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Ascend Integrated Media, LLC
Suzee Dittberner
7171 W. 95th St., Suite 300
Overland Park, KS 66222
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Fax: 1-913-344-1492
sdittberner@ascendintegratedmedia.com

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Advocacy and making a difference

Recent surveys have validated that most of our members believe that our Academy is effective in the area of advocacy, and I would agree. Advocacy plays a vital role for our organization and highlights one of the many values of membership. Having lived, trained, and practiced in the region of our nation’s capital for almost three decades, it’s hard to escape the notion that those living outside of Washington, DC, see the federal government as solely a “political” environment. However, it also provides the greatest venue for change and the opportunity to view our democracy in action.

Although my interest in medicine (for people and animals) started at an early age, my fascination with public service, community advocacy, and government was never far behind. One of the many activities my parents required of the kids on long road trips (to limit the “are we there yet?” inquiries) was to recite the three branches of the federal government and how they worked. Fast forward to my senior year in high school, I was selected to work as a congressional page on Capitol Hill, miles away from the Cleveland, OH, suburb where I grew up. This was an experience that included early morning classes in the top level of the Library of Congress, followed by an experiential civics lesson as one of democracy’s teenaged messengers in action, and would culminate with a ceremony and certificate from then-President Jimmy Carter at the White House. Nonetheless, my stronger interest in medicine prevailed, and I started that summer in a BS/MD program. I believe that at that point, however, the seeds of understanding the importance and value of advocacy were planted and provided a foundation for my local, state, and federal advocacy efforts on behalf of both physicians and patients.

Our Academy has an effective, knowledgeable, and efficient staff who work on our behalf in the areas of advocacy. How can we as physicians be effective advocates? The first steps are understanding the process and the many opportunities to be involved. I like to think of advocacy as being prepared to present solutions to the right people who can make positive change. There are many ways physicians can be involved as advocates at the local, state, and federal levels. As physicians, we are still in key positions to be able to advocate on behalf of our patients and draw attention to issues that affect their health and our ability to provide care.

On a local level, involvement in your city or county medical societies as well as hospital staff and committees can provide you with knowledge of critical issues and opportunities for your ideas to be heard. For insights and opportunities at the state and federal level, go to the Advocacy tab on our Academy website. Up-to-date information on advocacy efforts are available at your fingertips. Take the time to join the ENT Advocacy network so that you are plugged in to the Academy’s efforts. Learn more about ENT PAC, become a key contact for Project 535, and email your senators and representatives on specific legislation directly from the Academy’s site.

As emphasized in the book *Living Proof: Telling Your Story To Make a Difference*, by John Capecci and Timothy Cage, “Personal stories have the power to move people from apathy to empathy to action.” The impact that you can have as a physician sitting with a legislator or their staff, face to face with a powerful story or example, can make a lasting impression. The power to be an important catalyst for change with our individual or collective voices is a potential we all possess.

Finally, as this year comes to a close and a new year begins, remember your physical and emotional well-being are an important part of what enables you to interact with your family, friends, colleagues, patients, and everyone around you. Give it the attention it deserves and make being an advocate for your own health a priority for the new year. Appreciate the positive people and experiences in your life, look for the opportunities, and continue to learn from the challenges. Have a happy, healthy, and safe holiday season.
Preview the FLEX tools that will be included for each specialty topic released eight times per year!

- **Hear**: Two topical podcasts with leading experts
- **See**: Two surgical video procedures with annotation to develop critical skills
- **Analyze**: Five timely scientific journal articles with expert summaries
- **Join**: The webinar held will cover the specialty topic, offer peer engagement, and time for Q&A
- **Discuss**: Gather colleagues to discuss relevant clinical cases and scientific journal articles
- **Play**: Mobile-learning presenting a patient problem that challenges you daily
- **Share**: Utilize FLEX social media tools to share what you are learning and how it’s impacting patient care
- **Explore**: Select from 200+ CME activities available to personalize your learning path

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- **Test**: AcademyQ: Set 2020 Knowledge Assessment
- **View**: 2019 Annual Meeting Webcasts (400+ sessions)

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Learn more at [www.entnet.org/FLEX](http://www.entnet.org/FLEX)
Education **FLEX**

Why should one replace the most successful education product of the last 40 years that still has more than 2,600 subscribers and generates substantial revenue for the Foundation? That and a number of other questions were at the heart of the critical “Future of Education” task force investigation and report recently released by Richard V. Smith, MD, past Coordinator for Education and Chair of the task force. Extensive research, including multiple user interviews, study of the evolution of education theory, review of technology advances, and the advancement of content needs, all contributed to the many recommendations that composed this landmark report, which will set our education agenda for the next five to 10 years. The Foundation goal to provide the education materials that members want, when they want it, how they want it, and where they want it, is well served by FLEX, the Foundation’s “Flexible Lifelong Education Xperience” that will replace the Home Study Course.

Our flagship FLEX education program will incorporate a variety of education topics in each issue presented using multiple state-of-the-art formats designed to cover emerging subject matter in a more contemporaneous fashion than previously possible. It will be the professional support you need to help you meet the challenges of your otolaryngology practice and allow you to achieve mastery of the specialty throughout your career. There are a number of upgrades that FLEX offers when compared to the Home Study Course for both residents and practicing physicians.

The Home Study Course has consisted of carefully selected journal articles covering a specialty area every quarter. The new FLEX program will allow you to “hear it,” “see it,” “analyze it,” “join it,” “play it,” “talk about it,” “share it,” and “take your time” by incorporating additional tools, such as simulation and gamification in shorter, more concise bites. Each section will include materials from multiple specialty areas of otolaryngology presented in a variety of formats that will be accessible across the spectrum of devices commonly used today. FLEX will only be available in the online format so we can take advantage of the multiprong education strategy made possible by advances in technology.

I would like to personally thank the American Board of Otolaryngology - Head and Neck Surgery for donating its extensive library consisting of 72 Self-Assessment Modules (SAMs) this past summer to the Foundation, enabling these valuable learning tools to be shared through our AcademyU platform with our members. I would also like to acknowledge and thank the SAMs faculty members for the exceptional work they put forth in developing these courses and their willingness to continue to share their expertise with the Foundation to make these products available to otolaryngologists for lifelong learning.

One of the top Foundation education initiatives is to rebuild these courses and make them available for CME/Continuing Certification credit in AcademyU. To accomplish this and rebuild these modules, we successfully identified a CME reviewer for each course during our Education Committee meetings at the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans. As these modules are completed, they will be available through the new FLEX program described above (see graphic on opposite page to learn more).

I would like to recognize Jeffrey P. Simons, MD, our Coordinator for Education and the Foundation staff for operationalizing the ambitious program set forth by the “Future of Education” task force.

The Foundation goal to provide the education materials that members want, when they want it, how they want it, and where they want it, is well served by FLEX.
In memoriam

We recognize the passing of the following members in 2019 (as of November 18, 2019). This list indicates Academy member category, residency training program, and year of residency completion.

