

# bulletin

American Academy of Otolaryngology—Head and Neck Surgery

August 2013—Vol.32 No.08

Guidance Documents: Purpose and  
Process Tip Sheets

38

Annual Meeting Miniseminar and  
Instruction Course Tracks: Part II

26

OTO EXPO<sup>SM</sup>—  
Vancouver Bound

18

New to the 2013 Annual Meeting & OTO EXPO<sup>SM</sup> 20

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# bulletin

American Academy of Otolaryngology—Head and Neck Surgery

August 2013—Vol.32 No.08



## OTO EXPO<sup>SM</sup>— Vancouver Bound!

The AAO-HNSF Annual Meeting & OTO EXPO<sup>SM</sup> is the vanguard for the otolaryngology community. Each year, thousands of attendees come for the education sessions, but don't realize how much education is offered on the OTO EXPO<sup>SM</sup> show floor where hundreds of companies showcase the products and services used by ENT physicians and personnel worldwide.

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AMERICAN ACADEMY OF  
OTOLARYNGOLOGY—  
HEAD AND NECK SURGERY

David R. Nielsen, MD  
Executive Vice President, CEO, and Editor,  
the *Bulletin*

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### 38 Guidance Documents: Purpose and Process Tip Sheets

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## OTO EXPO<sup>SM</sup> Challenges with Information, Innovation

The deadline to save on advanced meeting registration—August 23, 2013—is upon us, and I want to talk about this outstanding meeting and the array of opportunities it offers. Most importantly, I want to invite you personally to join me in Vancouver, BC, Canada. I am looking forward to seeing you there.

### Exceptional Education Offerings

The 117th AAO-HNSF Annual Meeting & OTO EXPO<sup>SM</sup> is most exciting for me both because it culminates in this fantastic honor of representing you, our members, this year, and because of the robust education experience of this upcoming meeting. Did you know that you can earn up to 27.5 hours of continuing education credit by attending instruction courses, miniseminars, and scientific oral presentations at this meeting?

After several planning trips to Vancouver, I can tell you this is an inspiring location. Our meeting will build on the city's diversity and majesty, transmitting Vancouver's energy to attendees. And I have more great news. It is my pleasure to announce that the John Conley, MD Lecture on



Nancy L. Synderman, MD

Ethics presenter is none other than one of our own and NBC's incomparable chief medical editor and news personality, **Nancy L. Synderman, MD**. With her appearance at the Opening Ceremony, the meeting will receive the best kind of kickoff, one that focuses on being the best practitioners of otolaryngic care.

Immediately following the ceremony, the meeting excitement carries to the grand opening of the OTO EXPO<sup>SM</sup>, where the spirit of innovation charges the atmosphere and medicine's practice becomes tangible.

### Medicine Extends Beyond the Exam Room

Since this issue of the *Bulletin* gives you a first glimpse of the myriad exhibitors at this year's meeting, I wanted particularly to highlight the value that the OTO EXPO<sup>SM</sup> presents to attendees. The very concept of an exposition (an outgrowth of the French market place) connotes a festive display of progress and invention. There is a showcase of cultures as well, and in the case of our specialty the diversity is global and extraordinary, but universal in its emphasis on scientific and technological innovations. Our meeting is considered the World's best gathering of otolaryngologists.

This year's EXPO is in the city of one of the most famous expositions and world's fairs—Expo 86, the 1986 World Exposition on Transportation and Communication. Expo 86 was the last World's Fair in North America.

Whether we are introverts who seek ideas or extroverts who learn best from others, as physicians we all are interested in tools and technologies that improve patient care. The OTO EXPO is the best chance we have each year to look for those innovations. It is in the hall that you can really target your search for those practical applications of the latest findings in care.

Many of us have had this experience before but are still awed by the number of vendors and possibilities for exploration that the EXPO presents. Over time, I have heard of strategies developed by members to successfully discover innovative solutions appropriate to their time and budget.




*James L. Netterville, M.D.*

James L. Netterville, MD  
AAO-HNS/F President

Following are those recommendations:

### Seven Show Strategies

1. Use this issue of *Bulletin* to research exhibitors pre-show by visiting their microsites anonymously, or set up appointments for those solutions that top your needs.
2. Plan for a time to visit the floor just to check for innovations in tools and technology.
3. When energy ebbs, seek out areas with small tables or conversation niches near the exhibitors you want to engage to jump-start the exchange of ideas with them and others.
4. Eat lunch in the OTO EXPO<sup>SM</sup> hall and talk to colleagues—exhibitors too are happy to have you lunch in their area. And it's free.
5. Use vendors as a concierge service to help you find other colleagues that they know to solve problems or discuss similar issues.
6. Leave your information and questions with a vendor to follow up.
7. "Revisit" any booth after the show at [www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting) and look for your post-show Meeting Daily 365.

For all the details about the meeting, go to [www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting). I look forward to seeing you there. 





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## Saluting Harry W. McCurdy, MD, and Deployed Physicians

Summer is often the time when our patriotism flourishes. The combination of the celebration of our nation's birth and independence, family reunions and vacations, travel around the country, graduations, weddings, and for some, a bit of respite from the grueling and unrelenting stress and tension of the workplace can give us a chance to reflect on our heritage. And so I will take the opportunity now to stray from what's wrong and what needs to be fixed—the discussion of the politics of health care reform itself and those surrounding it—and focus briefly on “what's right with America.”

Living near Washington, DC, I have a far greater appreciation for our country and those who preserve it full time in

**McCurdy, MD**, past executive vice president of the Academy. As I shared with you some months ago, Dr. McCurdy died at the age of 94. It was fitting and timely that we, his friends and the beneficiaries of his lifetime of service, raised the funds necessary to create the Harry W. McCurdy Endowment and honored him in person last year at our annual meeting here in Washington, DC. His family has shared with us how much it meant to him to be so recognized and honored. He served during a crucial period in the formation of the modern-day Academy as the old American Council of Otolaryngology and the American Academy of Otolaryngology combined to form our current structure, The American Academy of Otolaryngology—Head and

Witnessing firsthand the sacrifices made by the families, spouses, and children of our deployed service men and women is a far more compelling experience than simply being told about it from afar.

our military and public service. For more than a decade now, I have lived surrounded by men and women in our armed forces; personal neighbors and friends whose concerns I am intimately aware of, not distant unrecognizable nameless statistics. Not long ago I attended a patriotic service where tribute was paid to our military veterans and those currently serving. When those in the audience with military service were asked to stand, more than half the audience arose. Witnessing firsthand the sacrifices made by the families, spouses, and children of our deployed service men and women is a far more compelling experience than simply being told about it from afar.

This summer my sense of patriotism was augmented by the experience of attending the services for our departed colleague, leader, and friend, **Harry W.**

Neck Surgery.

Dr. McCurdy had lengthy and distinguished military service and recognition, and qualified for interment and services in Arlington National Cemetery with the many thousands of heroes and soldiers to whom we owe our freedoms. As is always the case for those so qualified, there was a waiting period before the formal military honors and burial could take place. On July 29, Dr. McCurdy was laid to rest with full military honors in Arlington National Cemetery. Since moving to the Washington, DC, area, it has been my privilege on several occasions to be present at such a ceremony. It is impossible to attend and witness the solemn honor bestowed on those men and women who have so qualified and their families without a very humbling sense of gratitude for the freedom, the liberty, and prosperity, and the peace in which we are so privileged



*David R. Nielsen MD*

**David R. Nielsen, MD**  
AAO-HNS/F EVP/CEO

to live. The procession of the caisson, the 21-gun salute, the playing of taps, the folding of the flag and its presentation to the family all evoke the most deeply felt emotion imaginable. It is a powerful reminder of the sacrifices of “lives, fortunes, and sacred honor” referenced in our Declaration of Independence that have been (and still continue to be) laid down by those who promote, defend, and when necessary, fight for our freedom.

In the classic movie, “Born Yesterday,” in which Billie, the protagonist, goes from being ignorant of her heritage and the political freedom, which she enjoys to learning firsthand about how government works and her personal obligation to know about and participate in democracy, she is reminded by her teacher, “*The whole damned history of the world is a story of the struggle between the selfish and the unselfish!*”

We are obligated to reflect on and honor those unselfish souls who have sacrificed so much to maintain our political freedoms. And so, we honor those of our membership who not only chose to be physicians, but to serve in military and public health service capacities. To our veterans, to our current military service men and women, and especially to those who are deployed away from family and loved ones: We honor you; we salute you; and we thank you for the gift of freedom and liberty you give to us. **b**

## Guidelines, Evidence, and Development

### Evidence-Based Medicine and Guidelines

You can't open a journal these days without hearing about guidelines and evidence-based medicine. Many of the benefits of these are obvious: the ability to improve patient safety and quality, cost savings from standardization, and clear goals of care. While their application is dependent on the specific clinical situation faced by the individual patient and provider, hospital system adoption is critical to implementation. In addition, the use of guidelines provides practitioners with a clear opportunity to avoid the use of historical diagnostics and treatments that do not have proven effectiveness, thus reducing the need to practice defensive medicine.

While the benefits of the guidelines are substantial, not everything has been rosy. The insurance industry has misinterpreted some of these guidelines and intervention from our Academy has been critical in getting indicated procedures covered by insurance. In addition, the local implementation of these guidelines

educational methods and a systems plan should be developed with measurement tools to gauge success over time. Lastly, provider incentives should be put into place to align guideline utilization metrics with academic and financial reward systems.

### Goal-focused Practice

Inherent in this last recommendation is the assumption that each of us has set time aside to create a personal set of goals that may or may not be in substantial alignment with institutional metrics. Like many other physicians, I spend much of my day bogged down in minutiae—focused on a consent form, a prescription, or a single patient phone call, and rarely take the opportunity to focus on the big picture. The sage advice of one of my colleagues, **Christine G. Gourin, MD**, was that I focus my planning on multiple goal windows: six weeks, six months, and six years. This would allow me to work on the to-do list, but still focus on long-term goals and set up interim targets to help me

...the use of guidelines provides practitioners with a clear opportunity to avoid the use of historical diagnostics and treatments that do not have proven effectiveness, thus reducing the need to practice defensive medicine.

is not always straightforward. A recent article in the journal *Otolaryngology–Head & Neck Surgery* by **Lisa E. Ishii, MD**, highlights the components of effective guideline implementation.<sup>1</sup> She suggests that once there is buy-in to institution compliance with national guidelines, an ideal strategy should include leadership commitment with a stated expectation that all members of the organization should participate. Next, an education plan should be developed with dissemination via multiple

accomplish them.

Just as we plan for synergy between individual and organizational goals, the Academy's Board of Governors (BOG) is working to align our resources and energy toward those goals most important to its members. In order to accomplish this, the BOG wants to hear from you.


### Contact the Board of Governors

Let us know what issues are important to you and might be appropriate for



**Stacey L. Ishman, MD, MPH**  
**BOG Member-at-Large**

dissemination and feedback through our regional system. Let us know what topics you think should be next in guidelines development. Let us know if you are having legislative or socioeconomic issues in your states and hospital systems. Just like guideline implementation, the services of the Board can only be as good as the buy-in from its members and feedback to let us know how we can best focus our collective efforts.

In addition, the BOG will be having its committee meetings/sessions in Vancouver, BC, Canada, beginning on Saturday, September 28, and will have our General Assembly meeting Monday afternoon, September 30. We invite broad participation and do not require participants to be appointed members or sit formally on a committee in order to attend and contribute. Please plan to contact your state society's BOG governor, legislative representative, or public relations representative, or email us directly with suggestions at [bog@entnet.org](mailto:bog@entnet.org). We look forward to seeing you in Vancouver. 

### Reference

1. Ishii LE. Closing the Clinical Gap: Translating Best Practice Knowledge to Performance with Guidelines Implementation. *Otolaryngol Head Neck Surg*. 2013;148(6):898-901.



## Special Thanks to Our IRT PARTNERS



We extend a special thank you to the partners of the AAO-HNSF Industry Round Table (IRT) program. Corporate support is critical to realizing the mission of the Academy, to help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education and research. Our partnerships with these organizations who share this mission allow the Academy to continue to provide the programs and initiatives that are integral to our members providing the best patient care.

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## 2013 BOG Candidates



**Joseph E. Hart, MD**  
*Waterloo, Iowa*  
**Candidate, BOG**  
*Secretary*

### What are your qualifications and what is your experience?

I have been in private practice in Iowa since completing my residency in 1994. I am in a large multi-specialty group and have served on its board. I have served in hospital leadership at both of the hospitals in our area. I have been chief of surgery, president of the medical staff, and chair of credentials. I have served on the Iowa Medical Society Board. For our specialty, I served in leadership as our state president. I also have served on the AAO-HNS Ethics, Patient Safety and

Quality Improvement (PSQI), Physician Resources, and Medical Informatics committees. I have attended Board of Governors meetings since 1999 and have served as vice chair of the Legislative Representatives committee, member of the SEGR committee, as well as chair of Rules and Regulations. I am a member of the ENT-PAC and Millennium Society.

My motivation comes from serving my community and my colleagues to make a positive difference for the future of healthcare.

### Given the Academy's strategic plan, outline and prioritize your goals for the Board of Governors.

As Secretary of the Board of Governors, I would support the vision, mission, and journey as we serve our

colleagues and thus their patients and their communities in advocacy, quality, education, membership strength, and sustainability. Each of these is intertwined in this increasingly challenging environment in which we find ourselves. Change and uncertainty is at the forefront of all conversations. We must rely on each other to make the choices and decisions that can best serve our patients and their families. Then the pieces can be addressed as they interlock with each other, as we do. The answers to the current problems and ones on the horizon come from communication, first and foremost. In this role I would need to be a conduit bringing forward information, concerns, and possible solutions from the local and regional level to the national level, and back. This must be accomplished with a respectful, clear and concise, but determined manner.



**Sanjay R. Parikh, MD**  
*Seattle, WA*  
**Candidate, BOG**  
*Secretary*

### What are your qualifications and what is your experience?

I have been a long-term, dedicated supporter and leader in our Academy's mission. I am currently vice-chair of the BOG Socioeconomic & Grassroots Committee and a member of the Executive Committee. I have previously served as a member of the Board of Directors and chair of the Young Physicians' Committee. I have been a participant in BOG Legislative, Big on Goals, and Public Relations committees. I have been a presenter, instructor, journal reviewer, Millennium Society member, and Honor Award recipient for the Academy. On behalf of all

surgeons, I have lobbied for healthcare and liability reform on Capitol Hill on several occasions. I have also had executive or leadership positions in the American College of Surgeons, AMA, Northwest Academy of Otolaryngology, American Rhinologic Society, and American Society of Pediatric Otolaryngology. Through this experience in society leadership, I believe I am well positioned to serve as secretary of the BOG.

### Given the Academy's strategic plan, outline and prioritize your goals for the Board of Governors.

My goal on the Board of Governors is to ensure that the Academy recognizes the challenges that private practice and academic otolaryngologists face every day. We are at a crossroads with reimbursement, liability threats, and uncertain healthcare reform. Fortunately, our Academy's strategic plan is to proactively create programs to address these challenges.

As secretary of your Board of Governors, my priority would be to promote advocacy, practice management, and education. I will foster member engagement for advocacy, liability reform, and securing of our scope of practice. I will ensure that our Academy understands the current practice climate by developing programs in EMR, safety, adopting mid-level providers, and optimizing reimbursement.

The Board of Governors was established to provide a voice for its members in private practice and academics. As your BOG secretary, I will do my best to make sure your Academy hears that voice.

## Cast Your BOG Vote:

BOG General assembly  
 5:00 pm-7:00 pm Monday,  
 September 30, East 11 & 12,  
 Vancouver Convention Center



**Wendy B. Stern, MD**  
*North Dartmouth, MA*  
**Candidate, BOG**  
**Chair-elect**

### What are your qualifications and what is your experience?

The BOG is a grassroots member network established to act as a conduit for information between individual otolaryngologists as represented by their societies and the Academy. I believe organizational success requires active participation. I served as president of the Massachusetts Society of Otolaryngology (MSO) and still am a board member. I first became involved with the BOG as the MSO public relations representative, serving on that BOG committee and eventually becoming its co-chair. I now serve as chair of the Academy's Media

and PR Committee. I participate in all BOG committees and related activities. I am concluding my two-year term as Secretary of the BOG. I am a tenacious worker with innovative ideas, an unbeatable work ethic, and a proven record of dedication demonstrated in establishing and growing a private practice in the last 21 years and my 15 years of involvement with the MSO and BOG. I believe that these experiences place me in a strong position to serve you and otolaryngology as chair of the BOG.

### Given the Academy's strategic plan, outline and prioritize your goals for the Board of Governors.

Otolaryngology is a small specialty with a loud voice. Changes in medicine are occurring nationally, locally, and within our specialty. Key issues such as quality, access to care, scope of practice, training, subspecialization, ACOs, EMR, pay for

performance, pay for call, and to sell or not to sell, highlight many of our members' concerns. Our Academy leaders have been present and participating in the dialogue impacting our healthcare system. The BOG brings your voices on these issues to the Academy. The BOG leadership is working to enhance this dialogue by creating regional networks with our member societies that will report to our Legislative Affairs Committee and our Socioeconomic and Grassroots Committee. I am dedicated to seeing this through. I want to encourage otolaryngologists representing the broad diversity of our membership to take part in shaping our specialty by becoming active in their local and specialty societies and by participating directly with the BOG. Our Academy is improving its website and social media. I envision the BOG utilizing these tools to improve communication and accomplish its goals. As chair of the BOG I will continue my commitment to these endeavors.



**Jay S. Youngerman, MD**  
*Plainview, NY*  
**Candidate, BOG**  
**Chair-elect**

### What are your qualifications and what is your experience?

- Elected secretary/treasurer, vice president, and president Long Island Society of Otolaryngology (LISO)
- Elected legislative representative/governor LISO, 17 years.
- Legislative representative committee, eight years
- Carrier relations committee, three years
- First member-at-large BOG establishing position and determining its role
- BOG Executive Committee, eight years
- Chair Big on Goals Subcommittee/Committee, three years
- Chair BOG Development/Fund Raising Task Force, three years—reestablished Millennium Society, Millennium Society Lounge, Membership Benefits, Partners For Progress (founding

member), Hal Foster (founding member) raising millions of future Academy dollars

- Academy Development Committee (founding member)
- BOG Chair Award, Academy Honor Award
- ENT PAC
- JSAC
- President Melville Surgical Center
- Chief Division of Otolaryngology North Shore Plainview
- Founded Long Island ENT Associates PC—1983, Managing Partner
- NYSSO-HNS, MSSNY
- Castle Connolly Best Doctors 1994-2013

I have actively advocated for our specialty locally, statewide, and federally. As chair, I would encourage and empower all of our members to do the same.


### Given the Academy's strategic plan, outline and prioritize your goals for the Board of Governors?

The BOG is the grassroots organization connecting members to the Academy. We must encourage greater participation by

our membership through local societies, not only advancing AAO-HNS academic goals, but in these changing times the socioeconomic hurdles we are, and will be, facing.

BOG members (private practice, academic, military, resident/fellows) will direct and assist the Academy creating guidelines/quality measures while supporting the Academy financially.

