
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required
- Interest in reconstruction preferred

PEDIATRIC OTOLARYNGOLOGIST
- Excellent opportunity at our Children's Hospital of Georgia
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

To apply and receive additional information, please contact:
Stil Kountakis, MD, PhD, Professor and Chairman - skountakis@augusta.edu
Department of Otolaryngology-Head & Neck Surgery
1120 Fifteenth Street, BP-4109
Augusta, Georgia 30912-4060

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

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

WE'RE HIRING FOR:
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- Otologist/Neurotologist
- General Otolaryngologists
- Otolaryngology subspecialists

FOR MORE INFORMATION, PLEASE CONTACT:
Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu

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

in the Department of Otolaryngology – HNS

Weill Cornell Medicine/NewYork-Presbyterian Hospital

The Department of Otolaryngology – Head and Neck Surgery is seeking a Sleep Board-certified Otolaryngologist to lead our Sleep Surgery program, which is already established and active. We were the first program in the region to implant the hypoglossal nerve stimulator device, and we have a strong collaboration with the Adult and Pediatric Sleep Centers at Weill Cornell/NewYork-Presbyterian. We are seeking a candidate to maintain and enhance our clinical and academic programs, and train our residents.

You will be joining a strong and growing Department, with multiple practice sites across New York City. We have many other subspecialty clinical programs, and a highly selective residency program.

We offer a competitive salary and benefits package. You will be employed by Weill Cornell Medical College as a full-time faculty member.

If interested, please contact Victoria General at vig2014@med.cornell.edu

“Diversity is one of Weill Cornell Medicine's core values and is essential to achieving excellence in patient care, research, and education. We welcome applications from candidates who share our commitment to fostering a culture of fairness, equity, and belonging. Weill Cornell Medicine is an Equal Employment Opportunity Employer, providing equal employment opportunities to all qualified applicants without regard to race, sex, sexual orientation, gender identity, national origin, color, age, religion, protected veteran or disability status, or genetic information.”

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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.


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 served 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/healthysyou](http://www.ochsner.org/healthysyou). 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.
**Faculty Position**

The Department of Otorhinolaryngology-Head & Neck Surgery at McGovern Medical School 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.ento.med/recruit](http://www.ento.med/recruit)

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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/](https://www.utmb.edu/)

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**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
- Overseer 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/utmbliving/](http://www.utmb.edu/utmbliving/)

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

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**WELL ESTABLISHED GENERAL OTOLARYNGOLOGIST OF 34 YEARS RETIRING AND SELLING PRACTICE**

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Email: otorhinman@gmail.com

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**UTHealth Houston**

**McGovern Medical School**

The UTMB Department of Otolaryngology-Head and 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.

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**Department of Otolaryngology - Chair Opportunity**

University of Texas Medical Branch - Galveston, Texas

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.

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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  
Fax: 614-293-7292 or  
Phone: 614-293-3470

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**Henry Ford Health**

**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

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.

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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If you are looking for a collaborative, dynamic practice environment where you can learn, grow, and excel in providing integrated, multidisciplinary, patient centered care, then the Summit Health family is the place to be! We are seeking Board Certified/Board Eligible Otolaryngologists.

**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.

**Benefits We Offer**
- Competitive compensation
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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

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