H. A. Ted Bailey, Jr., MD
Fellow, Tulane University, 1950

Robert A. Dobie, MD
Fellow, Stanford University, 1975

Richard L. Goode, MD
Fellow, Stanford University, 1966

Jerome C. Goldstein, MD
SUNY Upstate Medical University, 1968

Robert I. Kohut, MD
Fellow, University of Chicago, 1965

Alberto A J Maillard, MD
University of Texas at Houston, 1978

Thomas J. McDonald, MD
Fellow, Mayo Graduate School of Medicine (Rochester), 1972

Douglas M. Sanford, MD
Fellow, Walter Reed Army Medical Center, 1961

Craig L. Schwimmer, MD
Fellow, Henry Ford Hospital, 1997

M. Stuart Strong, MD
Fellow, Lahey Clinic, 1952

Stanley E. Thawley, MD
Fellow, Washington University/B-JH/SLCH Consortium, 1975

Please contact us if one of our members who passed away in 2019 is missing from this In Memoriam.
In memoriam:
Richard L. Goode, MD, AAO-HNS/F President 1990-1991

Contributed by M. Eugene Tardy, Jr., MD, AAO-HNS/F President 1986-1987, and J. Regan Thomas, MD, AAO-HNS/F President, 2010-2011

The medical world lost a remarkable icon with the passing of Richard L. Goode, MD, on October 30, 2019,” said M. Eugene Tardy, Jr., MD, who awarded Dr. Goode a Presidential Citation in 1986. “He left us after an extraordinary career of academic medical teaching and research, which touched the lives of scores of physicians and patients. He complemented his intense love of medicine with an unmatched capacity for attracting loyal friends and followers worldwide.”

Dr. Goode was Emeritus Professor of Otolaryngology-Head and Neck Surgery Department at Stanford University Medical Center. He was the quintessential diverse academic otolaryngologist, encompassing in his interests, which included otology, sleep medicine, head and neck cancer, and facial plastic surgery. One of Dr. Goode’s many memorable accomplishments was the “good-e drainage T tube,” which he invented as a young physician. He also served as Chair of the NIH NINCDS (now NIDCD) Review Committee as well as Chair of the FDA ENT Device committee.

“He had a tremendous influence on our medical specialty but also had great influence individually on all who had the privilege of sharing friendship with him. His lifetime contributions professionally as well as personally were enormous and his absence cannot be replaced. His influence and impact on those who knew him will always be remembered,” said J. Regan Thomas, MD, who awarded Dr. Goode the Presidential Citation in 2011.

Dr. Goode was awarded many and varied honors over his career. He was elected President of the American Academy of Otolaryngology–Head and Neck Surgery (1990-1991) as well as the American Academy of Facial Plastic and Reconstructive Surgery (1984-1985), transforming both organizations with his implementation of a diverse academic and teaching platform during the Annual Meetings. He was elected as a Governor of the American College of Surgeons, Vice President of the Pan-Pacific Surgical Association, Councilor of The Triological Society, Chair of the Otolaryngology Section California Medical Association, and numerous others. He served on the Editorial Board of Otolaryngology–Head and Neck Surgery, Laryngoscope, and numerous other scientific research journals.

In addition to Dr. Goode’s leadership, his many academic contributions to patient care and physician education were internationally recognized. “As a teacher of students, residents, and physicians, he was a stern but eminently fair educator. He demanded excellence from his pupils, and they respected and loved him for his intellect and concern for their professional welfare,” said Dr. Tardy.

Along with several close friends, he was part of the founding group of The Royal Wulff Society, an organization of his physician colleagues devoted to fellowship and fly-fishing in the Rocky Mountains who gathered for over 40 years.

“Truth be told, Dick never much liked fishing, but the companionship and dedication to the group drew him to the excursion every year, and he was the life of the party. Literally everyone has a favorite Dick Goode story. Dick has floated his last river, caught his last trout, given his last lecture, created his last original research and regaled us with his last outrageous story, but he will never be far away from our consciousness,” noted Dr. Tardy.
YPS developing mentorship program, continuing awareness initiatives

David S. Cohen, MD, Chair

It is truly an exciting time for the Young Physicians Section (YPS), as we have continued to grow over the past few years under the direction of Daniel C. Chelius, Jr., MD, and Cristina Baldassari, MD. By the formation of four task forces, we have been able to mobilize our constituents and publicize or bring additional benefits to YPS members.

Our Programming Task Force has been successful in the production of several presentations for the AAO-HNS/F Leadership Forum & BOG Spring Meeting and AAO-HNSF Annual Meeting & OTO Experience. In 2019, our submissions on telemedicine and a comprehensive guide on building an endocrine surgery practice were well attended. For 2020, we have several concepts in active discussion and are in the process of developing a formalized YPS mentorship program to improve the quality of future submissions. This will ideally empower YPS members to submit topics pertinent to young physicians, broadening our section’s impact for future meetings.

Our Engagement Task Force continues to make YPS members aware of benefits and opportunities available to them. Last year, we had several representatives such as wealth management, health, fitness, dietary, parenting, stress management, and contract negotiation participate in our inaugural YPS Wellness Fair. We will continue that and look into collaborative efforts with the Section for Residents and Fellows-in-Training (SRF) to help transition senior residents and fellows into YPS membership.

Our Communications Task Force continues to post pertinent announcements, news, and clinically relevant research on our Facebook and ENTConnect pages. We are actively discussing the creation of a YPS-specific handle or hashtag to facilitate dissemination of information via Twitter. I encourage you to join these groups if you would like to receive this curated information.

Finally, our Practice Management Task Force has relaunched the business management tool kit at https://www.entnet.org/content/young-physicians-section. This was an effort to make available resources easier to navigate. We also have continued our roundtable discussions and have launched webinars for YPS-specific topics, including contract negotiation and insurance considerations for your physicians. Our next webinar will be on parental leave, and our last topic will be about the business of medicine 101 with coding tips and tricks. We have been asked by the Board of Governors and the SRF to collaborate on additional topics to reach a broader viewership, and we are looking forward to those opportunities. It is our hope that these recordings will also be available as podcasts on your platform of choice.

If you would like to be involved with any task force as a YPS member, please contact me via ENTConnect or email (david.s.cohen@kp.org).

SECTION SPOTLIGHT:

YPS Young Physicians Section

YPS developing mentorship program, continuing awareness initiatives

David S. Cohen, MD, Chair

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Humanitarian Grant: Head and neck surgery in Guinea with Mercy Ships

C. Alesandra Colaianni, MD, received an AAO-HNSF Humanitarian Travel Grant to travel to Conarky, Guinea, to work aboard Mercy Ships. Mercy Ships is a unique model that makes use of a hospital ship called the Africa Mercy, specially outfitted with operating rooms, wards, and an ICU, and is docked in a different location in coastal Africa each year to provide access to otherwise unavailable surgical specialty care. Additionally, the organization helps to build sustainability through partnering with local physicians, surgeons, and trainees through their Medical Capacity Building program.
AAO-HNSF Joint Meeting

AAO-HNSF Joint Meeting in Jamaica

The 27th Annual Scientific Conference of the Caribbean Association of Otolaryngology (CAO) took place May 13-16, 2019, in Kingston, Jamaica. With the theme of "ENT in the Caribbean-Past, Present, and Future," this joint meeting of the AAO-HNSF and the CAO took place in conjunction with the Jamaican Association of Otolaryngology-Head and Neck Surgeons. Andrew C. Manning, MD, Chair of the Organizing Committee, noted, "This theme is relevant as new developments in otolaryngology are coming on stream at an ever-increasing pace, and the CAO Annual Scientific Conference has always afforded attendees the opportunity to learn about some of these new developments in an academic atmosphere."

The opening ceremony included welcome remarks from Barbara S. Grandison, MD, President of the CAO, Dr. Manning, and the Honorable Christopher Tafton, MD, Minister of Health and Wellness of Jamaica.