Having prior leadership roles (Academy, hospital chair, ambulatory or president, past health insurance company advisor) I am familiar with scope of practice, non-physician false advertising, ICD-9/ICD-10, coding, insurance company antics, and ACOs.

Through strength, expertise, and education, I will help our members and state and local societies advance our Academy's mission, defending their right to practice in a stable environment, benefiting otolaryngologists and patients. I would dedicate myself to helping our local societies obtain the tools and resources they need, encouraging more active involvement in the socioeconomic, academic, and political future of otolaryngology. 



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## BOG Awards Spotlight New York Members

### New York State Receives BOG Model Society Award

The New York State Society of Otolaryngology-Head and Neck Surgery (NYSSO) is the recipient of the 2013 Board of Governors (BOG) Model Society Award. **Steven M. Parnes, MD**, governor and public relations representative, and **Gavin Setzen, MD**, legislative representative, represent the society on the BOG.

NYSSO members promoted ENT awareness observances through their practice websites including Kids E.N.T. month (February), National Sleep Awareness Month (March), Oral Head and Neck Cancer Awareness Month (April), World Voice Day (April), and National Audiology Awareness Month (October). Additionally, many members offered free head and neck cancer screening services in their offices. **Siobhan Kuhar, MD, PhD**, made a media presentation to the New York State Department of Motor Vehicles, promoting the New York State Partnership Against Drowsy Driving. NYSSO is a founding member of the New York Coalition of Specialty Care Physicians.

Legislatively, NYSSO leadership and staff participated in monthly coalition conference calls to plan activities for the 2012 state legislative session, including sponsorship of a fundraiser to honor four key legislative committee chairs, and a joint lobby day. Otolaryngology was represented at Lobby Day by NYSSO members from different districts in the state and two residents from the Albany Medical Center training program.

Enactment of the hearing aid access bill was a cornerstone of the society's legislative program and a focus of the coalition's lobby day, several meetings with individual legislators, and roundtable discussions. Additionally, NYSSO created a database matching ENTs with members of key senate and assembly committees for targeted grassroots messaging about the New York hearing aid access bill.

Understanding that any allied health practice expansion creates a domino effect and enhances the likelihood that other non-physician groups will enjoy similar success, NYSSO took a strong stand in opposition to a number of expansion bills including ones that would:

- Authorize certain dentists to perform any procedure in the oral and maxillofacial area regardless of its relation to the oral cavity;
- Expand podiatric practice to include treatment of, or surgery on, the ankle and all soft tissue structures of the leg below the knee; and
- Permit optometrists to prescribe a wide range of oral medications, including controlled substances.

Additionally, NYSSO lobbied on pro-active bills of importance to medicine including legislation:

- To allow collective negotiations between healthcare providers and certain health insurance plans under close state monitoring;
- To provide greater transparency and standardized disclosure of health insurance companies' out-of-network payment policies; and
- To require truth in advertising for all health professionals.

NYSSO does not have a political action committee (PAC) of its own, but established an advocacy fund and solicited contributions to help offset some of the organization's costs related to coalition participation, support of legislative fundraisers, and advocacy efforts aimed at policy makers and insurers.

### BOG Practitioner Excellence Award


The 2013 BOG Practitioner Excellence Award will be presented to **Michael Setzen, MD**, of Great Neck, NY. Dr. Setzen was nominated by his peers as having been at the forefront of otolaryngology as a private practitioner with a significant academic involvement manifested by the numerous papers, presentations at scientific meetings

both in the U.S. and worldwide, and the organization of many major scientific meetings both locally and nationally.

Dr. Setzen is nationally renowned in rhinology and has become a go-to person with respect to socioeconomic issues in otolaryngology. Throughout his professional career, Dr. Setzen has devoted a significant amount of his time as a civic leader and served in numerous leadership positions with national, state, and local medical organizations.

Dr. Setzen is the immediate past president of the American Rhinologic Society (ARS). At the AAO-HNS, he is a past BOG chair and currently serves as the co-chair of Physician Payment Policy Workgroup (3P), that acts on behalf of the Academy responsible for all issues related to socioeconomic affairs and practice management and is a key component of health policy for the Academy. He is also a member of the AAO-HNS Board of Directors and has been a member on the board on and off for the past 20 years in different capacities, as board representative for private practice and most recently as chair of practice management. His dedication in service to AAO-HNS is evidenced by the two awards he has received from the Academy, namely, the Honor Award and the Distinguished Service Award. He is a member of the Millennium Society, Partners for Progress, and the ENT PAC.

Dr. Setzen has been the president of the Long Island Society of Otolaryngology, Nassau Surgical Society, and the New York Head and Neck Society. Dr. Setzen is the chief of the rhinology section at North Shore University Hospital in Manhasset, NY, a clinical associate professor of otolaryngology at NYU School of Medicine, and adjunct clinical assistant professor of otolaryngology at Weill Cornell University College of Medicine.

Please join the Board of Governors to honor NYSSO and Dr. Setzen during the BOG General Assembly meeting, Monday afternoon, September 30, in Vancouver, BC, Canada. 





red, vented



clear, vented



pink, non-vented



blue, non-vented

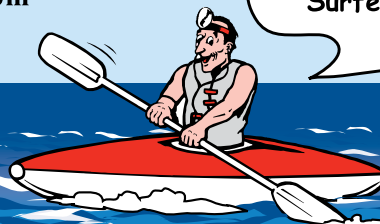


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"DPP help prevent repetitive Otitis Media after Tubes."

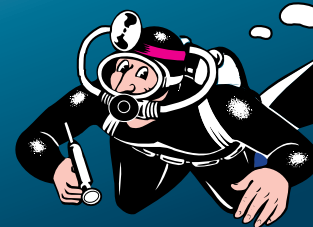
"DOC'S PROPLUGS are the ultimate after Ventilation Tubes."



"Less cold, less Surfer's Ear."



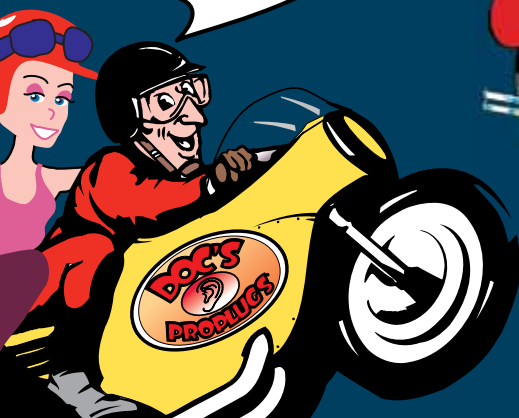
"I'm sure glad my instructor turned me on to vented DOC'S PROPLUGS."



"Proplugs or bust, cold water and wind gives me Surfer's Ear."



"Less high-frequency wind & engine, can hear girlfriend's voice."



"I can whack at my drums and still hear the singer."



# OTO EXPO<sup>SM</sup> — Vancouver Bound!



**T**he AAO-HNSF Annual Meeting & OTO EXPO<sup>SM</sup> is the vanguard for the otolaryngology community. Each year, thousands of attendees come for the education sessions, but don't realize how much education is offered on the OTO EXPO<sup>SM</sup> show floor where hundreds of companies showcase the products and services used by ENT physicians and personnel worldwide. Only at the OTO EXPO<sup>SM</sup> can you **See** an extensive array of products and services from leading manufacturers and companies that cover all aspects of otolaryngology. **Connect** with your peers and learn about the tools necessary to provide the best patient care to **Resolve** challenges you are facing when it comes to delivering solutions to your patients.

## See

This year we are headed to beautiful Vancouver, BC, Canada, and the excitement continues to build each day. Items on display in the OTO EXPO<sup>SM</sup> cover a wide range of categories including surgical instruments, medical devices, imaging equipment, robotic surgery apparatus, and even services that provide efficiency and cohesion to medical records.

### Exhibitor Product Showcase

Your Academy strives to provide every attendee with an unforgettable experience at

the 2013 Annual Meeting & OTO EXPO<sup>SM</sup>. To achieve this, we have expanded the opportunities to couple your CME credits with medical device and product demonstrations on the OTO EXPO<sup>SM</sup> floor with a Product Showcase. Several of our corporate partners will be presenting their ENT products in 20-minute intervals during the lunch hour in a theater-style venue. This is a great opportunity for medical students, residents, and Academy members at every level of their careers to participate in live discussions about the best practices of new and existing products in otolaryngology. Staying on the cutting edge of technology and medical products positions you to achieve excellence in patient care and distinguishes you in the job market.

## Connect

Being able to touch and interact with the products and services that are provided by our exhibiting companies allows you the opportunity to learn how they can advance your practice to the next level. Not only will there be tools that you already use, but there will be new and exciting items on display. Our exhibitors are looking forward to demonstrating their equipment.

Networking alone is a valuable feature of the OTO EXPO<sup>SM</sup>. Your peers will be

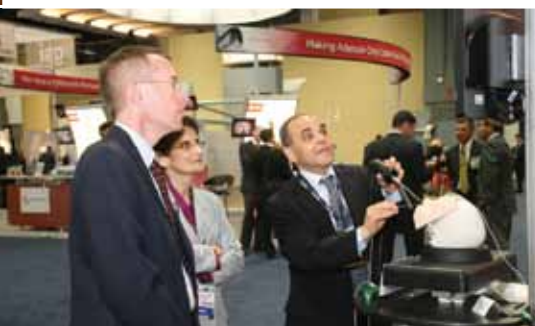
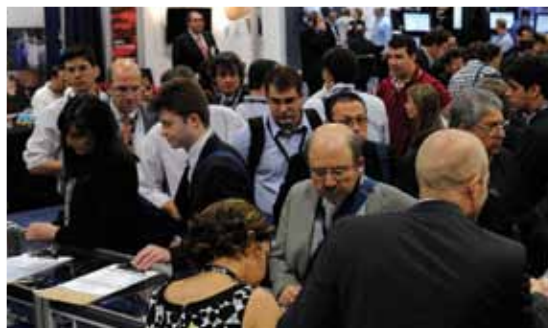
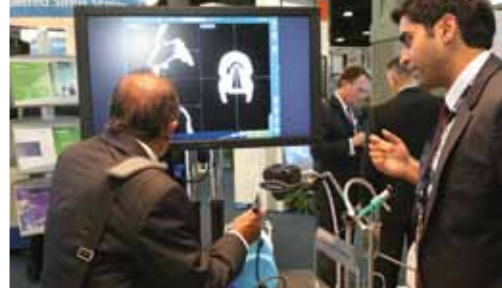
there identifying new concepts and this venue allows you the chance to discuss ideas and collaborate on methods and ideologies in our specialty. This is where you can look to build strategic alliances in the ENT community and use each other for future references. It's an incredible experience!

## Resolve

Looking for ways to be more efficient with your medical records? Are you thinking of investing in robotic surgery? Want to know which surgical instruments can help you to improve the care you already provide? Our exhibiting companies can answer these and many more questions at the OTO EXPO<sup>SM</sup>. AAO-HNS/F provides you with the venue for hands-on education where you can find ways to become knowledgeable and innovative in the field of otolaryngology, which will result in your patients getting the best care possible.

The OTO EXPO<sup>SM</sup> is an invaluable resource where you can see the best in our specialty, connect with your fellow peers, and resolve business challenges facing otolaryngology today. We look forward to welcoming you to Vancouver this fall. Be sure that your passport is current and please visit our website for additional information: <http://www.entannualmeeting.org/13/>. 





## Companies Exhibiting at the AAO-HNSF 2013 Annual Meeting & OTO EXPO<sup>SM</sup>

(as of July 1, 2013)

**ABLV Academia Brasileira de Laringologia e Voz** 848  
www.aborlccf.org.br

**Acclarent (IRT-Member)** 904  
www.acclarent.com

**Acumed Instruments Corp.** 603  
www.e-acumed.com

**Advanced Bionics** 2033-A  
www.advancedbionics.com

**Advanced Endoscopy Devices** 720  
www.aed.md

**Aerin Medical** 619  
www.aerinmedical.com

**ALCON (IRT Member)** 1504  
www.alconlabs.com

**All Star Sales & Service** 2315  
www.allstarsales.ca

**AllMeds (AA-Partner)** 1433  
www.allmeds.com

**American Board of Otolaryngology** 2312  
www.ABOto.org

**American Hearing Aid Associates** 2220  
www.ahaanavigator.com

**American Journal of Rhinology and Allergy** 1442  
www.AJRA.com

**American Medical Endoscopy** 2309  
www.endoscopia.com

**American Tinnitus Association** 1048  
www.ata.org

**Amplivox** 815  
www.amplivox.us

**Andreas Fahl Medizintechnik** 2134  
www.fahl.de

**Annals Publishing Company** 718  
www.annals.com

**Anthony Products/Gio Pelle** 1203  
www.anthonyproducts.com

**Antigen Laboratories Inc** .535  
www.antigenlab.com

**Apdyne Medical Company** 734  
www.apdyne.com

**Arches Natural Products Inc** 1525  
www.tinnitusformula.com

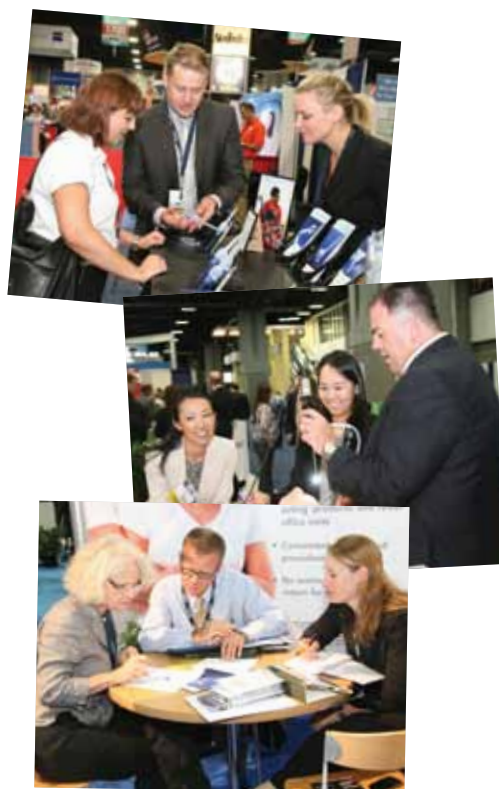
**ArthroCare** 2003  
www.arthrocare.com

## New to the 2013 Annual Meeting & OTO EXPO<sup>SM</sup>

### AAO-HNS Career Fair

This year's most dynamic recruiting event for ENT specialists is rapidly approaching: the AAO-HNS Career Fair, hosted by **HEALTHeCAREERS** Network. Join your peers from 5:30 pm to 7:30 pm on Monday, September 30 at the Fairmont Waterfront Hotel. The AAO-HNS Career Fair provides opportunities for candidates in all ENT specialties and levels of training to meet face to face with hiring representatives onsite at the 2013 Annual Meeting & OTO EXPO<sup>SM</sup>. Bring your CV and meet with potential employers; you can even take part in informal interviews. Don't miss the opportunity to take the next step in your career, whether you are right out of residency or have years of experience.

Additionally, employers can leverage this opportunity to personally engage with numerous qualified job seekers at one time and in one location. Take advantage of this two-hour recruitment event to meet with active job seekers. The best and brightest otolaryngologists from around the world will be in Vancouver, so let your Academy connect you with the best candidates in the field. Contact **HEALTHeCAREERS** today to learn how you can locate your next employee at the AAO-HNS Career Fair by emailing [assocbizdev@healthecareers.com](mailto:assocbizdev@healthecareers.com) or calling: 1-888-884-8242.



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<b>Cytophil Inc</b> www.cytophil.com	<b>2313</b>	<b>ENT &amp; Audiology News</b> www.entandaudiologynews.com	<b>617</b>	<b>Fiebert Endotech Inc</b> www.fiebertendotech.net	<b>2235</b>
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<b>Doc's Proplugs Inc</b> www.proplugs.com	<b>434</b>	<b>Envoy Medical</b> www.envoymedical.com	<b>710</b>	<b>General Surgical Company (India) PVT LTD</b> www.gescoindia.com	<b>1339</b>
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<b>Modernizing Medicine Inc.</b> www.modmed.com	<b>616</b>	<b>NP Screen Canada Inc.</b> www.npscreen.ca/site/	<b>948</b>	<b>OtoMetrix Medical Technologies</b> www.otometrix.com	<b>1446</b>
<b>MTI</b> www.mti.net	<b>1724</b>	<b>Officite (AA-Partner)</b> www.officite.com	<b>2303</b>	<b>OTOTRONIX</b> www.ototronix.com	<b>1834</b>
<b>Natus Medical Incorporated</b> www.natus.com	<b>825</b>	<b>Olympus America Inc. (IRT Associate)</b> www.olympusamerica.com	<b>1604</b>	<b>Otoxchange</b> www.otoxchange.com	<b>2216</b>
<b>NeilMed Pharmaceuticals Inc.</b> www.neilmed.com	<b>1404</b>			<b>Pan American Congress of Otolaryngology, HNS</b> www.panamorl.com	<b>843</b>



## Connect with AAO-HNS

| [www.entnet.org/community](http://www.entnet.org/community)

Find the most current news / trends / meeting information.

+ Engage online with your Otolaryngology professional community.



### Learn and Grow Socially in 2013!



[www.entnet.org/facebook](http://www.entnet.org/facebook)



[www.twitter.com/aaohns](http://www.twitter.com/aaohns)



[www.linkedin.com/company/american-academy-of-otolaryngology](http://www.linkedin.com/company/american-academy-of-otolaryngology)



[www.youtube.com/aaohns](http://www.youtube.com/aaohns)



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY—  
HEAD AND NECK SURGERY**

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care  
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.

## Voting for AAO-HNS Leadership Is Now Open

Ballots were emailed to eligible members in early July.

If you did not receive this information, please follow election site instructions via the [www.entnet.org](http://www.entnet.org) home page.

<b>Parnell Pharmaceuticals Inc.</b> <a href="http://www.parnellpharm.com">www.parnellpharm.com</a>	<b>722</b>	<b>Scopis GmbH</b> <a href="http://www.scopis.com">www.scopis.com</a>	<b>527</b>	<b>Summit Medical Inc.</b> <a href="http://www.summitmedicalusa.com">www.summitmedicalusa.com</a>	<b>1139</b>
<b>Passy-Muir Inc.</b> <a href="http://www.passy-muir.com">www.passy-muir.com</a>	<b>952</b>	<b>Seiler Precision Microscopes</b> <a href="http://www.seilermicro.com">www.seilermicro.com</a>	<b>1509</b>	<b>SURGIMENTS</b> <a href="http://www.surgiments.com">www.surgiments.com</a>	<b>847</b>
<b>PENTAX Medical</b> <a href="http://www.pentaxmedical.com">www.pentaxmedical.com</a>	<b>1023</b>	<b>Shen Yun Show Vancouver Organizing Committee</b> <a href="http://www.shenyunperformingarts.org">www.shenyunperformingarts.org</a>	<b>626</b>	<b>SurgiTel/General Scientific Corp</b> <a href="http://www.surgitel.com">www.surgitel.com</a>	<b>2319</b>
<b>PeriOptix Inc.</b> <a href="http://www.perioptix.com">www.perioptix.com</a>	<b>2234</b>	<b>Shippert Medical Technologies Inc.</b> <a href="http://www.shippertmedical.com">www.shippertmedical.com</a>	<b>1044</b>	<b>TeleVox Software</b> <a href="http://www.televox.com">www.televox.com</a>	<b>833</b>
<b>Phonak</b> <a href="http://www.advancedbionics.com">www.advancedbionics.com</a>	<b>2033-B</b>	<b>Siemens Hearing Instruments</b> <a href="http://www.siemens-hearing.com">www.siemens-hearing.com</a>	<b>817</b>	<b>Teva Respiratory</b> <a href="http://www.tevarespiratory.com">www.tevarespiratory.com</a>	<b>640</b>
<b>Physician Assistants in Otolaryngology-HNS</b> <a href="http://www.entpa.org">www.entpa.org</a>	<b>1344</b>	<b>SinuScience Network</b> <a href="http://www.sinuscience.com">www.sinuscience.com</a>	<b>1319</b>	<b>The Doctors Company (AA-Premier)</b> <a href="http://www.thedoctors.com">www.thedoctors.com</a>	<b>1348</b>
<b>Piezosurgery Inc.</b> <a href="http://www.piezosurgery.us">www.piezosurgery.us</a>	<b>1040</b>	<b>SinuSys Corp</b> <a href="http://www.sinusys.com">www.sinusys.com</a>	<b>605</b>	<b>The JAMA Network</b> <a href="http://www.jamanetwork.com">www.jamanetwork.com</a>	<b>1942</b>
<b>Plural Publishing Inc.</b> <a href="http://www.pluralpublishing.com">www.pluralpublishing.com</a>	<b>920</b>	<b>SMR</b> <a href="http://www.globalsurgical.com/ENTHome.aspx">www.globalsurgical.com/ENTHome.aspx</a>	<b>1912</b>	<b>Thieme Medical Publishers</b> <a href="http://www.thieme.com">www.thieme.com</a>	<b>917</b>
<b>PracticeLink.com</b> <a href="http://www.practicelink.com">www.practicelink.com</a>	<b>736</b>	<b>Somna Therapeutics</b> <a href="http://www.somnatherapeutics.com">www.somnatherapeutics.com</a>	<b>2214</b>	<b>United Endoscopy</b> <a href="http://www.endoscope.com">www.endoscope.com</a>	<b>508</b>
<b>Prescott's Inc.</b> <a href="http://www.surgicalmicroscopes.com">www.surgicalmicroscopes.com</a>	<b>1941</b>	<b>Sonitus Medical Inc</b> <a href="http://www.sonitusmedical.com">www.sonitusmedical.com</a>	<b>2226</b>	<b>University Medical Center Hamburg-Eppendorf</b> <a href="http://www.voxel-man.de">www.voxel-man.de</a>	<b>2333</b>
<b>Quest Medical Inc.</b> <a href="http://www.questmedical.com">www.questmedical.com</a>	<b>2125</b>	<b>Sontec Instruments Inc</b> <a href="http://www.sontecinstruments.com">www.sontecinstruments.com</a>	<b>2204</b>	<b>Valam</b> <a href="http://www.valam.com">www.valam.com</a>	<b>1750</b>
<b>Reliance Medical Products</b> <a href="http://www.reliance-medical.com">www.reliance-medical.com</a>	<b>1225</b>	<b>Sophonon</b> <a href="http://www.sophonon.com">www.sophonon.com</a>	<b>2141</b>	<b>Vision Sciences</b> <a href="http://www.visionsciences.com">www.visionsciences.com</a>	<b>834</b>
<b>RGP Inc.</b> <a href="http://www.rgpdental.com">www.rgpdental.com</a>	<b>1039</b>	<b>SOPRO-COMEG</b> <a href="http://www.us.acteongroup.com">www.us.acteongroup.com</a>	<b>725</b>	<b>Wiley</b> <a href="http://www.wiley.com">www.wiley.com</a>	<b>611</b>
<b>Richard Wolf Medical Instruments Corp</b> <a href="http://www.richardwolfusa.com">www.richardwolfusa.com</a>	<b>533</b>	<b>Soredex</b> <a href="http://www.soredex.com">www.soredex.com</a>	<b>1840</b>	<b>Xoran Technologies Inc.</b> <a href="http://www.xorantech.com">www.xorantech.com</a>	<b>1233</b>
<b>Rose Micro Solutions</b> <a href="http://www.rosemicrosolutions.com">www.rosemicrosolutions.com</a>	<b>534 &amp; 2127</b>	<b>SoundCure Inc</b> <a href="http://www.soundcure.com">www.soundcure.com</a>	<b>2222</b>	<b>Zumax Medical Company Ltd.</b> <a href="http://www.zumaxmedical.com">www.zumaxmedical.com</a>	<b>643</b>
<b>SAGE</b> <a href="http://www.sagepub.com">www.sagepub.com</a>	<b>835</b>	<b>Springer</b> <a href="http://www.springer.com">www.springer.com</a>	<b>821</b>		
<b>Sandhill Scientific Inc.</b> <a href="http://www.sandhillsci.com">www.sandhillsci.com</a>	<b>2043</b>	<b>Starkey</b> <a href="http://www.starkey.com">www.starkey.com</a>	<b>1824</b>		
<b>SANOSTEC Corp</b> <a href="http://www.maxairnosecones.com">www.maxairnosecones.com</a>	<b>1939</b>	<b>Stryker</b> <a href="http://www.stryker.com">www.stryker.com</a>	<b>1534 &amp; 1534M</b>		



## CORE

## CENTRALIZED OTOLARYNGOLOGY RESEARCH EFFORTS

**Submission Deadlines**

Letter of Intent (LOI) to be submitted electronically by **December 16, 2013 midnight ET**  
 Application to be submitted electronically by **January 15, 2014 midnight ET**

**THE ALCON FOUNDATION**

**AAO-HNSF Resident Research Grant** sponsored by The Alcon Foundation \$10,000, non-renewable, one year to complete project. One available annually.

**AMERICAN ACADEMY OF OTOLARYNGIC ALLERGY (AAOA) FOUNDATION**

**AAOA Foundation Research Grant** \$45,000, non-renewable, one to two years to complete project. One available in 2014.

**AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION (AAO-HNSF) AAO-HNSF Resident Research**

**Award** \$10,000, non-renewable, one year to complete project. Up to eight available annually.

**AAO-HNSF Maureen Hannley Research Grant** \$50,000, renewable, one to two years to complete project. One available annually.

**AAO-HNSF Percy Memorial Research Award** \$25,000, non-renewable, one year to complete project. One available annually.

**AAO-HNSF Health Services Research Grant** \$10,000, non-renewable, one year to complete project. One available annually.

**AAO-HNSF Rande H. Lazar Health Services Research Grant** \$10,000, non-renewable, one year to complete project. One available in 2014.

**AMERICAN HEAD AND NECK SOCIETY (AHNS)**

**AHNS Pilot Grant** \$10,000, non-renewable, one year to complete project. One available annually.  
**AHNS Alando J. Ballantyne Resident Research Pilot Grant** \$10,000, non-renewable, one year to complete project. One available annually.

**AHNS/AAO-HNSF Young Investigator Combined Award** \$40,000 (\$20,000 per year), non-renewable, two years to complete project. One available annually.

**AHNS/AAO-HNSF Translational Innovator Combined Award** \$80,000 (\$40,000 per year), non-renewable, two years to complete project. One available annually.

**AMERICAN HEARING RESEARCH FOUNDATION (AHRF)**

**AHRF Wiley H. Harrison, MD Memorial Grant** \$25,000, non-renewable, one year to complete project. One available annually.

**AMERICAN LARYNGOLOGICAL ASSOCIATION (ALA)**

**ALA-ALVRE Research Grant**, \$10,000, non-renewable, one year to complete project. One available annually.

**THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY, INC., AKA THE TRIOLOGICAL SOCIETY**

**The Triological Career Development Award** \$40,000, non-renewable, one to two years to complete project. Five awarded annually.

**AMERICAN NEUROTOLOGY SOCIETY (ANS)**

**ANS/AAO-HNSF Herbert Silverstein Otolaryngology and Neurology Research Award**, \$25,000, non-renewable, one to two years to complete project. One available in 2014.

**AMERICAN RHINOLOGIC SOCIETY (ARS)**

**ARS New Investigator Award** \$25,000 (\$12,500 per year), non-renewable, two years to complete project. One available annually.

**ARS Resident Research Grant**

\$8,000, non-renewable, one year to complete project. Two available annually.

**ARS/AAOA Joint Clinical Research Award**

\$40,000/year renewable for up to a total of three years if milestones are met. One available in 2014.

**AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY (ASPO)**

**ASPO Dustin Micah Harper Recurrent Respiratory Papillomatosis Research Grant** \$10,000, non-renewable, one year to complete project. One available annually.

**ASPO Research Career Development Award** \$40,000, non-renewable, one to two years to complete project. One available annually.

**ASPO Research Grant** \$20,000, non-renewable, one year to complete project. Two available annually.

**COOK MEDICAL**

**AAO-HSNF Resident Research Grant** sponsored by Cook Medical \$10,000, non-renewable, one year to complete project. One available annually.

**THE DOCTORS COMPANY FOUNDATION**

**AAO-HNSF Resident Research Grant** sponsored by The Doctors Company Foundation \$10,000, non-renewable, one year to complete project. One available annually.

**THE EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY (AAFPRS)**

**AAFPRS Leslie Bernstein Grant** \$25,000, non-renewable, up to three years in which to complete project. One available annually.

**AAFPRS Leslie Bernstein Resident Research Grant** \$5,000, non-renewable, up to two years to complete project. Two available annually.

**AAFPRS Leslie Bernstein Investigator Development Grant** \$15,000, non-renewable, up to three years to complete project. One available annually.

**AAFPRS Research Scholar Award** \$30,000, renewable, may receive grant in second and third year, up to three years to complete project. One available annually.

**KNOWLES HEARING CENTER AT NORTHWESTERN UNIVERSITY**

**Knowles Center Collaborative Grant** \$30,000, non-renewable, one year to complete project. One available annually.

**THE OTICON FOUNDATION**

**AAO-HNSF Resident Research Grant** sponsored by the Oticon Foundation \$10,000, non-renewable, one year to complete project. One available annually.

NEARLY  
**\$850,000**  
 AWARDED BY  
 THE CORE  
 SPECIALTY  
 SOCIETIES,  
 FOUNDATIONS  
 AND INDUSTRY  
 SUPPORTERS  
 IN 2013!



# Miniseminars and Instruction Courses: Part II

Educational opportunities will be extensive during the Annual Meeting and the choices are classified into nine focus areas to assist you in fulfilling your needs. This section is the second in the Bulletin series of three (July, August, and September) that highlight miniseminar and instruction course tracks. In July we featured Business of Medicine/Practice Management, Facial Plastic and Reconstructive Surgery, and General Otolaryngology. Following below the Head and Neck Surgery, Laryngology/Broncho-Esophagology, and Otolaryngology/Neurotology presentations are offered. The September Bulletin will feature the last of the group, Pediatric Otolaryngology, Rhinology/Allergy; and Sleep Medicine. Remember too, the Itinerary Planner online can link directly to your own e-calendars for ease in decision-making during this exciting event.

## Head and Neck Surgery

### Miniseminars

❖ = Audience Response

#### Clinic Based Decision Making for Head and Neck Endocrine Disease ❖

*Supported by the Endocrine Surgery Committee and the American Head and Neck Society (AHNS)*

Russell B. Smith, MD (Moderator); Salvatore M. Caruana, MD; Jason Patrick Hunt, MD; Maisie L. Shindo, MD; David L. Steward, MD; Ralph P. Tufano, MD, MBA

#### Head and Neck Skin Cancer: When Mohs Is Not Enough

*Supported by the Head and Neck Surgery and Oncology Committee*

Christine G. Gourin, MD, MPH (Moderator); Derrick T. Lin, MD; Cecelia E. Schmalbach, MD; Carol R. Bradford, MD; Randal Scott Weber, MD

#### Locally Advanced Laryngeal Cancer

*Supported by the Brazilian Society of Head and Neck Surgery*

Eugene N. Myers, MD, and Claudio R. Cernea, MD (Moderators); Fernando Walder, MD; Kerry D. Olsen, MD; Fernando Luiz Dias, MD, PhD; Roberto A. Lima, MD; Rogerio A. Dedivitis, MD, PhD

#### Novel Techniques for Detection and Treatment of Precancer

*Supported by the Head and Neck Surgery & Oncology Committee and the American Head and Neck Society (AHNS)*

Cherie-Ann O. Nathan, MD (Moderator); Marilene B. Wang, MD; Brian Nussenbaum, MD; D. Gregory Farwell, MD; Jay O. Boyle, MD

#### Reconstruction after Salvage Laryngectomy

*Supported by the Microvascular Committee*

Douglas B. Chepeha, MD (Moderator); Matthew M. Hanasono, MD; Urjeet Patel, MD; Eric M. Genden, MD; Andrew Rosco, MD; Eric Chanowski, MD, MPH

#### Robotic Surgery: The Current Standard of Practice

Eric M. Genden, MD (Moderator); Scott Magnuson, MD; Ronald B. Koppersmith, MD, MBA; F. Christopher Holsinger, MD

#### Sialendoscopy: Paradigm Shift in Salivary Gland Treatment? ❖

*Supported by the European Sialendoscopy Training Center (ESTC) and the European Salivary Gland Society (ESGS)*

Francis Marchal, MD (Moderator); Helge Arndal, MD; Ricardo Carrau, MD; Robert A. Irvine, MD; David William Eisele, MD; Claudio R. Cernea, MD; J.M. Lopez, MD

#### Sialendoscopy: The Beginner's Guide to Success ❖

*Supported by the Medical Devices and Drugs Committee*

Gordon J. Siegel, MD (Moderator); Barry M. Schaitkin, MD; Johannes Zenk, MD; David W. Eisele, MD; Michael H. Fritsch, MD

👤 = Hands-on (\$70/hour)

Ⓜ = Mini-course (\$50/hour)

❖ = Audience Response (\$50/hour)

② = Two-hour course

Regular = \$50/hour  
Rates increase August 23

#### Surgical Innovations for Larynx and Pharynx Cancer

*Supported by the American Broncho-Esophagological Association (ABEA)*

James A. Burns, MD (Moderator); Bruce H. Haughey; Gregory S. Weinstein, MD

#### The "New" Cancer Patient: Young, Non-Smoker, HPV+: Evaluation

*Supported by the Head and Neck Surgery & Oncology Committee, Head and Neck Surgery Education Committee, and the American Head and Neck Society (AHNS)*

Daniel Gert Deschler, MD (Moderator); Robert L. Ferris, MD, PhD; Marilene B. Wang, MD; Samir S. Khariwala, MD; Jeremy D. Richmon, MD

#### The New Cancer Patient: Young, Non-Smoker, HPV+: Management

*Supported by the Head and Neck Surgery Education Committee*

Richard V. Smith, MD (Moderator); Joseph X. Scharpf, MD; Eric Jason Moore, MD; Brian Nussenbaum, MD; Christine G. Gourin, MD

### **Thyroid Surgical Care 2013: The Impact of Molecular Testing**

*Supported by the Endocrine Surgery Committee*

Robert Lee Witt, MD (Moderator);  
Robert L. Ferris, MD; Edmund A.  
Pribitkin, MD; Gregory W. Randolph,  
MD; David L. Steward, MD

### **Instruction Courses**

#### **Advances in the Management of Papillary Thyroid Cancer**

Robert Lee Witt, MD

#### **Advances in Management of Recurrent Nasopharyngeal Carcinoma**

Jimmy Yu-Wai Chan, MBBS, MS

#### **After Thyroidectomy**

Jacob Pieter Noordzij, MD

#### **Aggressive Nonmelanoma Skin Cancer: Concepts and Case Studies** ❖

Matthew M. Hanasono, MD; Brian A.  
Moore, MD

#### **An Evidence-Based Protocol for Head and Neck Lymphedema**

Jan S. Lewin, PhD; Brad G. Smith

#### **Avoiding Disaster in Thyroid Surgery: Five Critical Principles**

David James Terris, MD; William S.  
Duke, MD

#### **Avoiding Management Errors of Suspected Head and Neck Tumors**

Kerry D. Olsen, MD; Eric J. Moore, MD

#### **Collaborative Management of Speech, Voice, and Swallowing**

Robert J. Stachler, MD; Francis Thomas  
Hall, MD, MBChB, FRACS; Jamie M.  
Lindholm, MS, CCC-SLP

#### **Conservation Surgery for Oropharyngeal Cancer**

F. Christopher Holsinger, MD; Olivier  
Laccourreye, MD

### **Contemporary Management of Skull Base Malignancies**

Michael E. Kupferman, MD

#### **Controversies in the Management of Thyroid Nodule**

Ashok R. Shaha, MD

#### **Current Management of Oropharyngeal Cancer**

Bradley Schiff, MD; Richard V. Smith,  
MD

#### **The Difficult Adult Airway: Captaining the Ship**

David M. Coggnetti, MD

#### **The Difficult Neck**

Ashok R. Shaha, MD

#### **The Difficult Thyroid**

Ashok R. Shaha, MD

#### **Endoscopic and Open Approaches to the Anterior Skull Base**

Ehab Y. N. Hanna, MD

#### **Endoscopic-Assisted Approaches to the Orbit**

Stefano Sellari-Franceschini, MD; Paolo  
Castellnuovo, MD

#### **Endoscopic Thyroid Surgery: Basic and Advanced Techniques**

David James Terris, MD

#### **Evidence-Based Approach for Pharyngeal Defect Reconstruction**

Jimmy Yu-Wai Chan, MBBS, MS; Velda  
Ling Yu Chow, MD, MRCS; William I.  
Wei, MD