The scientific conference was attended by approximately 70 participants from 12 countries, including nine Caribbean islands, the United States, and Canada. Comprised of nine sessions, divided by topics and 44 lectures, guest lecturers included Professor Hal Shaw, MD, Eugene N. Myers, MD, FRSC Edin., Jimmy J. Brown, MD, James K. Fortson, MD, Uma Duvvuri, MD, and Gregory Postma, MD.

Cecelia E. Schmalbach, MD, a New Millennium Society Lifetime Donor

The AAO-HNS foundation is pleased to recognize Cecelia E. Schmalbach, MD, who became a Millennium Society Lifetime Donor at the Annual Meeting through her generous donation to the Annual Fund and the WIO Endowment. Dr. Schmalbach reflected back on why she first became a Millennium Society donor in 2013, and just became a lifetime donor. “The Academy afforded me a wonderful venue to remain engaged in academic otolaryngology during my years of active duty in the United States Air Force. It is in gratitude that I give back to the foundation.” It is Dr. Schmalbach’s hope that her donation will help continue advancements made in the field of otolaryngology-head and neck surgery. “Giving back to the foundation and our specialty ensures that we have thought leaders in every aspect of otolaryngology, from advocacy, quality development, and cutting-edge research to education and mentorship of our future otolaryngology leaders.”

Register today for #BOGMTG20

Make plans to attend the AAO-HNS/F 2020 Leadership Forum & BOG Spring Meeting, May 1-3, in Alexandria, VA. Prepare to join your colleagues for a weekend of leadership discussions, Board of Governors (BOG) meetings, informative speakers, advocacy updates, and mentoring/networking opportunities. This meeting is one of many AAO-HNS benefits allowing Academy members the opportunity to network and engage in peer-to-peer interaction with eminent leaders. Registration is now open! https://www.entnet.org/content/aoa-hnsf-leadership-forum-bog-spring-meeting

Ent CLINICAL DATA REGISTRY

Don’t miss out on Reg-ent in 2020!

As the end of 2019 draws near, it’s time to think about 2020 and your participation in Reg-ent. Reg-ent is in the process of expanding capabilities and offerings that will allow participants to directly define, measure, and implement the “best ENT care” for otolaryngology-head and neck patients. Renewal notices for 2020 are being sent out now through early January 2020. If you are not yet participating in Reg-ent, this is the time to join! To learn more visit www.reg-ent.org. Questions? Contact reg-ent@entnet.org.

DON'T MISS THE LATEST PODCASTS

Visit Otolaryngology-Head and Neck Surgery at http://sageotolaryngology.sage-publications.libsynpro.com/ to listen to access the library of available podcasts.
An investment in the future

Movie stars? From the Academy? Several leaders within the Academy will soon become “movie stars” premiering in “Four Days in Boston.” This production will be one of the highlights of the AAO-HNS 2020 Annual Meeting & OTO Experience in Boston, MA, marking the 10th anniversary celebration of the Women In Otolaryngology Section.

The movie focuses on the birth of WIO and was born out of efforts of the WIO History Project led by Chair Angela M. Powell, MD, and Member-at-Large Minka L. Schofield, MD. Attendees of the WIO General Assembly, held on September 16 at the 2019 Annual Meeting, viewed the inspirational trailer.

The WIO General Assembly featured Ellen M. Friedman, MD, as the keynote, speaking on emotional intelligence. Dr. Friedman offered practical tips on fostering our own emotional intelligence for our relationships with our patients and colleagues. The Helen F. Krause MD Trailblazer Award was aptly presented to Carol R. Bradford, MD, the President-Elect of the AAO-HNS/F, and the Exemplary Senior Trainee Award was presented to Hayley L. Born, MD. Due to the hard work of Nina S. Yoshpe, MD, WIO Section Chair; Dr. Powell, Chair-Elect; Erika A. Woodson, MD, Past Chair; and Evelyne Kalyoussef, MD, Chair of the WIO Program Committee, the assembly was a rousing success. Congratulations are in order to Jamie Litvack, MD, incoming Chair-Elect, and Dr. Schofield, Member-at-Large.

As a result of the 2018 Academy member survey, WIO held a workshop titled “Negotiation Strategies for Women.” This standing-room-only session focused on an increased need for training in negotiating skills for female otolaryngologists. A recent Doximity survey showing that otolaryngology-head and neck surgery has a 22 percent gender wage gap was distributed to attendees.

The main takeaways from the WIO negotiating workshop were:
• Knowing your value (skills and accomplishments)
• Highlighting how you benefit your institution or practice
• Determining a target salary for your specific role/geographic location
• Developing a negotiation strategy
• Tips for successful negotiations

This initial workshop was funded by AAO-HNS and a WIO Endowment grant was awarded to convert this workshop into local WIO negotiating skills seminars. Watch for an event in your area in 2020!

The WIO2.0 Endowment Booth, expertly organized by Sujana S. Chandrasekhar, MD, Past President of AAO-HNS/F and current WIO Endowment Committee Chair, generated excitement at the Annual Meeting. It contained “dipping” stations so that attendees could donate to the endowment with ease while a monitor showed a real-time tally of the total. The ultimate endowment goal by the 2020 Annual Meeting is $800,000. To date, over $116,800 has been collected. These “dipping” stations will travel to various otolaryngology meetings throughout the year to help WIO reach its goal. To track the process of this fundraising campaign or to make a donation, go to https://www.entnet.org/give2wio.

"Negotiation Strategies for Women." This production will be one of the highlights of the AAO-HNS 2020 Annual Meeting & OTO Experience. As the sole African American in my residency program, it was comforting and invigorating to see so many other underrepresented minorities physicians taking on leadership roles in our field. I am inspired to join the committee as well as participate within the Section for Residents and Fellows-in-Training to add my voice to the representation of our 2.3 percent."

HARRY BARNES ENDOWMENT TRAVEL GRANT RECIPIENT 2019
Grant reinforces importance of representation and the Diversity and Inclusion Committee

Nneoma Wamkpah, MD, recipient of the 2019 Harry Barnes Endowment Travel Grant, reports on her experience attending the AAO-HNSF 2019 Annual Meeting & OTO Experience in New Orleans, LA. The AAO-HNSF, in collaboration with the Diversity and Inclusion Committee, provides travel grants to assist with funding for meritorious, young residents of African descent from the United States, Caribbean, or Canada to participate in career-molding education experiences while attending the Annual Meeting.

“I thank the Diversity and Inclusion Committee for this special opportunity to attend the AAO-HNSF 2019 Annual Meeting & OTO Experience. As the sole African American in my residency program, it was comforting and invigorating to see so many other underrepresented minorities physicians taking on leadership roles in our field. I am inspired to join the committee as well as participate within the Section for Residents and Fellows-in-Training to add my voice to the representation of our 2.3 percent.”

Your gift funds the future of the specialty: Donate today!

Please consider making a 100 percent tax-deductible donation to the AAO-HNS foundation’s Annual Fund. Your philanthropic gift helps fund research grants, leadership development, humanitarian travel grants, international outreach, and professional and patient education, as well as supports improving patient outcomes through quality measures, clinical guidelines, and the value of Reg-ent. Support the AAO-HNSF’s vision to be the global leader in optimizing quality ear, nose, and throat patient care. Donate today at www.entnet.org/donate.
Transition to in-office treatments: Awake ear tube placement

In July 2019, the Academy released a new Position Statement on awake ear tube placement performed in the clinic setting. This article serves to explain the rationale behind the creation of that statement.

As clinicians, we must strive to put our patients first while also encouraging innovation that could lead to better outcomes and advance our field. The Academy plays a role in this innovation by creating Position Statements to help guide practice and advise regulatory bodies.