#### **Evidence-Based Approach to Treating Oral Cavity Cancer**

Neil D. Gross, MD; Dennis H. Kraus, MD

#### **Evidenced-Based Approach to Treating Oropharynx Cancer**

Neil D. Gross, MD

### **Evidence-Based Decision Making in Cancer of the Oral Cavity**

Nilesh R. Vasani, MD, FRACS; Jesus E.  
Medina, MD

#### **Evidence-Based Decision Making in Cancer of the Oropharynx**

Nilesh R. Vasani, MD, FRACS; Jesus E.  
Medina, MD

#### **Evidenced-Based Management of Head and Neck Melanoma**

Michael E. Kupferman, MD

#### **Evidence-Based Management of Invasive Thyroid Cancer**

Joseph Scharpf, MD; Brian B. Burkey,  
MD

#### **Finding the Hidden Parathyroid Adenoma**

Eric M. Genden, MD

#### **FDG-PET for Head and Neck Cancer: Pearls and Pitfalls**

Russell B. Smith, MD; Richard J. Wong,  
MD

#### **H&N Melanoma: Achieving Clarity amongst the Controversy**

Cecelia E. Schmalbach, MD; Carol R.  
Bradford, MD

#### **How to Manage the Facial Nerve in Parotid Surgery** ❖

Gregory K. Hartig, MD; Timothy M.  
McCulloch, MD

#### **The HPV Epidemic and Oropharyngeal Cancer**

James W. Rocco, MD, PhD; Derrick T.  
Lin, MD

#### **Hyperparathyroidism Pearls and Pitfalls Work-Up and Management**

David L. Steward, MD; Maisie L.  
Shindo, MD

#### **Improved Management of Hypocalcemia after Thyroidectomy** ❖

Jacob P. Noordzij, MD; Ian L. McLeod, MD



**“Inside Out” Anatomy in Transoral Surgery**

Michael L. Hinni, MD

**JNA: Optimizing Surgical Care and Minimizing Recurrences**

Patrick J. Bradley, MBA, DCh, FRCS

**Laryngectomy in the Era of Chemoradiation**

William R. Carroll, MD; Eben L. Rosenthal, MD

**Lessons I Have Learned as a Parathyroid Surgeon**

Brendan C. Stack, Jr., MD

**Management of Cutaneous Melanoma of the Head and Neck**

Dennis H. Kraus, MD

**Management of Neck Metastasis from Oropharyngeal Carcinoma**

Steven J. Wang, MD; David William Eisele, MD

**Management of Salivary Gland Malignancies**

Michael E. Kupferman, MD

**Management of the Unknown Primary Head and Neck Cancer**

Guy J. Petruzzelli, MD, PhD

**Management of Vascular Malformations of the Head and Neck**

Milton Waner, MD; Teresa M. O, MD

**Managing Laryngeal Nerve Injury in Thyroid Surgery**

Edmund A. Pribitkin, MD; Joseph R. Spiegel, MD

**Medical Management of Thyroid Disease for Otolaryngologists**

David L. Steward, MD

**Minimally Invasive Surgery for Salivary Tumors and Stones**

Robert Lee Witt, MD; Urban W. Geisthoff, MD

**Neck Dissection 2013**

William R. Carroll, MD; Ramon M. Esclamado, MD

**Neck Dissection for Thyroid Cancer**

Brendan C. Stack, Jr., MD

**Oral vs Oropharyngeal Cancer: Diverging Etiology and Treatment**

Terry A. Day, MD; Douglas A. Girod, MD

**Osteonecrosis of the Head and Neck: Contemporary Management**

Neal D. Futran, MD; D. Gregory Farwell, MD

**Paragangliomas of the Head and Neck**

David Myssiorek, MD; Anil K. Lalwani, MD

**Parathyroid Surgery: What Head and Neck Surgeons Should Know**

David James Terris, MD; Gregory W. Randolph, MD

**The Parotid Gland: Diagnosis, Medical and Surgical Approaches**

David William Eisele, MD; Dale H. Rice, MD

**Partial Laryngectomies as Salvage Treatment after RT Failure**

Giuseppe Spriano, MD

**PET Scans: The Who, When and Why & How to Get Reimbursed**

Cecelia E. Schmalbach, MD; Carol M. Bier-Laning, MD

**Post-Treatment Surveillance and Imaging in Head & Neck SCC**

Eben L. Rosenthal, MD; Mark K. Wax, MD

**Precise Surgical Localization of Cranial Nerves**

Mimi S. Kokoska, MD; Jeffrey Bumpous, MD

**Preoperative Decision Making in Thyroid Surgery**

Gregory W. Randolph, MD; David L. Steward, MD

**Putting Surgery First Again for Larynx Cancer: Why? When? How?**

F. Christopher Holsinger, MD; Robert L. Ferris, MD

**Re-Operative Parathyroid Surgery Tips for Success**

Ralph P. Tufano, MD, MBA; Phillip K. Pellitteri, MD

**Re-Operative Thyroid and Parathyroid Surgery**

Brendan C. Stack, Jr., MD; David L. Steward, MD

**RLN 2013: Continuous Vagal and SLN Monitoring**

Gregory W. Randolph, MD

**Salivary Gland Malignancies: Principles of Management**

Russell B. Smith, MD; Robert P. Zitsch, MD

**Sialendoscopy: Getting Started, Solving Problems**

Barry M. Schaitkin, MD; Ricardo Carrau, MD; Rohan R. Walvekar, MD

**Sialendoscopy: What Did We Learn during the Last 15 Years?**

Francis Marchal, MD; Helge Amdal, MD; Robert A. Irvine, MD

**Successfully Managing Challenging Patients**

Michael Ryan, PhD; Tamer Abdel-Halim Ghanem, MD

**Surgical Management of the Central Neck in Thyroid Cancer**

Ralph P. Tufano, MD, MBA; David L. Steward, MD

**Surgical Management of Oropharyngeal Cancers**

Alain N. Sabri, MD; Kerry D. Olsen, MD

**Transoral Robotic Surgery: How and Why**

Eric M. Genden, MD

**Transoral Robotic Surgery TORS for Neoplasms and Sleep Apnea**

Gregory S. Weinstein, MD; Bert W. O'Malley, MD; Erica Thaler, MD

**Treatment of Hyperthyroid Disorders and Large Goiters**

Maisie L. Shindo, MD; Neil D. Gross, MD

**The Treatment of Larynx Cancer in 2013**

Richard V. Smith, MD

**Voice after Laryngectomy: The Basics Vocal Rehabilitation**

Gregory A. Grillone, MD; Michael Walsh, CCC-SLP; Itzhak Brook MD, MSc

**What's New about Nonsurgical Therapies of Salivary Stones**

Philippe L. Katz, MD; Michael H. Fritsch, MD

**Workup and Management of Parapharyngeal Space Tumors**

James L. Netterville, MD; Alexander Langerman, MD

# Larynology/Broncho-Esophagology

## Miniseminars

❖ = Audience Response

### Airway: Advances in Management

*Supported by the Voice Committee and the Airway and Swallowing Committee*

Paul M. Weinberger, MD (Moderator); Mark S. Courey, MD; Robert R. Lorenz, MD; Martin A. Birchall, FRCS

### Dysphagia: From Science to Clinical Practice

*Supported by the Voice Committee*

Milan R. Amin, MD (Moderator); Peter C. Belafsky, MD; Timothy M. McCulloch, MD; Susan E. Langmore, PhD

### Endoscopic vs. Open Treatment of Laryngotracheal Stenosis

❖

*Supported by the Airway and Swallowing Committee*

Sid Khosla, MD (Moderator); Michael J. Rutter, MD; Alessandro de Alarcon; Guri Sandhu, FRCS; Stacey Leigh Halum, MD; Alexander T. Hillel, MD

### Globus: The Perennial Complaint

❖

Melin Tan, MD, Natasha Mirza, MD (Moderators); Ramon A. Franco, MD; Philip A. Weissbrod, MD

### Injection Laryngoplasty: Contemporary Indications/Techniques

Sunil P. Verma, MD (Moderator); Mark S. Courey, MD; Gayle E. Woodson, MD; C. Blake Simpson, MD

### Laryngeal Inflammation: Diagnosis and Treatment Challenges

❖

*Supported by the American Academy of Otolaryngic Allergy (AAOA) and the American Laryngological Association (ALA)*  
Marvin P. Fried, MD, John H. Krouse, MD, PhD (Moderators); Kenneth W. Altman, MD, PhD; John M. Delgado, MD; Gregory N. Postma, MD

### Microlaryngoscopy: Difficult Exposures/Operative Techniques

Paul C. Bryson, MD, Michael S. Benninger, MD (Moderators); Alexander T. Hillel, MD; Michael M. Johns, MD; Blake Simpson, MD

### Pediatric Laryngology: Innovations and Updates

*Supported by the Laryngology and Brochoesophagology Education Committee*

Scott M. Rickert, MD (Moderator); Melissa M. Statham, MD; Alessandro de Alarcon; Karen B. Zur, MD; Christopher J. Hartnick, MD

### Practical Approach to Swallowing Problems

*Supported by the Airway and Swallowing Committee and the Laryngology and Brochoesophagology Education Committee*

Catherine Rees Lintzenich, MD (Moderator); Milan R. Amin, MD; Gregory N. Postma, MD; Albert L. Merati, MD

### Reflux: Pathophysiology to Management

*Supported by the Voice Committee and the Airway and Swallowing Committee*  
Joel H. Blumin, MD (Moderator); Nikki Johnston, PhD; Blair A. Jobe, MD; Albert L. Merati, MD

### Voice: From Cells to Song

*Supported by the Voice Committee and the Airway and Swallowing Committee*  
Lucian Sulica, MD (Moderator); Clark A. Rosen, MD; Blake Simpson, MD; Susan Thibeault, PhD

## Instruction Courses

### The Actor and Singer as Patients of the Laryngologist

Robert Thayer Sataloff, MD, DMA

### Adding Laryngeal Reinnervation to Your Practice

George S. Goding, MD; Joel H. Blumin, MD

👉 = Hands-on (\$70/hour)

Ⓜ = Mini-course (\$50/hour)

❖ = Audience Response (\$50/hour)

② = Two-hour course

Regular = \$50/hour

Rates increase August 23

### Avoiding and Managing Complications in Laryngology

Libby J. Smith, MD; VyVy Young, MD

### Awake Vocal Fold Injection in the Office: When, Why, and How

Lucian Sulica, MD

### Building a Busy Laryngology Practice

Albert L. Merati, MD; Michael M. Johns, MD

### Case Based Approach to Voice Disorders: Pitfalls and Pearls

C. Blake Simpson, MD; Clark A. Rosen, MD

### Common Causes of Hoarseness that Are Commonly Missed

❖

Jacob Pieter Noordzij, MD; Seth M. Cohen, MD

### Common Errors in Voice Diagnosis: 16 Cases in 60 Minutes

Peak Woo, MD

### Contemporary Management of Adult Airway Stenosis

Sunil P. Verma, MD; Dinesh Chhetri, MD

### Controversies in Pediatric Sialorrhea and Aspiration

Mark E. Gerber, MD

### Cough: Prepare for Battle

Albert L. Merati, MD; Thomas Murry, PhD

### Current Concepts in Vocal Fold Paralysis

Lucian Sulica, MD

**Dyspnea/Noisy Breathing: Organic or Non-Organic?**

Brent Richardson, MD

**Early Vocal Fold Cancer: A Practical Guide to TLM Cordectomy**

Marc J. Remacle, MD; Abie Mendolsohn, MD

**Endoscopic Microsurgical Techniques for Laryngeal Disease**

Mark S. Courey, MD; Katherine C. Yung, MD

**Evaluation and Management of Swallowing Disorders**

Catherine Rees Lintzenich, MD

**Fundamentals of Videostroboscopy**

Phillip Song, MD; Ramon A. Franco, MD

**High Pressure Balloon Dilation of Pediatric and Adult Airway**

Peter J. Koltai, MD; Timothy D. Anderson, MD

**High Resolution Manometry in the Management of Dysphagia**

Timothy M. McCulloch, MD; Michelle R. Ciucci, PhD

**Laryngeal Electromyography**

Glendon M. Gardner, MD; Steven M. Parnes, MD

**Lasers in Laryngology**

C. Gaelyn Garrett, MD; Robert H. Orsoff, DMD, MD

**Management of Zenker's and Hypopharyngeal Diverticula**

Richard L. Scher, MD; David L. Myssiorek, MD

**Modern Management of Adult Laryngotracheal Stenosis**

Reza Nouraei, MB, BS, FRCS; Guri Sandhu, MB, BS, FRCS

**New Lasers: Office and OR, Fiber Cutting and Pulsed Angiolysis**

James A. Burns, MD

**Neurological Disease of the Larynx**

Andrew Blitzer, MD, DDS; Lucian Sulica, MD

**Office Dysphagia Consult: Diagnosis, Management, and Coding**

Jonathan E. Aviv, MD

**Phonosurgery: Laser/Micro Instrumentation Do's and Don'ts**

Michael S. Benninger, MD; Jean Abitbol, MD

**Practical Biomechanics for Laryngeal Surgery**

Sid Khosla, MD

**Professional Singers: The Science and Art of Clinical Care**

Robert Thayer Sataloff, MD, DMA

**Recognizing Neurological Voice Problems**

Phillip Song, MD

**Reflux Testing in Otolaryngology: What You Need to Know**

Joel H. Blumin, MD; Jonathan M. Bock, MD

**Spasmodic Dysphonia: Diagnosis to Management**

Dinesh Chhetri, MD; Joel H. Blumin, MD

 = Hands-on (\$70/hour)

 = Mini-course (\$50/hour)

❖ = Audience Response (\$50/hour)

② = Two-hour course

**Regular = \$50/hour**  
**Rates increase August 23**

**Surgical Management of Dysphagia**

Joseph R. Spiegel, MD; Mauritis Boon, MD

**Thyroid Framework Surgery Types 1-4: Factors for Success**

Mark S. Courey, MD; Marc J. Remacle, MD, PhD

**Treatment of the Aging Voice**

Michael M. Johns, MD; Edie R. Hapner, PhD

**Vocal Fold Injection: Fact, Fiction, and Material Selection**

Clark A. Rosen, MD

**Vocal Fold Leukoplakia: Oncology and Voice Preservation**

Seth H. Dailey, MD

**Vocal Nodules, Polyps and Cysts: Diagnosis and Current Treatment**

Clark A. Rosen, MD; Libby J. Smith, MD

**Voice Play in the Diagnostic Encounter**

Robert W. Bastian, MD

## Otology/Neurotology

### Miniseminars

❖ = Audience Response

**Advances in the Objective Diagnosis of Meniere's Disease**

*Supported by the Equilibrium Committee*

Jeremy Hornibrook, MB, FRACS (Moderator); William P. R. Gibson, MD; Leonardo Manzari, MD; Tsutomu Nakashima, MD

**Auditory Neurology: Understanding Presbycusis**

*Supported by the Geriatric Otolaryngology Committee*  
Brian J. McKinnon, MD, MBA (Moderator); George A. Gates, MD; Douglas D. Backous, MD; Howard W. Francis, MD



### **Build a Better Ear: What's New in Chronic Ear Disease**

*Supported by the Medical Devices and Drugs Committee and the Otolology and Neurotology Education Committee*  
Riccardo D'Eredita, MD (Moderator); Anand K. Devaiah, MD; Kenneth H. Lee, MD, PhD; John L. Dornhoffer, MD; Robert C. O'Reilly, MD

### **Contemporary Management of Chronic Ear Disease**

*Supported by the Otolology and Neurotology Education Committee*  
Brandon Isaacson, MD, Dennis I. Bojrab, MD (Moderators); Marc L. Bennett, MD; David Kaylie, MD; Frank Manley Warren, MD; David S. Haynes, MD; Eric E. Smouha, MD

### **Emerging Concepts in Migraine Associated Dizziness**

*Supported by the Equilibrium Committee*  
Michael Hoffer, MD (Moderator); Joel A. Goebel, MD; Kim R. Gottshall, PhD; Jeffery P. Staab, MD

### **Endoscopic Ear Surgery: Tips and Pearls**

*Supported by the International Working Group on Endoscopic Ear Surgery*  
Joao Flavio Nogueira, MD (Moderator); Muaaz Tarabichi, MD; Daniele Marchioni, MD; Livio Presutti, MD; David Douglas Pothier, MBCbH

### **Neurotologic Emergencies: What the General ENT Needs to Know**

*Supported by the American Neurotology Society (ANS)*  
Sujana S. Chandrasekhar, MD (Moderator); George T. Hashisaki, MD; Lawrence Robert Lustig, MD; Hilary Brodie, MD, PhD; Moises A. Arriaga, MD

### **Otogenic Pain and Aural Fullness: Mystery Diagnosis**

*Supported by the Otolology and Neurotology Education Committee*  
Alan G. Micco, MD (Moderator); Cliff Megerian, MD; Elizabeth H. Toh, MD; Simon Ignacio Angeli, MD

### **Practical Otologic Considerations in Head Injury**

*Supported by the Trauma Committee*

Michael R. Holtel, MD (Moderator); Philip D. Littlefield, MD; Michael Hoffer, MD; Ben J. Balough, MD

### **Temporal Bone Radiology: Beyond the Basics**

Ashkan Monfared, MD, Mohammad Reza Taheri, MD (Moderators); Robert K. Jackler, MD; Nikolas H. Blevins, MD; Richard K. Gurgel, MD

### **The Martha Entenmann Tinnitus Research Center Inc.: Abraham Shulman, MD; and Barbara Goldstein, PhD; International Tinnitus Miniseminar: New Concepts in Electrophysiology and Tinnitus**

*Supported by the Otolology and Neurotology Education Committee*  
Michael Hoffer, MD (Moderator); Carlos Olivera, MD; Leslie Prichep, MD; Tobias Kleinjung, MD; Abraham Shulman, MD

### **New Concepts in Electrophysiology and Tinnitus**

Michael Hoffer, MD; Carlos Olivera, MD; Leslie Prichep, MD; Tobias Kleinjung, MD; Abraham Shulman, MD

### **Instruction Courses**

#### **3-D Projected Stereoscopic Anatomy of the Temporal Bone**

Michael T. Teixeira, MD

#### **The Auditory Brainstem Implant and Neurofibromatosis Type 2**

William H. Slattery, MD; Derald E. Brackmann, MD

#### **Auditory Neuropathy: An Evidence-Based Clinical Approach**

Christina Runge, MD; David R. Friedland, MD, PhD

#### **Balance Problems in the Elderly**

Stephen J. Wetmore, MD; David E. Eibling, MD; Kim T. Gotshall, PT

#### **Bone-Anchored Hearing Devices: New Rehabilitative Options**

John K. Niparko, MD; Anders M. R. Tjellstrom, MD, PhD; Mans Eeg-Olofsson, MD; Charles Limb, MD

### **BPPV Management: Lateral, Posterior, and Conversions**

Judith A. White, MD

### **The BPPV's that Don't Get Well**

Mans Magnusson, MD, PhD

### **Chronic Ear Disease: Surgical Decisions and Techniques**

David S. Haynes, MD; George B. Wanna, MD

### **The Chronic Ear Surgical Techniques and Avoiding Complications**

Paul R. Lambert, MD

### **Chronic Otitis Media: Ear Surgery**

Derald E. Brackmann, MD; William M. Luxford, MD; Rick A. Friedman, MD, PhD

### **Classification of Cholesteatoma: Surgical Strategy**

Jose N. Fayad, MD; Bernard G. Fraysse, MD

### **Cochlear Implantation in Infants and Children**

Blake C. Papsin, MD, MSc, FRCS; Adrian L. James, DM, FRCS

### **Cochlear Implantation of Obstructed and Malformed Cochleae**

J. Thomas Roland, MD; Daniel H. Coelho, MD

### **Cochlear Implants and Hands-On Electrode Insertion Workshop**

Thomas J. Balkany, MD; Peter Sargent Roland, MD; William M. Luxford, MD; Bruce J. Gantz, MD

### **Current Trends in the Management of Sudden Hearing Loss**

David S. Haynes, MD; George B. Wanna, MD

### **Diagnosis, Treatment, and Results of Cochlear Reimplantation**

Susan B. Waltzman, PhD; J. Thomas Roland, MD

### **Diagnostic Evaluation and Management of Acute Facial Palsy**

Elizabeth H. Toh, MD; Alan G. Micco, MD

**Ear Pressure and Pain**

William H. Slattery, MD; Eric P. Wilkinson, MD

**Evaluating the Tinnitus Patient and Starting a Tinnitus Center**

Hamid R. Djalilian, MD

**Glomus Tumors and Skull Base Surgery**

Derald E. Brackmann, MD; William H. Slattery, MD; Rick A. Friedman, MD, PhD

**High Resolution 3-D Cone Beam CT Imaging**

D. Bradley Welling, MD, PhD; Aaoaki Yanagihara, MD, PhD

**Hydroxyapatite and Titanium Ossicle Implants: Which to Choose**

Robert Battista, MD; Rex S. Haberman, MD

**Hydroxyapatite Cement in Temporal Bone Surgery**

John F. Kveton, MD

**Implantable Hearing Devices: Indications, Surgery, Outcomes**

Jose N. Fayad, MD; Jack J. Wazen, MD

**Intratympanic Pharmacotherapy for Inner Ear Disorders**

Lorne S. Parnes, MD, FRCS; Sumit K. Agrawal, MD, FRCS

**The Latest Spin on Benign Paroxysmal Positional Vertigo**

Lorne S. Parnes, MD, FRCS, Sumit K. Agrawal, MD, FRCS

**Management Congenital Aural Atresia and Acquired Canal Stenosis**

Paul R. Lambert, MD

**Management of Temporal Bone Trauma**

Hilary Brodie, MD, PhD; Rodney C. Diaz, MD

**Managing Radiation Changes to the Ear and Temporal Bone**

Paul W. Gidley, MD

**Mastoid Obliteration Techniques and Results**

John L. Dornhoffer, MD; Michael B. Gluth, MD

**Mastoidectomy for the General Otolaryngologist**

Rex S. Haberman, MD

**Medical-Legal Evaluation of Hearing Loss: Review and Update**

Robert A. Dobie, MD

**Meniere or Migraine: Similarities, Differences, Treatments**

Jack J. Wazen, MD; Herbert Silverstein, MD

**Migraine-Related Dizziness**

Stephen J. Wetmore, MD; David E. Eibling, MD; Kim R. Gotshall, PT

**Modern Mastoid Surgery: New Techniques**

Bruce J. Gantz, MD; Marcus D. Atlas, MD

**Novel Ossicular Reconstruction Techniques**

Michael D. Seidman, MD; Eric M. Kraus, MD

**Ossiculoplasty**

Edwin M. Monsell, MD, PhD

**Ossiculoplasty Techniques with Hydroxyapatite Cement**

Joel A. Goebel, MD

**Otosclerosis Surgery: Past, Present, and Future**

John W. House, MD; John C. Goddard, MD

**A Practical Approach to Assessment of Dizzy Patients**

Steven D. Rauch, MD

**Practical Management of BPPV: Diagnosis and Therapy**

Giacinto Asprella Libonati, MD

**Practical Use of Vestibular Tests in Clinical Management**

Moises Arriaga, MD; Micah Klump, PhD

**Prevention and Management of Complications in Ear Surgery**

Patrick J. Antonelli, MD; Rex S. Haberman, MD

**Pulsatile Tinnitus: Advances in Diagnosis and Management**

Aristides Sismanis, MD; Daniel H. Coelho, MD

**Regeneration Medicine for Inner Ear Diseases**

Jyuichi Ito, MD

**The Secrets of Successful Canalith Repositioning**

John C. Li, MD; Gerard J. Gianoli, MD

**Stapes Surgery: Otosclerosis, Congenital Malformations**

Robert Vincent, MD

**Sudden Sensorineural Hearing Loss: An Otolologic Emergency?**

Sujana S. Chandrasekhar, MD; James E. Saunders, MD

**Surgical Decision-Making in Cholesteatoma**

Eric E. Smouha, MD; Dennis I. Bojrab, MD; Simon C. Parisier, MD, Barry E. Hirsch, MD

**Surgical Management of Eustachian Tube Disorders**

Dennis S. Poe, MD, PhD; Ralph B. Metson, MD

**Technique to Simplify Myringoplasty**

Masafumi Sakagami, MD, PhD; YU Yuasa, MD

**Techniques in Cartilage Tympanoplasty**

John L. Dornhoffer, MD; Konrad Schwager, MD

**Temporal Bone Cancer**

Paul W. Gidley, MD

**The Ten-Minute Exam of the Dizzy Patient**

Joel A. Goebel, MD

**Tinnitus Update: Treatment Strategies**

Michael J. Larouere, MD; John J. Zappia, MD

**Top Tips in Pediatric Tympanomastoid Surgery**

Adrian James, MD; Blake Papsin, MD

**Tympanoplasty: Medial Graft versus Lateral Graft**

Roberto A. Cueva, MD; Rick A. Friedman, MD, PhD

**Tympanoplasty: Medial or Medio-Lateral Graft**

Timothy T. K. Jung, MD

## Events Surrounding the Annual Meeting

### Join us for Alumni Night on Tuesday, October 1

The following schools will be represented at Alumni Night\*. All receptions will take place from 6:30 pm to 8:00 pm at the Vancouver Convention Center.

- AAO-HNS/F International Instructors Reception
- Alumni Reception For: The Greater Metropolitan New York Residency Programs: Albert Einstein College of Medicine; Columbia/Cornell; Manhattan Eye, Ear and Throat Hospital; Mt. Sinai School of Medicine; New York Eye and Ear Infirmary-New York Medical College; New York University School of Medicine; SUNY Downstate Long Island College Hospital; University of Medicine and Dentistry of New Jersey
- Cleveland Clinic Head & Neck Institute & CWRU/University Hospitals ENT Institute
- Cochrane Scholars Alumni Event
- Georgia Regents University Alumni Reception
- Indiana Alumni and Friends Otolaryngology Reception
- Northwestern University Alumni Reception
- Saint Louis University School of Medicine Alumni Reception
- SIU School of Medicine Alumni Reception
- Stanford School of Medicine Alumni Reception
- Tufts Medical Center-Boston Medical Center Alumni Reception
- UCSF OHNS Alumni Reception
- UIC Alumni Reception
- University of Kansas, Missouri and Nebraska Alumni Reception
- University of Louisville Alumni Reception
- University of Maryland Alumni Event

- University of Michigan Alumni Reception
- University of Virginia Department of Otolaryngology-Head and Neck Surgery Alumni Reception
- University of Wisconsin Alumni Reception
- UT Southwestern Medical Center Alumni Function
- UTHSC-Otolaryngology Alumni Reception
- Vanderbilt Alumni Open House
- Washington University Department of Otolaryngology-Head & Neck Surgery Alumni Reception
- Wayne State University Alumni Reception
- Yale ENT Alumni Reception

\*Confirmed Alumni Receptions as of 7-15-2013.  
For a full list of affiliate events, visit [www.entannualmeeting.org](http://www.entannualmeeting.org).

### Saturday Program

**ACS Ultrasound Course: Thyroid and Parathyroid Ultrasound Skills-Oriented Course\*** Robert A. Sofferman, MD, course director

8:00 am–4:30 pm Saturday, September 28

The objective of this course is to introduce the practicing surgeon to office-based ultrasound examination of the thyroid and parathyroid glands. The distinction of normal from malignant lymphadenopathy is emphasized with a demonstration of the comprehensive examination of lymph node basins in cervical zones I-VI.

The process of ultrasound guided FNA of thyroid nodules and enlarged lymph nodes is demonstrated in didactic lecture format. Other conditions that may mimic thyroid pathology or are relevant to an understanding of cervical ultrasound will also be illustrated. In addition,

skill sessions allow the surgeon to learn varied techniques of FNA of lesions in phantom models.

Patient volunteers with thyroid and parathyroid pathology and lymphadenopathy will allow supervised hands-on experience with transverse and longitudinal ultrasound methods. Attendees will be instructed in the practical details and hurdles in developing office-based ultrasound.

- Perform office-based examination of the thyroid and parathyroid glands and related pathology;
- Demonstrate comprehensive examination of cervical lymph nodes in levels I-IV;
- Characterize differences between normal and malignant lymph nodes;
- Demonstrate the process of ultrasound-guided fine needle aspiration (FNA)

- Demonstrate through a hands-on skill session, the above skills in live and phantom models.

To learn more or to register, visit <http://www.entannualmeeting.org/13>.

\*Prerequisite: "Ultrasound for Surgeons: The Basic Course," is a prerequisite module that must be completed prior to attending this program. The Basic course is available only via CD-ROM and must be purchased separately online at <http://www.acs-resource.org>. The CD-ROM course will be mailed directly to your attention and takes about one hour to complete.

Pricing for Ultrasound Workshop:

- Member: \$1,350
- Non-Member: \$1,550
- Resident Member: \$675
- Resident Non-Member: \$775

### Specialty Society Meetings during the Annual Meeting in Vancouver, BC, Canada

**(AAFP) American Academy of Facial Plastic and Reconstructive Surgery Course**  
September 28

Essentials in Facial Plastic Surgery course — free to all residents, 1:00 pm–6:00 pm at the Pan Pacific Vancouver Hotel

**(AAOA) American Academy of Otolaryngic Allergy**

September 27–28  
Hotel Fairmont Vancouver

**(ANS) American Neurotology Society**

September 28  
Vancouver Convention Centre

**(ARS) American Rhinologic Society**  
September 28

Hyatt Regency Vancouver

**(SOHN) Society of Otorhinolaryngology and Head and Neck Nurses**

September 27–October 1  
Westin Bayshore Hotel



## Legislative Spotlight: Audiology on the Offensive in the 113th Congress

More than two years since the Affordable Care Act (ACA) became law, it is now much easier to decipher the good, the bad, and the ugly in terms of how the new law will work and where additional reforms may be required. However, many key questions remain. One of the main tenets of the ACA was the importance of providing healthcare coverage to more, if not all, individuals. Yet, the law failed to address growing physician workforce shortages and the cautionary words from the physician community that coverage does not equal access. As we approach major ACA implementation deadlines scheduled for this fall, many policymakers are examining the access issue with a wider lens and looking toward various non-physician providers as a means to accommodate the pending flood of newly covered individuals.

The United States is fortunate as we offer talented healthcare professionals across a wide spectrum of training and skill levels. In theory, the ACA seeks to increase quality, efficiency, and better promote collaboration and the value of team-based care within the healthcare delivery system.

These are good concepts that in many ways go hand-in-hand with the diversity that is already present in our healthcare system. However, we must remain diligent in our efforts to ensure that the *right* provider is delivering the *appropriate* care at the *correct* time. The AAO-HNS believes that all properly trained and licensed healthcare professionals should be able to practice to the full extent of their applicable scope of practice. However, as healthcare reform implementation continues, we hope policymakers continue to view physician-led, team-based care as the core of our current and any future healthcare delivery system.

To put this particular notion in context, we need only look to pending legislation in the 113th Congress. This year, the AAO-HNS expects the introduction of three separate audiology-related bills. The bills, which represent both new and old legislative strategies, highlight how the ACA has in some ways provided a new platform by which some non-physician providers are attempting to broaden their role in terms of healthcare delivery.

The AAO-HNS has been carefully monitoring the various legislative proposals, and in some cases has successfully collaborated with the audiology community to ensure patients continue to have access to the highest quality hearing healthcare. Read on for a brief

overview of each audiology initiative and the accompanying AAO-HNS position.

### 'Direct Access'

As in past years, the American Academy of Audiology (AAA) is continuing its pursuit of direct access to Medicare patients without a physician referral. While audiologists play a critical role in providing quality hearing healthcare, AAA's desire for its members to independently diagnose hearing disorders transcends their level of training and expertise. Hearing and balance disorders are medical conditions and require, by necessity, a full patient history and physical examination by a physician. In its 2007 report on the audiology direct access issue, the Centers for Medicare & Medicaid Services (CMS) declared that referrals from physicians are the "key means by which the Medicare program assures that beneficiaries are receiving medically necessary services, and avoids potential payment for asymptomatic screening tests that are not covered by Medicare..." Bypassing a physician evaluation and referral can lead to misdiagnosis and inappropriate treatment that could cause lasting, and expensive, damage to patients. **The AAO-HNS continues to oppose direct access** and will work to ensure our position is well understood on Capitol Hill once legislation has been introduced.

### Stay Informed: Follow the Government Affairs Twitter Account



Do you want to be one of the first to know the status of healthcare bills moving through Congress or your state? Follow the Government Affairs Twitter account @AAOHNSGovtAffrs. By following us, you can learn more about the issues impacting the specialty, including repeal of the flawed Sustainable Growth Rate (SGR) formula, medical liability reform, scope-of-practice battles, Graduate Medical Education (GME) funding, truth-in-advertising initiatives, and efforts to repeal the Independent Payment Advisory Board (IPAB). Not a fan of Twitter? You can also check the Government Affairs webpage for updates at <http://www.entnet.org/Advocacy>.



ENT PAC, the political action committee of the AAO-HNS, financially supports federal Congressional candidates and incumbents who advance the issues important to otolaryngology—head and neck surgery. ENT PAC is a non-partisan, issue-driven entity that serves as your collective voice on Capitol Hill to increase the visibility of the specialty with key policymakers. To learn more about ENT PAC, visit our new PAC website at [www.entpac.org](http://www.entpac.org) (log-in with your AAO-HNS ID and password).

*\*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best effort to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.*

## Amending the Definition of 'Physician'

In November 2012, the Academy of Doctors of Audiology (ADA) announced its "18 x 18" campaign. The goal of the new campaign and pending legislative initiative is to amend Title XVIII (18) of the Social Security Act to include audiologists in the definition of "physician" by the year 2018. The 18 x 18 Campaign is the most ambitious, and troubling, audiology proposal. Although many audiologists now receive a "doctor of audiology," or AuD degree, their training is not equal to that of an MD/DO who has also completed residency, and in some cases, additional fellowship in otolaryngology-head and neck surgery. **The AAO-HNS strongly opposes the "18 x 18" campaign** and is working to ensure Members of Congress and their staffs are well-informed about the expertise and/or training associated with MD/DO physicians as compared to non-physician


providers with advanced "doctor" degree such as an AuD.

## Comprehensive Audiology Benefit (H.R. 2330)

Recognizing the pitfalls associated with direct access and the "18 x 18" campaign, the American Speech-Language and Hearing Association (ASHA) has taken a much more pragmatic approach in elevating the audiology professional. By way of its new initiative, introduced as legislation (H.R. 2330) for the first time this year by U.S. Rep. Gus Bilirakis (R-FL-12), ASHA hopes to better align Medicare coverage of comprehensive audiology services with current billing and reimbursement standards of other non-physician therapeutic services covered by Medicare (PT, OT, SLP). In recognizing the importance of team-based care, H.R. 2330 specifically retains the requirement for a physician referral, ensures physician oversight of the plan of care, and preserves state scope-of-practice

requirements. Prior to the introduction of H.R. 2330, representatives from ASHA solicited feedback from the AAO-HNS on its proposal, demonstrating it shares the AAO-HNS' belief that strong, positive collaboration between audiologists and otolaryngologist-head and neck surgeons will result in the highest quality care and outcomes for individuals seeking hearing healthcare services. As a result, **the leadership of the AAO-HNS has approved a "support" position on H.R. 2330.**

As implementation of the ACA moves forward, the AAO-HNS Government Affairs team will continue to monitor the direct and indirect impact the law may have on our members, their practices, and their patients—including any efforts to inappropriately expand scope of practice.

For more information about audiology legislation in the 113th Congress and/or updates on other AAO-HNS legislative priorities, email [legfederal@entnet.org](mailto:legfederal@entnet.org) or visit [www.entnet.org/advocacy](http://www.entnet.org/advocacy). 

## Legislative and Political Advocacy 'By the Numbers'

Wondering about AAO-HNS legislative and political advocacy efforts in 2013? Below is a brief overview of numbers associated with various AAO-HNS advocacy programs (January 1–June 30, 2013).

**224** = Number of federal legislators (U.S. House and U.S. Senate) cosponsoring legislation to repeal the Independent Payment Advisory Board (IPAB). The AAO-HNS and others in the physician community continue to advocate for a "clean" vote on H.R. 351/S. 351.

**1,733** = Number of AAO-HNS members who receive timely Government Affairs-related updates via the ENT Advocacy Network. To sign up, email [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org).

**225** = Number of Capitol Hill meetings with key Members of Congress and/or their staff.

**26.5** = Percent cut to Medicare physician payments that was averted in January 2013. Efforts are underway to develop a legislative framework to permanently repeal the flawed SGR formula.

**40** = Percent increase in ENT PAC receipts in the first two quarters of 2013. To learn more about ENT PAC, visit [www.entpac.org](http://www.entpac.org) (log-in using your AAO-HNS user-ID and password).

**314** = Percent increase in the number of followers for Government Affairs social media tools, such as Twitter, Facebook, and LinkedIn.

**139.1** = Cost (in billions) to repeal the flawed Sustainable Growth Rate (SGR) formula. This latest estimate from the Congressional Budget Office (CBO) represents a drastic reduction compared to previous projections that SGR repeal would cost as much as \$300 billion.

**65** = Number of political events attended to strengthen and/or establish key relationships with Members of Congress and their staff.

**32** = Percent increase in ENT PAC Investors during the first two quarters of 2013.

**345** = Approximate number of tweets sent from @AAOHNSGovtAffrs this year.

## Coding Resources

The Academy Health Policy team reminds members that it offers a wealth of coding and practice management resources, which are available to you on our website. Resources include information related to common member inquiries such as requests for global periods, questions about changes to CPT codes, national reimbursement rates, payer denials, and more. Please note that as of July 30, 2013, the coding hotline will no longer be available through the Academy. Members can email [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org) with questions about existing, and future, resources that would be beneficial for ongoing training and education related to coding.