As the largest association representing otolaryngologist-head and neck surgeons in the United States, it is important for the AAO-HNS to stay abreast of medical device innovation. As an organization, we must work to understand whether medical device industry products are both efficacious and safe for patients. When they are, we want to ensure that clinicians receive adequate reimbursement to allow for the broadest reach to our patients as possible and necessary.

In the spring of 2019, the U.S. Food and Drug Administration solicited input from the Academy regarding novel medical devices that allow for the placement of ear tubes in pediatric and adult patients while awake. In response, the Academy produced a Position Statement on whether such devices and procedures are appropriate for patient care. The statement reflected a collaborative effort from AAO-HNS members and multiple Academy committees (the Hearing, Pediatric Otolaryngology, and Ethics Committees as well as the Physician Payment Policy [3P] Workgroup) along with input from appropriate specialty societies, assessing the evidence and potential for both this type of technology and this type of procedure. The committee members tasked with creating the Position Statement did not aim to support or oppose any specific device, but rather to determine whether innovation in this space is appropriate for our patients based on existing evidence.

The full Position Statement, which was also endorsed by the American Neurotology Society, the American Otological Society, and the American Society of Pediatric Otolaryngology, is in the box to the right. In short, the Academy concluded that the appropriateness of a specific procedure should be based on clinical judgment and shared decision-making between a clinician and a patient, and not based on the site of service where the procedure is performed. A Position Statement is not intended to weigh the risks and benefits of a particular medical device innovation; that is the role of research and the regulatory agencies.

As clinicians, we must strive to put our patients first while also encouraging innovation that could lead to better outcomes and advance our field. The Academy plays a role in this innovation by creating Position Statements to help guide practice and advise regulatory bodies. Additionally, reimbursement for new technology by payers is often impacted by statements from relevant professional societies. By addressing new technologies, the Academy gives a voice to the physicians who will ultimately use the devices, allowing clinicians an opportunity to influence the future of our specialty. Evaluation of medical device innovation is a critical activity of the AAO-HNS and its relevant committees and volunteer physician leaders. These Academy reviews enable clinician choice, while also keeping patient safety foremost in mind.

AAO/HNS POSITION STATEMENT:

In-Office Placement of Tubes in Pediatric Patients While Awake

The position of the AAO-HNS is that tympanostomy tubes are safe and effective for managing otitis media in children who meet current guidelines for tube insertion [Rosenfeld 2013]. Although insertion of tympanostomy tubes in children is generally accomplished in the operating room under general anesthesia, insertion in the clinic in appropriately selected patients using shared decision-making between clinicians and families can be appropriate.

Adopted 7/9/19

The supporting research for this Position Statement, can be found at https://www.entnet.org/content/placement-tubes-pediatric-patients-while-awake.
INDICATION
DUPIXENT is indicated as an add-on maintenance treatment in adult patients with inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP).

IMPORTANT SAFETY INFORMATION
CONTRAINDICATION: DUPIXENT is contraindicated in patients with known hypersensitivity to dupilumab or any of its excipients.

WARNINGS AND PRECAUTIONS
Hypersensitivity: Hypersensitivity reactions, including generalized urticaria, rash, erythema nodosum, anaphylaxis and serum sickness or serum sickness-like reactions, were reported in <1% of subjects who received DUPIXENT in clinical trials. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

Conjunctivitis and Keratitis: Conjunctivitis occurred more frequently in subjects with chronic rhinosinusitis with nasal polyposis who received DUPIXENT. There were no cases of keratitis reported in the CRSwNP development program. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

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

Please see additional Important Safety Information throughout and brief summary of full Prescribing Information on the following pages.

Visit DupixentHCP.com/CRSwNP
DUPIXENT TRIALS ENROLLED A TOTAL POPULATION OF 724 PATIENTS WITH UNCONTROLLED CRSwNP DESPITE PRIOR SURGERY OR SCS USE\textsuperscript{1,2}

<table>
<thead>
<tr>
<th>STUDY POPULATION</th>
<th>TRIAL 1 (N=276) 24 WEEKS</th>
<th>TRIAL 2 (N=448) 52 WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomized</td>
<td>DUPIXENT + INCS</td>
<td>DUPIXENT + INCS</td>
</tr>
<tr>
<td></td>
<td>300 mg Q2W for 24 weeks (n=143)</td>
<td>300 mg Q2W for 24 weeks (n=150)</td>
</tr>
<tr>
<td></td>
<td>Placebo + INCS for 24 weeks (n=133)</td>
<td>Placebo + INCS for 24 weeks (n=153)</td>
</tr>
<tr>
<td>Study population</td>
<td>Adults (≥18 years) on background intranasal corticosteroids\textsuperscript{1} with CRSwNP despite prior sino-nasal surgery or prior treatment with, or who were ineligible to receive or were intolerant to, systemic corticosteroids in the past 2 years</td>
<td>Adults (≥18 years) on background intranasal corticosteroids\textsuperscript{1} with CRSwNP despite prior sino-nasal surgery or prior treatment with, or who were ineligible to receive or were intolerant to, systemic corticosteroids in the past 2 years</td>
</tr>
<tr>
<td></td>
<td>Patients with chronic rhinosinusitis without nasal polyposis were not included in these trials</td>
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</tr>
<tr>
<td></td>
<td>Rescue with systemic corticosteroids or surgery was allowed at investigators’ discretion</td>
<td>Rescue with systemic corticosteroids or surgery was allowed at investigators’ discretion</td>
</tr>
<tr>
<td></td>
<td>The total population of patients in Trials 1 and 2 was unrestricted by minimum baseline blood eosinophil count</td>
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</tr>
<tr>
<td>Endpoints</td>
<td>Change from baseline at Week 24 in:</td>
<td>Change from baseline at Week 24 in:</td>
</tr>
<tr>
<td></td>
<td>• Nasal congestion obstruction score averaged over 28 days (NC)</td>
<td>• Nasal congestion obstruction score averaged over 28 days (NC)</td>
</tr>
<tr>
<td></td>
<td>• Bilateral endoscopic nasal polyp score (NPS)</td>
<td>• Bilateral endoscopic nasal polyp score (NPS)</td>
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<tr>
<td></td>
<td>Change from baseline at Week 24 in:</td>
<td>Change from baseline at Week 24 in:</td>
</tr>
<tr>
<td></td>
<td>• Daily loss of smell score</td>
<td>• Daily loss of smell score</td>
</tr>
<tr>
<td></td>
<td>• LMK-CT score</td>
<td>• LMK-CT score</td>
</tr>
<tr>
<td></td>
<td>• SNOT-22 score</td>
<td>• SNOT-22 score</td>
</tr>
</tbody>
</table>

\textsuperscript{1}In Trial 2, data from baseline to Week 24 are pooled from DUPIXENT Q2W treatment arms (n=295).

\textsuperscript{2}The recommended dose of DUPIXENT for adult patients with CRSwNP is 300 mg given subcutaneously every other week.

\textsuperscript{3}All patients in the placebo and DUPIXENT arms were on a background therapy of intranasal corticosteroids (INCS), mometasone furoate nasal spray.