### Coding education

- AAO-HNS Coding and Reimbursement Workshops conducted by Karen Zupko & Associates. Workshops: [www.entnet.org/coding](http://www.entnet.org/coding)

### Coding guidance and detailed information about coding restrictions or changes to CPT codes

- CPT for ENT coding guidance articles: <http://bit.ly/CPT4ENT>
- Information on NCCI/MUE Edits: <http://bit.ly/ENTcoding>
- E/M Documentation guidelines: <http://bit.ly/EMguide>
- Code changes for CY 2013: <http://bit.ly/2013codes>
- Top 100 ENT billed services for CY 2013 (hospital outpatient and physician office settings): <http://bit.ly/top100codes>

### Assistance with payer appeals

- Template payer appeal letters for services commonly denied: <http://bit.ly/entappeals>

### Information and materials to support your practice in transitioning from ICD-9 to ICD-10 coding

- ICD-9/10 Information: <http://bit.ly/entICD10>

### Background on the AMA CPT® Editorial Panel and RUC Processes

- Information on the RUC and CPT process, including the Academy's New Technology Pathway process: <http://bit.ly/entcptrvu>

### Information on CMS quality initiatives and reporting programs

#### ■ PQRS:

- Information on PQRS: <http://bit.ly/entPQRS>
- PQRS Fact Sheet: <http://bit.ly/PQRSfacts>

#### ■ EHR Meaningful Use:

- Information on EHR Meaningful Use: <http://bit.ly/entEHR>
- EHR Meaningful Use Fact Sheet: <http://bit.ly/EHRfacts>

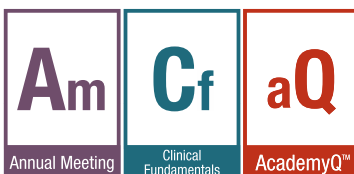
#### ■ E-Prescribing:

- Information on E-Prescribing: <http://bit.ly/entErX>
- E-Prescribing Fact Sheet: <http://bit.ly/eRxfacts>

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YOUR OTOLARYNGOLOGY EDUCATION SOURCE

## Education and Knowledge Resources for Certification/Recertification

| [www.entnet.org/moc](http://www.entnet.org/moc)



For More Information:  
[www.entnet.org/moc](http://www.entnet.org/moc)

### Questions?

Email: [education@entnet.org](mailto:education@entnet.org)  
Phone: 1-888-884-8242

### 2013 Annual Meeting & OTO EXPO<sup>SM</sup>

10 Clinical Fundamentals Instruction Courses.  
*Each satisfies ABOto Maintenance of Certification Part III.*

- 1610-1 Clinical Outcome Measures/Evidence Based Medicine
- 1710-1 Treatment of Anaphylaxis
- 2510-1 HIPAA: Updates and What it Means for You
- 2610-1 DVT: How, When, Why in Otolaryngology
- 2710-1 Integration of Quality and Safety into Otolaryngology
- 2810-1 Anesthesia Related Topics for Otolaryngologists
- 3510-1 Management of the Addicted Surgeon
- 3610-1 Ethics & Professionalism
- 3710-1 Pain Management in Head and Neck Surgery
- 3810-1 Universal Precautions for the Otolaryngologist

**Plus** 3511-3 A General Otolaryngology Review Course

### Online Courses

*Clinical Fundamentals:*  
Clinical Outcomes Measures/  
Evidence Based Medicine and  
Treatment of Anaphylaxis.  
Each satisfies ABOto Maintenance of Certification Part III.

### iOS mobile devices

*AcademyQ Knowledge Assessment app—*  
Hundreds of study questions  
to test your recall,  
interpretation, and  
problem solving skills.



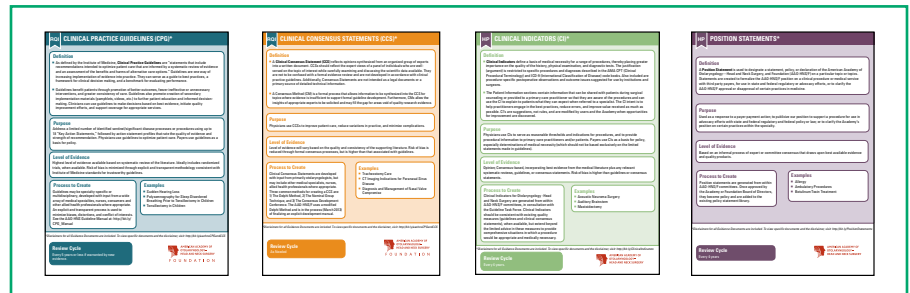
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HEAD AND NECK SURGERY

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care  
1650 Diagonal Road, Alexandria, Virginia 22314-2857 U.S.A.



## Academy Clarifies Role of AAO-HNS Guidance Documents


The May *Bulletin* highlighted the work the Ad Hoc Payment Model Workgroup has done thus far in 2013. One of the first tasks was the clarification of current Academy guidance documents available to members. Currently, the Academy produces quality knowledge products to aid members in achieving the highest standards of quality care, including Clinical Practice Guidelines and Clinical Consensus Statements. In addition, the Academy produces documents which are often utilized by payers in the development of coverage policies, such as Clinical Indicators and



Position Statements, which are monitored and updated as needed by the Academy Committees.

The Ad Hoc Workgroup and the Physician Payment Policy Workgroup (3P) have outlined how these documents

see the process of which is highlighted on pages 38-41

should be utilized and is proud to release this clarifying information in hopes of increasing the relevancy of these documents to members. 

## Mark Your Calendars: Health Policy Education Opportunities at 2013 Annual Meeting

During the 2013 AAO-HNSF Annual Meeting & OTO EXPO<sup>SM</sup> in Vancouver, British Columbia from September 29-October 2, the Physician Payment Policy (3P) Workgroup and AAO-HNS Health Policy team are proud to put together two miniseminars for attendees. These miniseminars are a must attend for any member, so mark your calendars.

### Alternative Payment Models and Academy Advocacy

Learn about the future direction of payment and importance of 3P and Academy's role in future directions of payment, and the importance of developing future payment models. Topics include updates on Accountable Care Organizations (ACOs) bundled payment and risk adjustment, and quality reporting initiatives. In addition, panel members will discuss Academy advocacy progress and accomplishments in the health policy realm, such as Wellpoint's revision of its coverage policy for tonsillectomy in children. By attending this miniseminar you will learn about current healthcare reform initiatives, new payment models, Academy efforts on Capitol Hill related to SGR repeal, the role of the BOG in development of


future payment strategies, measure development, regulation, and reporting.

### Pearls on How to Successfully Transition to ICD-10 Coding by 2014

Based on feedback from the Centers for Medicare & Medicaid Services (CMS) the implementation date for ICD-10 has been finalized as October 1, 2014. In light of this, the Academy has undertaken numerous efforts to aid Members in preparing for this transition. Prior efforts include the development of an ICD-10 Superbill, available on the Academy website: <http://bit.ly/entICD10>. In addition, the health policy team and 3P leaders are offering a 2013 miniseminar that will assist otolaryngologists in determining the impact the transition from the International Classification of Diseases 9th Version of diagnostic codes (ICD-9) to the 10th version (ICD-10) will have on their practice and other healthcare providers. The presentation will provide a timeline of essential activities for successful implementation. In this session the Academy will provide a third party payer perspective, a physician perspective, and an administrator perspective on ICD-10 and how practices and providers

can prepare to ensure a smooth transition. **This is the largest change to the healthcare system in our history and careful planning and action will be necessary in order to successfully implement ICD-10. The deadline for transitioning to ICD-10 is October 1, 2014** and it is anticipated to cause problems for unprepared physicians and practices. For physicians in private practice, it will be especially important to learn how you can successfully make this important administrative/coding transition.

In this miniseminar we will explore common implementation hurdles, outlining why it is important to get started now, and how physicians will be impacted by clinical documentation issues. Finally, we will review the most commonly billed ENT ICD-9 diagnosis codes and provide examples reflecting what they will look like in ICD-10-CM.

These and other miniseminars presented at the 2013 annual meeting are aimed at educating members on issues that affect everything from their practice to the specialty as a whole. For more information on these, and other seminars, check out the Academy's Annual Meeting & OTO EXPO website and preliminary program at [www.entannualmeeting.org](http://www.entannualmeeting.org). 

## Definition

- As defined by the Institute of Medicine, **Clinical Practice Guidelines** are “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.” Guidelines are one way of increasing implementation of evidence into practice. They can serve as a guide to best practices, a framework for clinical decision making, and a benchmark for evaluating performance.
- Guidelines benefit patients through promotion of better outcomes, fewer ineffective or unnecessary interventions, and greater consistency of care. Guidelines also promote creation of secondary implementation materials (pamphlets, videos, etc.) to further patient education and informed decision-making. Clinicians can use guidelines to make decisions based on best evidence, initiate quality improvement efforts, and support coverage for appropriate services.

## Purpose

Address a limited number of identified sentinel/significant disease processes or procedures using up to 18 “Key Action Statements,” followed by action statement profiles that rate the quality of evidence and strength of recommendation. Physicians use guidelines to optimize patient care. Payers use guidelines as a basis for policy.

## Level of Evidence

Highest level of evidence available based on systematic review of the literature. Ideally includes randomized trials, when available. Risk of bias is minimized through explicit and transparent methodology consistent with Institute of Medicine standards for trustworthy guidelines.

## Process to Create

Guidelines may be specialty-specific or multidisciplinary, developed with input from a wide array of medical specialties, nurses, consumers and other allied health professionals where appropriate. An explicit and transparent process is used to minimize biases, distortions, and conflict of interests. See the AAO-HNS Guideline Manual at: [http://bit.ly/CPG\\_Manual](http://bit.ly/CPG_Manual)

## Examples

- Sudden Hearing Loss
- Polysomnography for Sleep Disordered Breathing Prior to Tonsillectomy in Children
- Tonsillectomy in Children

## Review Cycle

Every 5 years or less if warranted by new evidence.

*\*Disclaimers for all Guidance Documents are included. To view specific documents and the disclaimer, visit: <http://bit.ly/aaohnsCPGandCCS>*



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## Definition

- A **Clinical Consensus Statement (CCS)** reflects opinions synthesized from an organized group of experts into a written document. CCSs should reflect the expert views of a panel of individuals who are well-versed on the topic of interest while carefully examining and discussing the scientific data available. They are not to be confused with a formal evidence review and are not developed in accordance with clinical practice guidelines. Additionally, Consensus Statements are not intended as a legal documents or a primary source of detailed technical information.
- A Consensus Method (CM) is a formal process that allows information to be synthesized into the CCS for topics where evidence is insufficient to support formal guideline development. Furthermore, CMs allow the insights of appropriate experts to be solicited and may fill the gap for areas void of quality research evidence.

## Purpose

Physicians use CCSs to improve patient care, reduce variations in practice, and minimize complications.

## Level of Evidence

Level of evidence will vary based on the quality and consistency of the supporting literature. Risk of bias is reduced through formal consensus processes, but is higher than that associated with guidelines.

## Process to Create

Clinical Consensus Statements are developed with input from primarily otolaryngologists, but may include other medical specialists, nurses, allied health professionals where appropriate. Three common methods for creating a CCS are: 1) The Delphi Method, 2) The Nominal Group Technique, and 3) The Consensus Development Conference. The AAO-HNS/F uses a modified Delphi Method and is in the process (March 2013) of finalizing an explicit development manual.

## Examples

- Tracheostomy Care
- CT Imaging Indications for Paranasal Sinus Disease
- Diagnosis and Management of Nasal Valve Compromise

*\*Disclaimers for all Guidance Documents are included. To view specific documents and the disclaimer, visit: <http://bit.ly/aaohnsCPGandCCS>*

## Review Cycle

As Needed



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## Definition

- **Clinical Indicators** define a basis of medical necessity for a range of procedures, thereby placing greater importance on the quality of the history, physical examination, and diagnostic tests. The justification (argument) is restricted to specific procedures and diagnoses described in the AMA CPT (Clinical Procedural Terminology) and ICD-9 (International Classification of Disease) code books. Also included are procedure-specific postoperative observations and outcome issues suggested for use by institutions and surgeons.
- The Patient Information sections contain information that can be shared with patients during surgical counseling or provided to a primary care practitioner so that they are aware of the procedures and can use the CI to explain to patients what they can expect when referred to a specialist. The CI intent is to help practitioners engage in the best practices, reduce errors, and improve value received as much as possible. CI's are suggestions, not rules, and are modified by users and the Academy when opportunities for improvement are discovered.

## Purpose

Physicians use CIs to serve as reasonable thresholds and indications for procedures, and to provide procedural information to primary care practitioners and/or patients. Payers use CIs as a basis for policy, especially determinations of medical necessity (which should not be based exclusively on the limited statements made in guidelines).

## Level of Evidence

Opinion; Consensus-based, incorporating best evidence from the medical literature plus any relevant systematic reviews, guidelines, or consensus statements. Risk of bias is higher than guidelines or consensus statements.

## Process to Create

Clinical Indicators for Otolaryngology -Head and Neck Surgery are generated from within AAO-HNS/F committees, in consultation with the Guideline Task Force. Clinical Indicators should be consistent with existing quality measures (guidelines and clinical consensus statements), when available, but extend beyond the limited advice in these measures to provide comprehensive situations in which a procedure would be appropriate and medically necessary.

## Examples

- Acoustic Neuroma Surgery
- Auditory Brainstem
- Mastoidectomy

*\*Disclaimers for all Guidance Documents are included. To view specific documents and the disclaimer, visit: <http://bit.ly/ClinicalIndicators>*

## Review Cycle

Every 4 years.



AMERICAN ACADEMY OF  
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## Definition

A **Position Statement** is used to designate a statement, policy, or declaration of the American Academy of Otolaryngology—Head and Neck Surgery, and Foundation (AAO-HNS/F) on a particular topic or topics. Statements are created to formalize the AAO-HNS/F position on a clinical procedure or medical service with third party payers, for use in state and federal regulatory or advocacy efforts, or to clarify the AAO-HNS/F approval or disapproval of certain practices in medicine.

## Purpose

Used as a response to a payer payment action; to publicize our position to support a procedure for use in advocacy efforts with state and federal regulatory and federal policy or law; or to clarify the Academy's position on certain practices within the specialty.

## Level of Evidence

Based on an informal process of expert or committee consensus that draws upon best available evidence and quality products.

## Process to Create

Position statements are generated from within AAO-HNS/F committees. Once approved by the Academy or Foundation Board of Directors, they become policy and are added to the existing policy statement library.

## Examples

- Allergy
- Ambulatory Procedures
- Botulinum Toxin Treatment

*\*Disclaimers for all Guidance Documents are included. To view specific documents and the disclaimer, visit: <http://bit.ly/PositionStatements>*

## Review Cycle

Every 4 years



AMERICAN ACADEMY OF  
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## Basic & Translational Miniprogram and Neel Lecture Focus on Laryngology/Broncho-Esophagology

**Monday, September 30**

**8:00 am–11:50 am, East Ballroom A**

Joel H. Blumin, MD, developed the 2013 AAO-HNSF Basic & Translational Research mini-program with the assistance of **Clark A. Rosen, MD**, chair, Voice Committee, and **Milan R. Amin, MD**, chair, Airway and Swallowing Committee.

The guest speakers are leaders in the field of Laryngology/Broncho-Esophagology. The 2013 Neel Distinguished Research Lecturer, **Martin A. Birchall, MD, FRCS**, was selected to complement these miniseminars.

- Miniseminar: Reflux—Pathophysiology to Management
- Miniseminar: Airway—Advances in Management
- Miniseminar: Voice—From Cells to Song
- Miniseminar: Dysphagia—From Science to Clinical Practice



**Tuesday, October 1**

**9:30 am–10:30 am, East Ballroom B**  
**Neel Distinguished Research**  
**Lectureship**

**Martin A. Birchall, MD, FRCS, FMedSci**

Dr. Birchall's research revolves around restoration of laryngeal function and understanding of laryngeal inflammation.

In 2008, he was co-leader of the team that performed the world's first stem cell-based organ transplant, an airway in a 30-year-old woman. In 2010, the team replaced the entire trachea in an 11-year-old boy at Great Ormond Street Hospital

for Children, London. In October 2010, Dr. Birchall was part of the multinational surgical team at UC Davis that performed the world's second documented (and first functionally reinnervated) laryngeal transplant, with the recipient now talking and swallowing. Dr. Birchall runs a research program looking at ways of applying stem cells and tissue engineering to disorders of the head and neck, airways, and esophagus. Clinically, he specializes in voice and swallowing disorders, as one of four internationally renowned laryngologists at the Royal National Throat Nose and Ear Hospital/Ear Institute. Dr. Birchall was Morgan Stanley/*Daily Telegraph* Briton of the Year in 2008 (Science and Technology) and was the first ENT surgeon to be elected to the Academy of Medical Sciences in 2010.

## Coming Soon!

**To be submitted for presentation at next year's AAO-HNSF Annual Meeting & OTO EXPO<sup>SM</sup>**

**UPDATE!** Clinical Practice Guideline:  
**Acute Otitis Externa**

**UPDATE!** Clinical Practice Guideline:  
**Adult Sinusitis**

**NEW!** Clinical Practice Guideline:  
**Tinnitus**

**NEW!** Clinical Consensus Statement:  
**Chronic & Recurrent Pediatric Sinusitis**

**NEW!** Clinical Practice Guideline:  
**Allergic Rhinitis**



## Clinical Practice Guidelines Presentation during Annual Meeting

### Sunday, September 29 - NEW

**10:30 am-11:50 am**

Miniseminar: AAO-HNSF Clinical Practice Guideline: Bell's Palsy  
Moderator: Reginald F Baugh, MD  
Presenters: Gregory J. Basura, MD, PhD; Lisa Ishii, MD, MHS;  
Seth R. Schwartz, MD, MPH  
Room: West 304-305

**10:30 am-11:50 am**

Miniseminar: Pediatric OSAS: Guidelines, Evidence, and Nuance  
Moderator: Pell Wardrop  
Presenters: Scott Brietzke, Steve Maturo, MD, Stacey L.  
Ishman, MD, Ron B. Mitchell, MD  
Room: West 220

**3:00 pm-4:00 pm**

Instruction Course: How to Interpret and Prepare a High-Quality Systematic Review  
Instructors: Martin J. Burton, MD, Richard M. Rosenfeld, MD, MPH  
Room: West 205

### Monday, September 30 - NEW

**8:00 am-9:20 am**

Miniseminar: AAO-HNS Clinical Practice Guideline on Tympanostomy Tubes  
Moderator: Richard M. Rosenfeld, MD, MPH  
Presenters: Melissa Pynnonen, MD, MS; David E Tunkel, MD; Seth R. Schwartz, MD, MPH  
Room: West 301

### Tuesday, October 1 - NEW

**3:00 pm-4:00 pm**

Instruction Course: Review of Pediatric Polysomnography Guideline  
Instructor: Norman R. Friedman, MD  
Room: West Ballroom C

### Wednesday, October 2

**1:45 pm-2:45 pm**

Instruction Course: Understanding Clinical Practice Guidelines  
Instructor: Richard M. Rosenfeld, MD, MPH, Stephanie Jones  
Room: West Ballroom A



*You're invited...*



# SISSON SYMPOSIUM

## Review Course for Residents & Fellows

Saturday, September 28, 2013, 11:30 am - 5:30 pm • Vancouver Convention Centre Room 220

*Presented prior to the 2013 AAO-HNSF Annual Meeting and OTO EXPO<sup>SM</sup>*

This course is **FREE** for Residents and Fellows, and a complimentary lunch is provided.

IMPORTANT: RSVPs are required. To register for this event, please go to [www.research.net/s/SissonSymposium2013](http://www.research.net/s/SissonSymposium2013).


### COURSE OUTLINE \*Faculty list is subject to change

11:30 am	<b>Lunch &amp; Welcome</b> – David Goldenberg, MD & Karen Pitman, MD	2:30 pm	<b>Thyroid Surgery</b> – Ashok Shaha, MD
11:45 am	<b>Oral Cancer</b> – Cecelia Schmalbach, MD	2:55 pm	<b>Salivary Gland Neoplasm</b> – Dan Deschler, MD
12:10 pm	<b>Laryngeal Cancer</b> – Jonas Johnson, MD	3:20 pm	<b>Sino Nasal / Skull Base</b> – Michael Kupferman, MD
12:35 pm	<b>Pharyngeal Cancer and HPV</b> – Jason Newman, MD	3:45 pm	<b>Trans Oral Laser Surgery for Head &amp; Neck Cancer</b> – Bruce Haughey, MD
1:00 pm	<b>Skin Cancer / Melanoma</b> – Carol Bradford, MD	4:10 pm	<b>Trans Oral Robotic Surgery</b> – Floyd "Chris" Holsinger, MD
1:25 pm	<b>Neck Dissection / Staging</b> – Jesus Medina, MD	4:35 pm	<b>Head &amp; Neck Reconstructive Surgery</b> – Kelly Malloy, MD
1:50 pm	<b>Parathyroid Surgery</b> – David Goldenberg, MD	5:00 pm	<b>Information of Fellowship opportunities</b> – Bill Lydiatt, MD
2:10 pm	<b>Break</b>	5:30 pm	<b>Adjourn</b>

For more information, email [erind@ahns.info](mailto:erind@ahns.info).

## Cochrane Scholars: Learn How to Write a Systematic Review

For the eighth year, the AAO-HNS/F leadership and SAGE, publisher of *Otolaryngology—Head and Neck Surgery*, offered four travel grants for AAO-HNS members to attend the Annual Cochrane Colloquium, featuring a full scientific program plus about 60 training and discussion workshops related to systematic reviews. More than fourteen grants have been awarded since 2006, and these recipients have written systematic reviews on a wide variety of topics, all of which help people to make evidence-informed decisions about their healthcare.

Systematic reviews have a high citation impact, and serve as the foundation for evidence-based clinical practice guidelines, clinical performance measures, and maintenance of specialty certification. This program was developed to foster AAO-HNS member involvement in systematic reviews. 

### Congratulations to the 2013 Cochrane Scholars

Awarded \$2,500 travel grants to attend the 2013 Cochrane Colloquium, September 19 -23 in Quebec City, Canada.



Adam Mikial Zanation, MD  
University of North Carolina



Jason L. Acevedo, MD  
Reynolds Army Community Hospital



Macario Camacho, MD  
Stanford University



Vikas Mehta, MD  
LSU Health Science Center

### Apply to become a 2014 Cochrane Scholar

Meeting Location: Oxford, United Kingdom  
Meeting Dates: July 7-8, 2014  
(Four travel grants available)

To learn more about how to apply, visit <http://www.entnet.org/EducationAndResearch/Cochrane.cfm>.

Residents are not eligible to apply and past/current G-I-N Scholars are not eligible to apply.



**JOIN US IN**  
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**CANADA**

for the **AAO-HNSF 2013 ANNUAL MEETING & OTO EXPO<sup>SM</sup>**  
**SEPTEMBER 29 – OCTOBER 2, 2013**  
Advance Registration & Housing  
**Register by August 23, 2013 to Save!**



**AMERICAN ACADEMY OF OTOLARYNGOLOGY—HEAD AND NECK SURGERY FOUNDATION**

## Why Attend?

- Learn**  
More than 500 experts lead education sessions to attend while earning up to 27.5 CME credit hours. This year's program offers the latest evidence based information and updates on practical applications affecting operative procedures, drugs and medical devices.
- Connect**  
Network with peers from all over the globe at receptions and events occurring each day.
- Explore**  
The OTO EXPO<sup>SM</sup> features products and services that will help you provide the best patient care.
- Experience**  
Create an experience that will be memorable for generations. With its breathtaking landscape and abundant activities to enjoy, Vancouver, BC is the ideal location to visit and experience everything the AAO-HNSF has to offer.


[www.entnet.org/annual\\_meeting](http://www.entnet.org/annual_meeting)

EMPOWERING PHYSICIANS TO DELIVER THE BEST PATIENT CARE

## Get Involved with Guidelines

### The AAO-HNSF has launched a Guidelines International Network (G-I-N) Scholars Program

G-I-N Scholars, selected on their qualifications, experience, interest, and engagement in clinical practice guideline development, receive travel grants to attend training and educational sessions at an annual G-I-N meeting.

In exchange for receiving a G-I-N travel grant, recipients agree to serve on an upcoming AAO-HNS clinical practice guideline panel. Recipients will serve as either a panel member or as assistant chair if he or she has prior guideline experience. Recipients are also expected to submit a commentary to *Otolaryngology–Head and Neck Surgery* on any aspect of the guideline (e.g., development, dissemination, adaptation, implementation). 

### Congratulations to the 2013 G-I-N Scholars

Awarded \$2,500 travel grants to attend the 2013 G-I-N Conference in San Francisco, CA.



Scott E. Brietzke, MD, MPH  
Walter Reed Army Medical Center



Benjamin R. Roman, MD  
University of Pennsylvania



Richard K. Gurgel, MD  
University of Utah



Jennifer J. Shin, MD, SM  
Massachusetts Eye & Ear Infirmary

### Apply to be a 2014 Guideline International Network Scholar

Meeting Location: Melbourne, Australia

Meeting Dates: August 20-23, 2014  
(Two travel grants available)

To learn more about how to apply, visit [http://www.entnet.org/Community/G-I-N\\_Scholars.cfm](http://www.entnet.org/Community/G-I-N_Scholars.cfm).

Residents are not eligible to apply and starting 2013 past/current Cochrane Scholars are not eligible to apply.

## Bulletin Content AT YOUR FINGERTIPS



AMERICAN ACADEMY OF  
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Read the *Bulletin*  
online or on your  
mobile device at:



[www.entnet.org/educationandresearch/bulletin.cfm](http://www.entnet.org/educationandresearch/bulletin.cfm)



## Education Product Abound at the AcademyU® Learning Station Demonstration

The 2013 Annual Meeting and OTO EXPO<sup>SM</sup> is the world's best gathering of otolaryngologists, together with the world's largest collection of products and services for the specialty. In keeping with this tradition, many of the education products offered through AcademyU® will be on display at the AcademyU® Learning Station.

AcademyU®, the Foundation's comprehensive otolaryngology education source, contains hundreds of learning options presented in a variety of formats to complement different learning styles. Developed by leading expert volunteers, the materials are designed to deliver relevant education that is meaningful to your practice. The education resources are divided into five platforms: Knowledge Resources, Subscriptions, Live Events, eBooks, and Online Education.

In this article, we will explore some of the various education resources that will be demonstrated at the Vancouver Convention Center by the knowledgeable Academy staff.

Need help downloading the Academy's apps? Visit the AcademyU® Learning Station for expert advice.

The AcademyU® Learning Station will demonstrate AcademyQ: Otolaryngology Knowledge Assessment Tool<sup>TM</sup>. The award-winning app was developed by nationally recognized otolaryngology-head and neck surgery experts and offers otolaryngology-head and neck surgeons the opportunity to review information they need to prepare for certification examinations. More than 400 questions are presented in




eight specialty sections. Every question is accompanied by an explanation of the correct answer with references for further study. The user can highlight text, mark questions for future review, and record audio and text notes.

Also on display will be our library of more than 100 online courses and lectures covering all aspects of the specialty. Online courses are self-paced learning activities developed through the AAO-HNSF education committees. Online lectures are based on the annual meeting instruction courses of the same name. Each lecture provides the highlights of these key sessions. Online courses and lectures can be taken to earn *AMA PRA Category 1 Credit*<sup>TM</sup> and are available at no charge to all Academy members.

Six eBooks will be available for review. These include the *Resident Manual of Trauma to the Face, Head, and Neck* and *Primary Care Otolaryngology*, 3rd edition. All eBooks are available for free download on the website and can be viewed in PDF form on most computers and mobile devices.

The ENT Exam Video Series<sup>SM</sup>, designed for medical students, residents, non-otolaryngologist health professionals and staff, will also be on display at the Learning Center. The series depicts how to perform a thorough examination of the ear, oral cavity, face, nose, neck, nasopharynx, and larynx. Images and video of normal anatomy, normal variances, and common abnormalities have been added to

enhance the learning experience. The ENT Exam Video Series<sup>SM</sup> is hosted on the official AAO-HNS YouTube page and is linked to the AcademyU® homepage.

The Academy staff onsite will be able to give attendees information about and opportunities to subscribe to all the various education products offered through AcademyU®, including Home Study Course, Patient Management Perspectives in Otolaryngology<sup>SM</sup> (PMP), COOL<sup>SM</sup>, and others. For a complete listing of all AcademyU® education resources visit [www.entnet.org/academyu](http://www.entnet.org/academyu). 

### Academic Bowl Teams Selected

Congratulations to the four residency programs selected to compete in the 7th Annual AAO-HNSF Academic Bowl at the 2013 Annual Meeting & OTO EXPO<sup>SM</sup> in Vancouver, BC, Canada at 10:30 am on Sunday, September 29.

- Geisinger Health System
- University of Michigan
- University of Missouri-Columbia
- Northwestern University

Programs were selected based on Home Study Course participation. The winning team receives a two-year subscription to the Home Study Course for up to 10 of its residents.

## University of Colorado Middle Ear Reconstruction Hands-On Workshop November 1 - 2, 2013

### SPEAKERS

Course Director: **Stephen Cass, MD**, Professor of Otolaryngology, University of Colorado  
Visiting Faculty: **Goesta Schimanski, MD**, Luenen Germany

### DESCRIPTION

This workshop is intended for practicing ear surgeons interested in gaining a better understanding of optimal Tympanic Membrane (TM) reconstruction and prosthesis placement based on principles of middle ear mechanics. Participants will have the opportunity to improve the quality and surgical efficiency of ossiculoplasty and stapes surgery by practicing with both fresh temporal bones and the new Dresden Tympanoplasty Model.

### PRACTICAL INFORMATION

Registration Fee: \$500

Location: University of Colorado Anschutz Medical Campus, Denver, Colorado

Registration: <https://www.regonline.com/ENTworkshop2>

CME Credits: CME pending submission



University of Colorado | Anschutz Medical Campus | Center for Surgical Innovation | [www.ucdenver.edu/csi](http://www.ucdenver.edu/csi)

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## UCSF OTOLARYNGOLOGY UPDATE: 2013

**November 7-9, 2013**

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- Nationally Renown Leaders and Educators
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INFORMATION AND REGISTRATION: [www.ucsf.cme.edu](http://www.ucsf.cme.edu)  
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Weill Cornell Medical College

NewYork-Presbyterian  
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**October 24-25, 2013**

2-day Comprehensive Otolaryngology Course

### Course Co-Directors

**Michael G. Stewart, MD**

Professor and Chairman  
Department of Otolaryngology-  
Head & Neck Surgery  
Weill Cornell Medical College

**Samuel H. Selesnick, MD**

Professor and Vice-Chairman  
Department of Otolaryngology-  
Head & Neck Surgery  
Weill Cornell Medical College

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Register Online:  
<http://nyp.org/otocme>

7th Annual Symposium

## Otolaryngology Update in NYC

### Course Description

This 2-day course will provide the practicing Otolaryngologist-Head and Neck Surgeon with an update on the latest diagnostic and therapeutic techniques, including surgical management for the following subspecialties:

- Otology/Neurotology
- Rhinology and Sinus Surgery
- General Otolaryngology
- Laryngology and Dysphagia
- Head and Neck Surgery
- Pediatric Otolaryngology
- Facial Plastic and Reconstructive Surgery

### Course Information

Jessica Grajales, CME Coordinator  
tel: 212-585-6800 • fax: 212-297-5569  
email: [nypcme@nyp.org](mailto:nypcme@nyp.org)

### Hotel Location

Westin New York at Times Square  
270 West 43rd Street (between 7th & 8th Avenues)  
New York, NY 10036

# Meet Us in Vancouver!

If you are a senior resident, fellow or practicing otolaryngologist interested in joining the Faculty or Staff of the world-famous New York Eye and Ear Infirmary, you may need to travel no further than mere blocks from the convention hall at the AAO-HNS annual meeting in Vancouver.

The New York Eye and Ear Infirmary is hosting two informal evenings in which to meet and network with its medical leaders and senior management as well as potential professional colleagues.

**Monday, September 30 and Tuesday, October 1, 2013**

**5:30 – 7:30 PM each evening**

**Cocktails and hors d'oeuvres in one of the city's premiere facilities.**

**To learn more about any of the positions described below, and to RSVP to the NYEE Hospitality Evenings, please contact: Dan Mui at 212-979-4225 or email [dmui@nyee.edu](mailto:dmui@nyee.edu).**

## Seeking board certified, fellowship trained Pediatric Otolaryngologist

The Department of Otolaryngology/Head & Neck Surgery at The New York Eye and Ear Infirmary has a faculty position available for fellowship trained pediatric otolaryngologist. Build tertiary level pediatric practice in state-of-the-art settings at NYEE as well as physician satellite offices in multiple geographic areas throughout the New York metro area.

Joseph M. Bernstein, MD, Director  
Division of Pediatric Otolaryngology  
The New York Eye and Ear Infirmary  
Continuum Otolaryngology Service Line  
Phone: 212-979-4071  
Email: [jbernstein@nyee.edu](mailto:jbernstein@nyee.edu)

## Opportunities for Otolaryngologists

The New York Eye and Ear Infirmary Department of Otolaryngology/Head & Neck Surgery has ongoing positions for US Board Certified or Board Eligible General Otolaryngologists in state-of-the-art practice settings at multiple locations throughout New York City and the New York-New Jersey metropolitan area.

Send CV to:

Dan Mui, Department Administrator  
The New York Eye and Ear Infirmary  
310 East 14th Street  
New York, NY 10003  
Phone: 212-979-4225  
Email: [dmui@nyee.edu](mailto:dmui@nyee.edu)

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Pittsburgh Ear Research Foundation  
Division of Otolaryngology and Neurotology  
Allegheny General Hospital  
Pittsburgh, Pennsylvania

presents

## Temporal Bone Microanatomy and Hands-On Dissection Workshop

October 25-26, 2013

This workshop is intended for otolaryngologists interested in the most recent development in temporal bone surgical techniques.

Registration Fee: \$425

Location: Allegheny General Hospital  
Pittsburgh, Pennsylvania

Course Co-Directors: Douglas A. Chen, MD, FACS  
Todd A. Hillman, MD

For additional information, please contact Allegheny General Hospital, Continuing Medical Education, by e-mail at [tcochran@wpahs.org](mailto:tcochran@wpahs.org), by phone at (412) 359-4952 or by fax (412) 359-8218. To download a brochure or register online, please visit our Web site at [aghcme.org](http://aghcme.org).

DEPARTMENT OF OTORHINOLARYNGOLOGY  
UNIVERSITY OF OKLAHOMA  
HEALTH SCIENCES CENTER

POSITION: HEAD & NECK SURGICAL ONCOLOGY  
DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otolaryngologist at the Assistant or Associate Professor level. Specific expertise is required in head and neck surgical oncology.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.

Responsibilities will include program development and patient care, resident and medical student education, and research.

Letters of interest with accompanying CV should be directed to: Greg A. Krempel, M.D., F.A.C.S., Department of Otorhinolaryngology, P.O. Box 26901, Williams Pavilion 1290, Oklahoma City, OK 73126-0901. The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer.

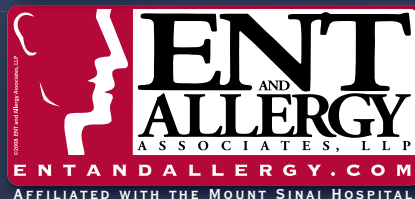
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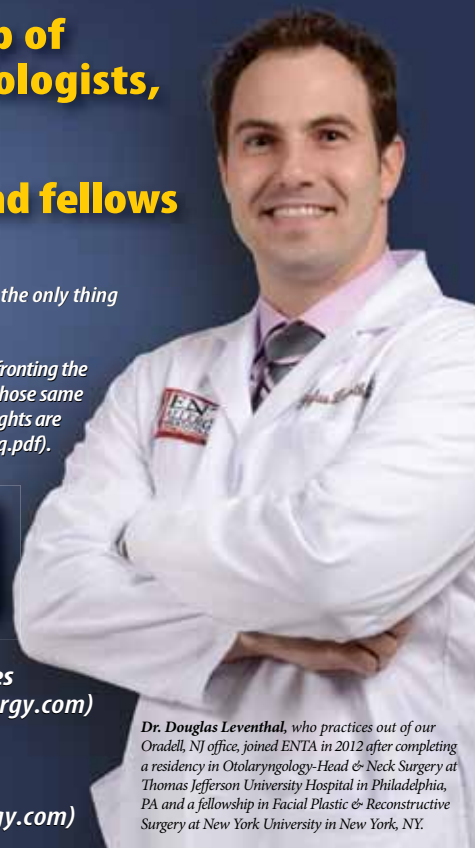
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President, ENT and Allergy Associates  
(914-333 5809/[weisman@entandallergy.com](mailto:weisman@entandallergy.com))

**Bob Glazer**  
CEO, ENT and Allergy Associates  
(914-490-8880/[rglazer@entandallergy.com](mailto:rglazer@entandallergy.com))

*Dr. Douglas Leventhal, who practices out of our Oradell, NJ office, joined ENT in 2012 after completing a residency in Otolaryngology-Head & Neck Surgery at Thomas Jefferson University Hospital in Philadelphia, PA and a fellowship in Facial Plastic & Reconstructive Surgery at New York University in New York, NY.*





### Head and Neck Oncology Surgeon/Scientist

University of Utah Otolaryngology—Head & Neck Surgery seeks BC/BE faculty with fellowship training in head and neck oncology. This is a full-time tenure track position at the Assistant or Associate Professor level. Must have MD PhD, additional research training (T-32) or competitive, extramural funding. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available immediately.

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

#### **Applicants must apply at:**

<http://utah.peopleadmin.com/postings/19713>

#### **For additional information, contact:**

Clough Shelton, MD, FACS, Professor and Chief  
University of Utah School of Medicine  
50 North Medical Drive 3C120  
Salt Lake City, Utah 84132  
Phone: (801) 585-1626  
Fax: (801) 585-5744  
E-mail: [inga.journey@hsc.utah.edu](mailto:inga.journey@hsc.utah.edu)

### DEPARTMENT OF OTORHINOLARYNGOLOGY UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

POSITION AVAILABLE: LARYNGOLOGIST  
DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otolaryngologist at the Assistant or Associate Professor level. Specific expertise is required in laryngology.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.

Responsibilities will include program development and patient care, resident and medical student education, and research.

Letters of interest with accompanying CV should be directed to: Greg A. Kreml, M.D., F.A.C.S., Attn: Nancy Geiger, Department of Otorhinolaryngology, P.O. Box 26901, Williams Pavilion 1290, Oklahoma City, OK 73126-0901 or via e-mail to [nancy-geiger@ouhsc.edu](mailto:nancy-geiger@ouhsc.edu). The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer.

### Pediatric Otolaryngologist Faculty Advertisement

The Department of Otolaryngology - Head and Neck Surgery at Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care and service is currently seeking applications for a Fellowship Trained Pediatric Otolaryngologist. The position is based at the Sisters of St. Mary Cardinal Glennon Children's Medical Center. Appointment in Pediatric Otolaryngology is available at the level of Assistant/Associate Professor. Candidates must be Board Certified in Otolaryngology - Head and Neck Surgery.