**Patient demographics**

**TRIAL 1: 24 WEEKS (N=276)**—Mean age: 50 years; male: 57%; mean CRSwNP duration: 11 years; patients with ≥1 prior surgery: 72%; patients with SCS use in previous 2 years: 65%; mean bilateral endoscopic nasal polyp score (NPS)\textsuperscript{d}, range 0-8: 5.8; mean nasal congestion (NC) score,\textsuperscript{d} range 0-3: 2.4; mean Lund-Mackay computed tomography (CT) total score,\textsuperscript{d} range 0-24: 19; mean loss of smell score\textsuperscript{d} (AM), range 0-3: 2.7; mean SNOT-22 total score,\textsuperscript{d} range 0-110: 49.4; mean blood eosinophil count: 440 cells/μL; mean total IgE: 212 IU/mL; atopic medical history, overall: 75%; asthma: 58%; NSAID-ERD: 30%.

**TRIAL 2: 52 WEEKS (N=448)**—Mean age: 52 years; male: 62%; mean CRSwNP duration: 11 years; patients with ≥1 prior surgery: 58%; patients with SCS use in previous 2 years: 80%; mean bilateral endoscopic nasal polyp score (NPS)\textsuperscript{d}, range 0-8: 6.1; mean nasal congestion (NC) score\textsuperscript{d}, range 0-3: 2.4; mean Lund-Mackay computed tomography (CT) total score\textsuperscript{d}, range 0-24: 18; mean loss of smell score\textsuperscript{d} (AM), range 0-3: 2.8; mean SNOT-22 total score\textsuperscript{d}, range 0-110: 51.9; mean blood eosinophil count: 430 cells/μL; mean total IgE: 240 IU/mL; atopic medical history, overall: 82%; asthma: 60%; NSAID-ERD: 27%.

In Trials 1 and 2, all subjects had evidence of sinus opacification on the Lund-Mackay (LMK) sinus CT scan, and 73% to 90% of subjects had opacification of all sinuses. Prior surgery patients had a mean number of 2.0 prior surgeries, and SCS use patients had 1.6 SCS courses in the previous 2 years.

\textsuperscript{d}Higher scores indicate greater disease severity.

AM, morning; LMK-CT, Lund-Mackay computed tomography; NSAID-ERD, nonsteroidal anti-inflammatory drug-exacerbated respiratory disease; Q2W, once every 2 weeks; Q4W, once every 4 weeks; SCS, systemic corticosteroid; SNOT-22, 22-Item Sino-Nasal Outcome Test.
DUPIXENT RAPIDLY IMPROVED NASAL CONGESTION AND OBSTRUCTION AS EARLY AS WEEK 4 AND AT WEEK 24

Significantly improved NC score and NPS vs placebo at Week 24 (primary endpoints)\(^1\)–\(^3\)

Change in NC score through Week 48 in Trial 1

- **59% IMPROVEMENT at Week 24**
  - with DUPIXENT Q2W + INCS (baseline score 2.26) vs 18% improvement with placebo + INCS (baseline score 2.45) [LSM difference vs placebo: -0.89 [95% CI: -1.07, -0.71]]

NC score improved as early as Week 4 in Trial 1 (LSM difference vs placebo: -0.41 [95% CI: -0.52, -0.30])\(^1\)

NPS at Week 24 (Trial 1: coprimary endpoint)\(^1\)
- **34% IMPROVEMENT** with DUPIXENT Q2W + INCS (n=143) (-1.89 from a baseline score of 5.64) vs 3% worsening with placebo + INCS (n=133) (0.17 from a baseline score of 5.86) [LSM difference: -2.06 [95% CI: -2.43, -1.69]]

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (cont’d)

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

NC score (range 0 to 3): reduced score indicates improvement; NPS (range 0 to 8): reduced score indicates improvement.

LSM, least squares mean.

Visit [DupixentHCP.com/CRSwNP](http://DupixentHCP.com/CRSwNP)
DUPIXENT RAPIDLY IMPROVED NASAL CONGESTION AND OBSTRUCTION AS EARLY AS WEEK 4, AT WEEK 24, AND SUSTAINED THROUGH 52 WEEKS

Significantly improved NC score and NPS vs placebo at Weeks 24 (primary endpoints) and 52 (secondary endpoints) in Trial 2

**At Week 24**

- **51% IMPROVEMENT IN NC SCORE**
  - with DUPIXENT Q2W + INCS (n=295, pooled DUPIXENT arms) (-1.25 from a baseline score of 2.46) vs 16% improvement with placebo + INCS (n=153) (-0.38 from a baseline score of 2.38) (LSM difference: -0.87 [95% CI: -1.03, -0.71])

**At Week 52**

- **54% IMPROVEMENT IN NC SCORE**
  - with DUPIXENT Q2W + INCS (n=150) (-1.35 from a baseline score of 2.48) vs 16% improvement with placebo + INCS (n=153) (-0.37 from a baseline score of 2.38) (LSM difference: -0.98 [95% CI: -1.17, -0.79])

NC score improved as early as Week 4 in Trial 2
- -0.52 with DUPIXENT Q2W + INCS (n=295, pooled DUPIXENT arms) vs -0.16 with placebo + INCS (n=153) (LSM difference: -0.37 [95% CI: -0.46, -0.27])

**NPS at Week 24 (Trial 2: coprimary endpoint)**
- **28% IMPROVEMENT** with DUPIXENT Q2W + INCS (n=295, pooled DUPIXENT arms) (-1.71 from a baseline score of 6.18) vs 2% worsening with placebo + INCS (n=153) (0.10 from a baseline score of 5.96) (LSM difference: -1.80 [95% CI: -2.10, -1.51])

**NPS at Week 52 (Trial 2: secondary endpoint)**
- **37% IMPROVEMENT** with DUPIXENT Q2W + INCS (n=150) (-2.24 from a baseline score of 6.07) vs 3% worsening with placebo + INCS (n=153) (0.15 from a baseline score of 5.96) (LSM difference: -2.40 [95% CI: -2.77, -2.02])

**IMPORTANT SAFETY INFORMATION**

**WARNINGS AND PRECAUTIONS (cont’d)**

**Patients with Co-Morbid Asthma:** Advise patients with co-morbid asthma not to adjust or stop their asthma treatments without consultation with their physician.

**Parasitic (Helminth) Infections:** It is unknown if DUPIXENT will influence the immune response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to anti-helminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

Please see additional Important Safety Information throughout and brief summary of full Prescribing Information on the following pages.
DUPIXENT REDUCED SCS USE AND NEED FOR SINO-NASAL SURGERY

Significantly reduced SCS use or the need for sino-nasal surgery vs placebo over 52 weeks in a pooled analysis of Trials 1 and 2 (HR: 0.24 [95% CI: 0.17, 0.35])

DUPIXENT 300 mg Q2W + INCS (Day 0: n=438; Week 24: n=376; Week 52: n=100);
vs placebo + INCS (Day 0: n=286; Week 24: n=187; Week 52: n=61)

74% REDUCTION in the proportion of patients who required SCS use at Week 52

(HR: 0.26 [95% CI: 0.18, 0.38])

75% REDUCTION in SCS courses per year (RR: 0.25 [95% CI: 0.17, 0.37])

83% REDUCTION in the proportion of patients who required sino-nasal surgery at Week 52

(HR: 0.17 [95% CI: 0.07, 0.46])

*Individually, SCS reduction and need for sino-nasal surgery were not multiplicity adjusted endpoints.

HR, hazard ratio; RR, risk ratio.

Safety Data
The safety profile of DUPIXENT Q2W through Week 52 was generally consistent with the safety profile observed at Week 24.

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

In subjects with CRSwNP, the frequency of conjunctivitis was 2% in the DUPIXENT group compared with 1% in the placebo group in the 24-week safety pool; these subjects recovered. There were no cases of keratitis reported in the CRSwNP development program.

In Trial 2 (52 weeks), the frequency of conjunctivitis was 3% in the DUPIXENT group compared with 1% in the placebo group; all of these subjects recovered.

IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS: The most common adverse reactions (incidence ≥1%) in patients with CRSwNP are injection site reactions, eosinophilia, insomnia, toothache, gastritis, arthralgia, and conjunctivitis.

DRUG INTERACTIONS: Avoid use of live vaccines in patients treated with DUPIXENT.

Visit DupixentHCP.com/CRSwNP
DUPIXENT RAPIDLY IMPROVED DAILY LOSS OF SMELL SCORE AS EARLY AS WEEK 4, SUSTAINED THROUGH 52 WEEKS

Significantly improved daily loss of smell score vs placebo at Weeks 24 and 52 (secondary endpoints)\(^1\)\(^3\)

\[\textbf{46\% \text{ IMPROVEMENT AT WEEK 52 IN TRIAL 2}}\]

-0.38 with DUPIXENT Q2W + INCS (n=295, pooled DUPIXENT arms) vs -0.07 with placebo + INCS (n=153) (LSM difference vs placebo: -0.31 [95% CI: -0.41, -0.22])\(^3\)

Daily loss of smell score at Week 24 (Trial 2: secondary endpoint)\(^1\)\(^3\)
- 44% IMPROVEMENT with DUPIXENT Q2W + INCS (n=295, pooled DUPIXENT arms) (-1.21 from a baseline score of 2.77) vs 8% improvement with placebo + INCS (n=153) (-0.23 from a baseline score of 2.72) (LSM difference: -0.98 [95% CI: -1.15, -0.81])

Daily loss of smell score at Week 24 (Trial 1: secondary endpoint)\(^1\)\(^3\)
- 52% IMPROVEMENT with DUPIXENT Q2W + INCS (n=143) (-1.41 from a baseline score of 2.70) vs 11% improvement with placebo + INCS (n=133) (-0.29 from a baseline score of 2.73) (LSM difference: -1.12 [95% CI: -1.31, -0.93])

IMPORTANT SAFETY INFORMATION

USE IN SPECIFIC POPULATIONS
- **Pregnancy:** Available data from case reports and case series with DUPIXENT use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, DUPIXENT may be transmitted from the mother to the developing fetus.
- **Lactation:** There are no data on the presence of DUPIXENT in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for DUPIXENT and any potential adverse effects on the breastfed child from DUPIXENT or from the underlying maternal condition.

Daily loss of smell score (range 0 to 3): reduced score indicates improvement.

**References:**
1. DUPIXENT Prescribing Information.

Please see brief summary of full Prescribing Information on the following pages.
Table 4: Adverse Reactions Occurring in ≥1% of the DUPIXENT Group in CRSwNP Trials 1 and 2 and Greater than Placebo (24 Week Safety Pool)

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Dupixent 300 mg Q2W n (%)</th>
<th>Placebo N=282 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection site reactions*</td>
<td>28 (6%)</td>
<td>12 (4%)</td>
</tr>
<tr>
<td>Conjunctivitis*</td>
<td>7 (2%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>14 (3%)</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Gastritis</td>
<td>7 (2%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>6 (1%)</td>
<td>0 (&lt;1%)</td>
</tr>
<tr>
<td>Eosinophilia</td>
<td>5 (1%)</td>
<td>1 (&lt;1%)</td>
</tr>
<tr>
<td>Toothache</td>
<td>5 (1%)</td>
<td>1 (&lt;1%)</td>
</tr>
</tbody>
</table>

*Injection site reactions cluster includes injection site reaction, pain, bruising and swelling.

5.3. Eosinophilic Conditions

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

5.5. Reduction of Corticosteroid Dosage

Do not discontinue systemic, topical, or inhaled corticosteroids abruptly upon initiation of therapy with DUPIXENT. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic corticosteroid therapy. These events may be associated with the reduction of oral corticosteroid therapy. Physicians should be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and neuropathy presenting in their patients with eosinophilia. Cases of eosinophilic pneumonia were reported in adult patients who participated in the asthma development program and cases of vasculitis consistent with eosinophilic granulomatosis with polyangiitis have been reported with DUPIXENT in adult patients who participated in the asthma development program as well as in adult patients with co-morbid asthma in the CRSwNP development program. A causal association between DUPIXENT and these conditions has not been established.

5.6. Patients with Comorbid Asthma

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

5.7. Parasitic (Helminth) Infections

Patients with known helminth infections were excluded from participation in clinical studies. It is unknown if DUPIXENT will influence the immune response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to antihelminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

6 ADVERSE REACTIONS

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

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

6.1. Clinical Trials Experience

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

Chronic Rhinosinusitis with Nasal Polyposis

A total of 722 adult subjects with chronic rhinosinusitis with nasal polyposis (CRSwNP) were evaluated in 2 randomized, placebo-controlled, multicenter trials of 24 to 52 weeks duration (CSNP Trials 1 and 2). The safety pool consisted of data from the first 24 weeks of treatment from both studies. In the safety pool, the proportion of subjects who discontinued treatment due to adverse events was 5% of the placebo group and 2% of the DUPIXENT 300 mg Q2W group.

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

**8.1 Pregnancy**

**Pregnancy Exposure Registry**

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. Please contact 1-877-311-8972 or go to https://mothertobaby.org/ongoing-study/dupixent/ to enroll in or to obtain information about the registry.

**Risk Summary**

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

**Data**

**Animal Data**

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

**8.2 Lactation**

**Risk Summary**

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

**8.4 Pediatric Use**

**CRSwNP**

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

**8.5 Geriatric Use**

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

**10 OVERDOSE**

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

**17 PATIENT COUNSELING INFORMATION**

Advise the patients and/or caregivers to read the FDA-approved patient labeling (Patient Information and Instructions for Use).
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AAO-HNS/F LEADERSHIP FORUM & BOG SPRING MEETING
MAY 1-3, 2020 | ALEXANDRIA, VA

www.entnet.org/leadershipforum
2019 ANNUAL REPORT

MEMBERSHIP & GLOBAL AFFAIRS

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RESEARCH & QUALITY

ADVOCACY

DEVELOPMENT & FINANCE

INFORMATION TECHNOLOGY

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

Albert L. Merati, MD
AAO-HNS/F 2018/2019 President

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ADVOCACY

STRENGTHENED the specialty’s political voice by attending more than 50 events with Members of Congress via ENT PAC, the AAO-HNS political action committee.

2019 ACHIEVEMENTS

- Continued the fight on Capitol Hill to halt inappropriate federal scope of practice expansions and advocated for our members and their patients on the critical issues of surprise out-of-network billing and prior authorization reforms in the Medicare Advantage program.

- Opposed CMS proposal in the 2020 Physician Fee Schedule on the value of E/M codes in the global surgery package that would negatively impact otolaryngology practices.

- Successfully argued for the retention of intellectual property rights of performance measures in the MIPS system.