SSM Cardinal Glennon Children's Medical Center is a 160-bed free-standing hospital located in midtown Saint Louis, adjacent to Saint Louis University and Saint Louis University Hospital. The Hospital serves a diverse population from the inner city, the metropolitan area and a 200-mile referral radius. St. Louis is an urban center with a population of 2½ million and ample cultural, sports and entertainment opportunities.

Interested candidates must submit a cover letter, application and current curriculum vitae to: <https://jobs.slu.edu>. Review of applications begins immediately and continues until the position is filled. For further information contact:

Mark A Varvares, M.D., Chairman  
Department of Otolaryngology – Head and Neck Surgery  
Saint Louis University School of Medicine  
3635 Vista at Grand Boulevard  
6th fl, FDT  
St. Louis, MO 63110-0360  
[varvares@slu.edu](mailto:varvares@slu.edu)

*Saint Louis University is an affirmative action, equal opportunity employer and encourages nominations and applications of women and minorities.*



### OTOLARYNGOLOGIST LOWELL, MASSACHUSETTS

Circle Health has an excellent opportunity for an Otolaryngologist to join a growing physician group. Full ENT services provided in a state-of-the-art office with ultrasound, three FT audiologists and an SLP on site. Practice is located 40 minutes northwest of Boston near arts and entertainment of Lowell and top public/private schools of Massachusetts.

Circle Health is the parent organization of Lowell General Hospital. With two hospital campuses in Lowell, Lowell General is the second largest community hospital in Massachusetts and has been named a Boston Business Journal's Best Place to Work for the past four years. Lowell General recently opened a new six-story building at its main campus, which includes a new Surgical Day Care Unit with 26 bays, three new operating rooms, 72 new private inpatient rooms, a new outpatient service area and a new Emergency Department and Level III Trauma Center.

Position offers a competitive salary and comprehensive benefits package.

Forward CV to Marcy Chant, Physician Recruiter  
(978) 788-7416 phone • (978) 788-7977 fax  
[marcy.chant@lowellgeneral.org](mailto:marcy.chant@lowellgeneral.org)

[www.circle-health.org](http://www.circle-health.org) • [www.lowellgeneral.org](http://www.lowellgeneral.org)

## Southern New England Connecticut

### Otolaryngologist/Subspecialty Interests Welcome

**ProHealth Physicians is currently seeking an Otolaryngologist to join an established ENT practice in Bristol, Connecticut.**

Bristol is the home to ESPN and is a suburban community conveniently located 30 minutes from the cities of Hartford/New Haven CT and halfway between New York City and Boston Massachusetts (2 hours to either city). The surrounding area has excellent school systems and ample recreational opportunities.

Currently the group has 4 ENT physicians including subspecialists in rhinology and otology. Interest is in a comprehensive otolaryngologist, but complementary subspecialty interests are welcomed. Excellent compensation and benefits package offerings.

**Forward CV to Debra Colaci**  
ProHealth Physician Recruiting  
860-284-5333 (Fax)  
[dcolaci@prohealthmd.com](mailto:dcolaci@prohealthmd.com)



**www.ProHealthMD.com**



**The Department of Otolaryngology/Head & Neck Surgery at West Virginia University** is seeking a general otolaryngologist to join a thriving academic practice in the summer of 2014 or sooner. Applicants must be board certified/eligible by the American Board of Otolaryngology. Responsibilities include teaching of residents and medical students, patient care and clinical/basic research.

The department currently has ten physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD members.

With a metro area population of over 115,000, Morgantown, WV, is consistently rated as one of the best small cities in the U.S., with affordable housing, excellent schools, a picturesque countryside, many outdoor recreational activities, and close proximity to major cities, such as Pittsburgh, PA, and Washington, DC.

**The position will remain opened until filled. For more information please contact:**

Laura Blake  
Director, Physician Recruitment  
[blakel@wvuhealthcare.com](mailto:blakel@wvuhealthcare.com)  
Fax: 304.293.0230

<http://www.hsc.wvu.edu/som/otolaryngology/>

*West Virginia University is an AA/EEO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.*

## THE UNIVERSITY OF NEW MEXICO

### Department of Surgery, Division of Pediatric Otolaryngology

The Department of Surgery, Division of Otolaryngology, at the University of New Mexico, is seeking applications for a pediatric otolaryngologist trained in all aspects of Pediatric Otolaryngology surgery. This position will be recruited at the Assistant/Associate Professor level. Research opportunities are available if desired, and clinical research opportunities are readily available. Appointment and salary will be commensurate with level of experience.

The successful candidate will participate in an active Pediatric Otolaryngology practice, as well as provide resident teaching rounds, medical student teaching and participation at local and national conferences. It is an excellent opportunity for a pediatric otolaryngologist interested in academic achievements and good clinical experience. An excellent compensation package is provided.

**Minimum Qualifications:** Medical doctor who is board certified/eligible in Otolaryngology-Head and Neck Surgery, eligible for licensure in New Mexico, and eligible to work in the U.S.

**Preferred Qualifications:** Academic/clinical experience and completed fellowship in Pediatric Otolaryngology, or completing a fellowship in the next twelve months.

Interested applicants must apply for this position via UNMJobs website, <https://unmjobs.unm.edu/applicants/jsp/shared/frameset/Frameset.jsp?time=1345672123192>, Posting # (to be provided). Please attach electronic copies of the CV, letter of interest, and three professional references to your application:

This position will remain open until filled; however, for best consideration, application materials should be received by August 1, 2013. For further information, interested applicants should contact Erica Bennett, M.D., at [EBennett@salud.unm.edu](mailto:EBennett@salud.unm.edu).

*The UNM School of Medicine is an Equal Opportunity/Affirmative Action Employer and Educator. This position may be subject to criminal records screening in accordance with New Mexico state law. J1 Visas are not eligible for this opportunity. UNM's confidentiality policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at <http://www.unm.edu/~brpm/r67.htm>*





### The Department of Otolaryngology and Communication Sciences at the Medical College of Wisconsin

Is currently seeking to hire the following full-time positions:

#### NEURO-OTOLOGIST / OTOLOGIST

MCW is seeking a full time Board eligible or certified neuro-otologist / otologist with special interest in clinical outcomes research and/or clinical quality. Academic rank will be commensurate with experience. Position will be based at the adult teaching hospital, Froedtert Hospital but will also have responsibilities at The Zablocki Veterans Affairs Medical Center and The Children's Hospital of Wisconsin. The successful candidate must be eligible for licensure in the State of Wisconsin.

#### GENERAL OTOLARYNGOLOGIST

MCW is seeking a full time Board eligible or certified general otolaryngologist at the Assistant or Associate Professor level. Interest in sleep medicine/surgery will be given special consideration. The successful candidate must be eligible for Wisconsin licensure and will practice at Froedtert Hospital, Children's Hospital of Wisconsin and affiliated off campus sites.

For more information or to apply to this position, please contact:

**John S. Rhee, MD, MPH**  
Professor and Chair  
Department of  
Otolaryngology and  
Communication Sciences  
Medical College of  
Wisconsin  
9200 W Wisconsin Ave  
Milwaukee, WI 53226  
(414) 805-5227 (office)  
[jrhee@mcw.edu](mailto:jrhee@mcw.edu)

MCW is an Equal  
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### University of Missouri

Department of Otolaryngology—  
Head and Neck Surgery



Seeks clinicians, teachers, and researchers who are personable, energetic and innovative to join a rapidly growing and collaborative group of physicians. A Faculty opportunity at all academic levels (Assistant/Associate Professor or Professor or Clinical Assistant/Associate Professor or Clinical Professor) is available in **Head and Neck Surgical Oncology with microvascular experience**. Title, track, and salary are commensurate with experience.

- Competitive production incentive
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- New outpatient clinic with state-of-the-art equipment and ancillary services
- Well established and expanding hospital system
- Live and work in Columbia, ranked by *Money* magazine and *Outside* magazine as one of the best cities in the U.S.

For additional information about the position, please contact:

**Robert P. Zitsch III, M.D.**  
*William E. Davis Professor and Chair*  
Department of Otolaryngology—Head and Neck Surgery  
University of Missouri—School of Medicine  
One Hospital Dr MA314 DC027.00  
Columbia, MO 65212  
[zitschr@health.missouri.edu](mailto:zitschr@health.missouri.edu)

To apply for this position, please visit the MU web site at  
[hrs.missouri.edu/find-a-job/academic/](http://hrs.missouri.edu/find-a-job/academic/)

The University of Missouri is an Equal Opportunity/Affirmative Action Employer and complies with the guidelines of the Americans with Disabilities Act of 1990. To request ADA accommodations, please contact (573) 884-7282 (V/TTY). Diversity applicants are encouraged to apply.



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Featured 9th in Money Magazine's "Best Places to Live", Ames, Iowa is recognized as an active, friendly community with plenty to do. A vibrant college town with one of the highest-rated public school systems in the nation, this versatile community provides small-town serenity and charm as well as big-city amenities and culture.

EOE/AA Employer

Contact Doug Kenner

866.670.0334 or [dkenner@mountainmed.net](mailto:dkenner@mountainmed.net)



**Brigham and Women's  
Hospital  
Otolaryngologist  
Faculty Position**



The Division of Otolaryngology, Department of Surgery, at Brigham and Women's Hospital is seeking a BC/BE general otolaryngologist at the Instructor or Assistant Professor level to join our established group.

Brigham and Women's Hospital is one of the major teaching hospitals of Harvard Medical School as well as a member institution of the Department of Otolaryngology and Laryngology at Harvard Medical School.

We are interested in a collegial physician who practices excellent, compassionate clinical care.

This position emphasizes community-based otolaryngology. Interested candidates should send CV and letter of interest to: Jo Shapiro, MD, Chief, Division of Otolaryngology, Brigham and Women's Hospital, 45 Francis Street, Boston, MA 02115 or email: aschwarzer@partners.org. Brigham and Women's Hospital is an Equal Opportunity/Affirmative Action Employer. Women and minorities are encouraged to apply.



**Head and Neck Fellowship**

Clinical Focus: Head and neck surgical oncology, skull base surgery, endoscopic laser surgery, minimally invasive endocrine surgery, microvascular reconstructive surgery and robotic surgery

Applications are accepted through the American Head and Neck Society: [www.ahns.info](http://www.ahns.info)

To view position online, go to <http://jobs.kumc.edu> and search by position number.

**Letters of inquiry and CV may be mailed or emailed to:**  
Dan Bruegger, MD, Associate Professor and Interim Chairman  
The University of Kansas School of Medicine  
Department of Otolaryngology-Head & Neck Surgery/  
3901 Rainbow Blvd, MS 3010, Kansas City, KS 66160  
Email: [dbruegge@kumc.edu](mailto:dbruegge@kumc.edu)



**THE DEPARTMENT OF OTOLARYNGOLOGY -  
HEAD & NECK SURGERY**  
is currently seeking to hire

**ACADEMIC OTOLARYNGOLOGISTS**

With training and/or interest in either microlaryngology or pediatric surgery

The successful candidates must demonstrate experience and capability. Academic appointment and compensation commensurate with training and experience. Practice income available to augment negotiated salary.

Send letter of interest and CV to:  
**Robert H. Mathog, M.D.**  
Professor and Chair  
Department of Otolaryngology  
540 E. Canfield, 5E-UHC  
Detroit, MI 48201  
(313) 577-0804

*Wayne State University is an Equal Opportunity/Affirmative Action Employer*



**The Department of Otolaryngology at West Virginia University** is seeking a fellowship-trained head and neck surgeon to join a well established head and neck oncology service in the summer of 2014 or sooner. Expertise with both ablative and reconstructive procedures is desired. Responsibilities include education of residents and medical students and patient care. Opportunities are available for those interested in clinical/basic research.

The department currently has ten physician faculty members and fifteen residents and has an active NIH-funded research division with three PhD members.

West Virginia University is located in beautiful Morgantown, which is rated one of the best small towns in America in regard to quality of life. Located 80 miles south of Pittsburgh and three hours from Washington, DC, Morgantown has an excellent public school system and offers culturally diverse, large-city amenities in a safe, family setting.

**The position will remain opened until filled. Please send a CV with three professional references to:**

Laura Blake  
Director, Physician Recruitment  
Fax: 304-293-0230  
[blakel@wvuhealthcare.com](mailto:blakel@wvuhealthcare.com)  
<http://www.hsc.wvu.edu/som/otolaryngology/>

*West Virginia University is an AA/EO Employer. WVU Health Sciences is a tobacco free campus. West Virginia University is the recipient of an NSF ADVANCE award for gender equity.*



### **Pediatric Otolaryngology Surgeon/Scientist**

University of Utah Otolaryngology–Head & Neck Surgery seeks BC/BE faculty with fellowship training in Pediatric Otolaryngology. This is a full-time tenure track position at the Assistant or Associate Professor level. Must have MD PhD, additional research training (T-32) or competitive, extramural funding. The successful candidate should be able to lead an extramurally-funded research effort and also participate in clinical care and resident education. Position available July 2014.

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

#### **Applicants must apply at:**

<http://utah.peopleadmin.com/postings/20311>

#### **For additional information, contact:**

Clough Shelton, MD, FACS, Professor and Chief

University of Utah School of Medicine

50 North Medical Drive 3C120

Salt Lake City, Utah 84132

Phone: (801) 585-1626

Fax: (801) 585-5744

E-mail: [inga.journey@hsc.utah.edu](mailto:inga.journey@hsc.utah.edu)

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970.385.2351 (phone)  
970.385.2355 (fax)  
[www.animassurgical.com](http://www.animassurgical.com)

Animas Surgical Hospital



### **COLLEGE OF MEDICINE**

### **Rhinologist/Endoscopic Skull Base Surgeon**

The Division of Otolaryngology at the University of Arizona in Tucson, AZ is seeking a fellowship trained rhinologist/skull base surgeon at the assistant or associate professor level. With a current faculty of 7 full-time and 2 part-time physicians and a recently begun ACGME residency in Otolaryngology, the otolaryngology program has made rapid strides toward becoming a leader in academic otolaryngology in the Southwest.

The applicant will be expected to partner with the existing rhinology and skull base program to further develop its clinical and academic enterprise. Minimum qualifications include an MD (or equivalent), Arizona Medical license (or ability to obtain), Board eligibility or Board Certification in Otolaryngology. Preference will be given to candidates with evidence of scholarly activity. Tenure eligibility and salary determined by experience; excellent UA and practice plan benefits.

#### **Please send a CV, a cover letter and the names and contact information of two references to:**

Alexander Chiu, MD  
Professor and Chief

Division of Otolaryngology, Department of Surgery

1501 North Campbell Avenue, Rm 4402

Tucson, AZ 85724

520-626-6673

[achiu@surgery.arizona.edu](mailto:achiu@surgery.arizona.edu)

### **DEPARTMENT OF OTORHINOLARYNGOLOGY UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER**

POSITION AVAILABLE: RHINOLOGIST

DATE AVAILABLE: IMMEDIATELY

The Department of Otorhinolaryngology of the University of Oklahoma Health Sciences Center has a position available for a full-time otolaryngologist at the Assistant or Associate Professor level. Specific expertise is required in rhinology.

Minimum requirements include: Doctoral degree (M.D. or equivalent), Board certification/eligibility, a demonstrable commitment to teaching and an interest in collaborative research.

Responsibilities will include program development and patient care, resident and medical student education, and research.

Letters of interest with accompanying CV should be directed to: Greg A. Kreml, M.D., F.A.C.S., Department of Otorhinolaryngology, P.O. Box 26901, Williams Pavilion 1290, Oklahoma City, OK 73126-0901. The University of Oklahoma is an Affirmative Action and Equal Opportunity Employer.



## Seeking Full Time BC/BE ENT



Cedars-Sinai Medical Group is a premier multi-specialty medical group located in Beverly Hills, CA. We are physician directed and committed to providing personalized, comprehensive healthcare with an emphasis on quality.

We are seeking a full-time BC/BE Otolaryngologist to join our busy three Physician and two Physician Assistant ENT practice. The candidate should have an interest in General and Pediatric Otolaryngology but clinical interest in Otolaryngology/Neuro-otology, Head and Neck Surgery, or Laryngology a bonus. Those interested in Facial Plastics need not apply. Excellent interpersonal skills and the motivation to build and maintain a busy practice are essential.

We offer a competitive salary and benefits package.

Please submit CV to: **Gene.Liu@cshs.org**

There will be opportunities to interview at the AAO in Vancouver.

Cedars-Sinai Medical Center welcomes and encourages diversity and is committed to maintaining a drug- and alcohol-free workplace. AA/EEOE.



## General Otolaryngologist

University of Utah Otolaryngology—Head & Neck Surgery seeks a BC/BE faculty with an interest in general otolaryngology. This is a full-time clinical track position at the Assistant Professor level. Responsibilities will include teaching, research and clinical care in our community clinics. Position available July 2014.

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

### Applicants must apply at:

<http://utah.peopleadmin.com/postings/18379>

### For additional information, contact:

Clough Shelton, MD, FACS, Professor and Chief  
University of Utah School of Medicine  
50 North Medical Drive 3C120  
Salt Lake City, Utah 84132  
Phone: (801) 585-1626  
Fax: (801) 585-5744  
E-mail: [inga.journey@hsc.utah.edu](mailto:inga.journey@hsc.utah.edu)

## HEAD AND NECK ENDOCRINE SURGEON DEPARTMENT OF OTOLARYNGOLOGY - HEAD & NECK SURGERY UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Because of the demonstrated success and growth of the oncologic head and neck surgery program at the University of California, San Francisco (UCSF) Medical Center, the Department of Otolaryngology-Head and Neck Surgery is seeking a Fellowship-trained head and neck oncologic surgeon to join the practice and department. The practice is part of the NCI-designated Helen Diller Family Comprehensive Cancer Center and is one of the nation's premier centers. In 2015 UCSF will add a dedicated 70-bed cancer hospital to its existing patient facilities. The Head and Neck Surgery faculty has an opportunity to further develop the practice as part of UCSF's ongoing market development. The candidate for the position should have a strong background in endocrine surgery, experience with ultrasonography, and an interest in practice development and outreach. The candidate will be responsible for providing excellent clinical care, for teaching all levels of trainees, and for contributing to a research program. This position is full-time and requires a strong commitment to partnership with an outstanding team of academic faculty. It requires the ability to collaborate in a multi-disciplinary surgical environment, leadership skills, teaching proficiency, clinical expertise and a strong interest in building a productive academic career. MD or MD/PhD and completion of an accredited residency in Otolaryngology and fellowship in Head & Neck Surgery required. Must be BE/BC.

### Please forward a letter of inquiry and C.V. to:

Lisa Orloff, MD, FACS  
Chair, UCSF Search Committee  
Department of Otolaryngology-Head and Neck Surgery  
University of California, San Francisco  
2233 Post Street, 3rd Floor, Box 1225  
San Francisco, CA 94115  
Telephone (415) 353-2870  
Fax (415) 885-7546  
[lorloff@ohns.ucsf.edu](mailto:lorloff@ohns.ucsf.edu)

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for under utilized minorities and women, for persons with disabilities, and for covered veterans. All qualified applicants are encouraged to apply, including minorities and women.

Search number # M-3329





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