- Collaborated with national, regional, and local insurers seeking positive coverage changes to policies relating to:
  - Surgical treatment of snoring and obstructive sleep apnea syndrome
  - Balloon dilation of the eustachian tube
  - Functional endoscopic sinus surgery
  - Balloon sinus ostial dilation
  - Modifier -25 payment denials
  - Denials related to reporting E/M codes with other procedures
  - Postoperative sinus endoscopy

- Worked with CPT team and other Academy leaders on creation of new CPT codes, effective in January 2021, for:
  - Absorbable Nasal Implant Repair
  - Dilation of Eustachian Tube

- Worked with state advocates to halt legislation that would be harmful to patients including:
  - Florida SB 572: hearing aid bill that did not include otolaryngologists for a medical diagnosis and services to children with hearing loss
  - Hawaii SB 1243/HB 678: bills that would have defined an audiologist as a professional who “diagnoses and treats hearing and balance functions”
  - California AB 780: a bill that would have allowed hearing aid dispensers to perform the advanced services of “tympanometry” and “cerumen management” without adequate education and training

- Launched a one-click politics campaign, using the AAO-HNS advocacy network to communicate with Members of Congress regarding the Academy’s opposition to the “Medicare Audiologist Access and Services Act” (H.R. 4056/S. 2446)
RESEARCH & QUALITY

REG-ENT

● Grew participation to 3,000 clinicians from 500 practices
● Reached volumes of approximately six million unique patients and 20 million patient visits
● Conducted 16 academic medical centers visits, with three new institutions in the process of onboarding and five institutions fully integrated
● Increased number of clinicians who reported Merit-based Incentive Payment System (MIPS) via Reg-ent
  → Over 1,100 clinicians in 2018, up from 700 in 2017 and 120 in Reg-ent’s first year
  → 78 practices and 107 individuals had MIPS scores at or exceeding 70 points and received exceptional performance bonuses

CORE GRANTS

● Reviewed 155 grant applications, with 35 CORE grants awarded for meeting meritorious scoring
● Funded over $500,000 in CORE grant awards, supported by AAO-HNSF and specialty societies

CLINICAL PRACTICE GUIDELINES (CPG) AND CLINICAL CONSENSUS STATEMENTS (CCS)

● Published the following CPGs and CCS:
  → CPG: Tonsillectomy in Children (Update) – FEBRUARY 2019
  → CPG: Sudden Hearing Loss (Update) – AUGUST 2019
  → CCS: Balloon Dilation of the Eustachian Tube – JUNE 2019
● Prepared the following CPGs and CCS for publication:
  → CPG: Nosebleed (Epistaxis) – TENTATIVE JANUARY 2020
  → CPG: Ménière’s Disease – TENTATIVE FEBRUARY 2020
  → CCS: Ankyloglossia – TENTATIVE MARCH 2020
● Began work on the following CPGs and CCS:
  → CPG: Opioid Prescribing for Analgesia after Common Otolaryngology Operations
  → CPG: Tympanostomy Tubes in Children (Update)
  → CCS: Drug-Induced Sleep Endoscopy

QUALITY MEASURES

● Managed development of three measures manuscripts and the quality measure development manual (in final stages for publication)
GLOBAL EDUCATION, MEETINGS, & STRATEGIC PARTNERSHIPS

226 MODULES

COMPLETED development of www.OTOSource.org, a free, comprehensive online study guide. with:

- Support from more than 200 otolaryngologist-head and neck surgeons who authored
- 226 modules for the 11 subspecialty units.

EXPANDED the AcademyU® catalog with:

- 9,364 total enrollments
- 235,196 total CME credits issued

450+ NEW COURSES

400+ SESSIONS

PROVIDED four packed days, 10 groundbreaking program formats, and more than 400 continuing education sessions to choose from.

2019 ACHIEVEMENTS

CORPORATE DEVELOPMENT

- Launched the new Corporate Champions Program, allowing industry partners to engage throughout the year and align more closely with the Academy’s mission
- Expanded the successful CPOP course, allowing for the content to be licensed by providers
- Began visits to industry partners, forming closer relationships and creating strategic plans for the upcoming year for how they will engage with members

AAO-HNSF 2019 ANNUAL MEETING & OTO EXPERIENCE

- Provided education and opportunities for the global otolaryngology community to network and examine the latest otolaryngology equipment and solutions
- Introduced late-breaking scientific oral abstract presentation to the 2019 Annual Meeting education program
- Debuted the Young Physicians Pavilions, providing opportunities for residents and young physicians to receive mentorship from thought-leaders
- Revamped the Annual Meeting sponsorship offerings to include advertising within the Bulletin and Meeting Daily

STAKEHOLDER MEETINGS

- Expanded the AAO-HNS/F meetings portfolio by partnering with the Society of Physician Assistants in Otorhinolaryngology to provide education program support and logistical management of the 2019 ENT for the PA-C Conference
- Submitted winning bid to host the 38th Pan-American ORL Congress to be held in Orlando, FL, in 2022

GLOBAL EDUCATION

- Officially retired Home Study Course, while creating FLEX, our new intermodal education offering debuting in 2020
- Released the 4th Edition of the AAO-HNSF Primary Care Otolaryngology eBook that includes a new chapter on sleep medicine.
- Provided ongoing support to physicians’ lifelong participation in meaningful and practice-relevant learning activities through collaborative initiatives among AAO-HNSF, ABOHNS, and ACCME (www.entnet.org/moc)
- Grew Member+ to 2,545 subscribers
MEMBERSHIP & GLOBAL AFFAIRS

Grew overall membership to 11,702 (11,478 in 2018), driven by an increase in international and student categories, which led to exceeding the revenue goal by $100,000+.

Increased global Joint Meetings in collaboration with the International Corresponding Societies (ICS) affiliated network and the AAO-HNSF conducted 15 joint meetings in 2019.

Expanded student programs:
- Launched webpage with 20+ articles
- Held three (3) ENT Student Forums Boston, Chicago, and Philadelphia
- More than doubled student membership (106 to 240)

2019 ACHIEVEMENTS

- Launched new member welcome series based on member segment and practice location, anchored by welcome videos and links to important member benefits information
- Enhanced onboarding experience and debuted committee chair orientation at the Annual Meeting with 50 participants
- Awarded over $60,000 in grants to residents, young physicians, and students
- Created new format for the International e-Newsletter bringing greater focus on education resources
- Held election for chair-elect of the International Advisory Board (IAB) at the General Assembly in New Orleans, LA; Karl Hoermann, MD, (Germany) will serve a one-year term as Chair-Elect and become IAB Chair following the AAO-HNSF 2020 Annual Meeting & OTO Experience
- Developed a Volunteer Faculty Database of U.S.-based members to support scientific program, panels, and presentations at Joint Meetings around the globe
- Sponsored “Negotiation Strategies for Women” workshop at the AAO-HNSF 2019 Annual Meeting & OTO Experience

BOG
Updated Bylaws to provide private practice physicians equal opportunity to hold leadership positions
Launched interactive BOG State Society Contacts Map

SRF
Launched new physician contract review member benefit program www.entnet.org/negotiate
Launched new education webinar series, a collaboration between SRF and WIO

WIO
Launched the WIO2.0 Initiatives Campaign, a yearlong fundraising campaign for the WIO Endowment’s efforts to provide a perpetual source of funding for projects that champion important issues for all women in otolaryngology www.entnet.org/give2wio

YPS
Launched a new web-based resource page specifically for young physicians www.entnet.org/content/yps-resources
Established Communications, Engagement, and Practice Management Work Groups focusing on new initiatives
COMMUNICATIONS

ENTHEALTH.ORG
- ENThealth.org received a Grand Award in the APEX 2019 Awards for Publication Excellence Competition. AAO-HNS members provide clinical contributions and oversight for the site developed by Communications and Information Technology

MARKETING
- Grew ENTConnect audience significantly this year with new users up 25 percent (978 first-time logins)
- Produced 77 total videos, increasing YouTube views by more than 60 percent (44,200+ views)
- Launched two new digital marketing platforms:
  - Dynamic new email platform for more efficient and effective email communications, featuring automation capabilities
  - Inbound lead generation platform for membership, product sales, and event registration acquisition

PUBLICATIONS
- Coordinated Otolaryngology–Head and Neck Surgery Resident Reviewer Development Program with the largest class to date in 2019, including the first international participant

MEDIA AND PUBLIC RELATIONS
- Facilitated media inquiries for multiple articles in Consumer Reports, U.S. News and World Reports, Today.com, Prevention, Health.com, and others
- Secured a regularly-scheduled appearance by James C. Denneny III, MD, EVP/CEO, on Sirius XM Doctor Radio program to discuss information relevant to the ENT patient and those in the public interested in otolaryngology-head and neck surgery
- Developed education and outreach materials, including social media graphics and messaging and articles in the Bulletin, for the following health observances:
  - Kids ENT Health Month
  - World Hearing Day
  - Sleep Awareness Week
  - World Voice Day
  - Oral Head and Neck Cancer Awareness Week
  - Better Hearing and Speech Month
  - National Dysphagia Awareness Month
  - Kids Safe Holiday

INCREASED
- monthly average Otolaryngology–Head and Neck Surgery podcasts downloads to more than 4,800, up from an average of 3,900 in 2018

CONTINUED
- development of creative design and marketing, starting with our signature “We Are One” logo and building the AAO-HNS/F brand and identity of excellence with all programs and services

2019 ACHIEVEMENTS

Visits from over 1.9 million unique users to ENThealth.org, resulting in 2.8 million pageviews (as of November 18, 2019)
In total, approximately $2.7M will be added to Net Asset Reserves for the fiscal year ended June 30, 2019 (FY19), of which approximately $1.7M is from operations and $1M is from investment activity. Revenues closely matched what had been budgeted varying by less than two percent overall. Expense savings of 12 percent account for the addition to reserves from operations.

Expenses were below budget, with the most significant savings coming from salaries and benefits, accounting for 32 percent of the positive addition to reserves. The expense savings realized in FY19 resulted from cost/benefit decisions about spending, timing of initiatives, and expense management across all areas.

Non-operating investment and other activity provided an addition to reserves of almost $1M. During the fiscal year, with the support of the Finance and Investment Subcommittee (FISC) and approval of the Boards of Directors, reserves which had been held in cash were moved out of cash and added to the managed investment portfolio. These reserves are now invested in a new operating reserves portfolio, with the goal to generate returns to keep pace with inflation, or, added to the long-term portfolio, invested to generate long-term value for sustainability of the organization. As part of this cash re-allocation, the FISC directed that cash maintained in operating checking accounts be approximately, on average, 25 percent of budgeted operating expenses.

As of June 30, 2019, net asset reserves without donor restrictions were $27.1M. In addition, net asset reserves with donor restrictions totaled $7M of which $5.8M are Hal Foster, MD Endowment funds.

For a copy of the independent audit of AAO-HNS/F’s FY19 financial statements contact Chanlon@entnet.org. In May 2019, the Boards of Directors approved a balanced fiscal year 2020 (FY20) budget with revenue and expenses both equal to $19.4M. This is a larger budget than the prior year due to the increase in Reg-entSM fees.

Finding ways to maximize resources and build efficiencies has been, and continues to be, a focus of budget management. The budgeting process is integrated with the AAO-HNS/F strategic plan and involves the efforts of elected leadership, the Boards of Directors, Executive Committee, and the FISC.
## Unaudited (Rounded) Consolidated Statement of Revenue and Expenses

For the 12 Months Ended June 30, 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>BUDGET FY19</th>
<th>%</th>
<th>ACTUAL FY19</th>
<th>%</th>
<th>BUDGET FY20</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$6,925,000</td>
<td>38%</td>
<td>$7,032,000</td>
<td>40%</td>
<td>$6,925,000</td>
<td>36%</td>
</tr>
<tr>
<td>Annual Meeting Revenues</td>
<td>6,850,000</td>
<td>38%</td>
<td>6,605,000</td>
<td>37%</td>
<td>6,741,000</td>
<td>35%</td>
</tr>
<tr>
<td>Education and Other Product Sales</td>
<td>1,714,000</td>
<td>10%</td>
<td>1,810,000</td>
<td>10%</td>
<td>1,858,000</td>
<td>10%</td>
</tr>
<tr>
<td>Publication Revenues and Other Royalties</td>
<td>1,717,000</td>
<td>10%</td>
<td>1,766,000</td>
<td>10%</td>
<td>1,756,000</td>
<td>9%</td>
</tr>
<tr>
<td>Annual Fund</td>
<td>150,000</td>
<td>1%</td>
<td>168,000</td>
<td>1%</td>
<td>150,000</td>
<td>1%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>44,000</td>
<td>&gt;1%</td>
<td>112,000</td>
<td>1%</td>
<td>45,000</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>17,400,000</td>
<td>97%</td>
<td>17,493,000</td>
<td>99%</td>
<td>17,475,000</td>
<td>90%</td>
</tr>
<tr>
<td>Use of Donor Restricted Net Assets</td>
<td>188,000</td>
<td>1%</td>
<td>194,000</td>
<td>1%</td>
<td>258,000</td>
<td>1%</td>
</tr>
<tr>
<td>Use of Board Designated Net Assets</td>
<td>440,000</td>
<td>2%</td>
<td>-</td>
<td>0%</td>
<td>1,700,000</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>$18,028,000</td>
<td>100%</td>
<td>$17,687,000</td>
<td>100%</td>
<td>$19,433,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>$9,325,000</td>
<td>52%</td>
<td>$8,462,000</td>
<td>53%</td>
<td>$9,125,000</td>
<td>47%</td>
</tr>
<tr>
<td>Occupancy</td>
<td>1,060,000</td>
<td>6%</td>
<td>1,124,000</td>
<td>7%</td>
<td>1,003,000</td>
<td>5%</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>2,235,000</td>
<td>12%</td>
<td>1,756,000</td>
<td>11%</td>
<td>2,262,000</td>
<td>11%</td>
</tr>
<tr>
<td>Annual Meeting Costs</td>
<td>2,298,000</td>
<td>13%</td>
<td>2,445,000</td>
<td>15%</td>
<td>2,671,000</td>
<td>11%</td>
</tr>
<tr>
<td>Consultants &amp; Professional Fees</td>
<td>2,243,000</td>
<td>12%</td>
<td>1,794,000</td>
<td>11%</td>
<td>3,450,000</td>
<td>20%</td>
</tr>
<tr>
<td>Grants</td>
<td>417,000</td>
<td>2%</td>
<td>377,000</td>
<td>2%</td>
<td>472,000</td>
<td>2%</td>
</tr>
<tr>
<td>Contingency Expense</td>
<td>450,000</td>
<td>2%</td>
<td>-</td>
<td>0%</td>
<td>450,000</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$18,028,000</td>
<td>100%</td>
<td>$15,958,000</td>
<td>100%</td>
<td>$19,433,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Revenue and Support in Excess of Expenses</strong></td>
<td>$-</td>
<td></td>
<td>$1,729,000</td>
<td></td>
<td>$-</td>
<td></td>
</tr>
<tr>
<td>Net Investment Activity</td>
<td></td>
<td></td>
<td>$973,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in Net Assets without Donor Restriction</td>
<td></td>
<td></td>
<td>$2,702,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Information Technology team supports the AAO-HNS/F programs and services across the board by providing the latest technology, focusing on user-friendly experiences for members, coupled with advances related to collaboration and security.

MEMBER BENEFITS PROVIDING VALUE THROUGH TECHNOLOGY INCLUDE:

- Disclosure Form, revised and simplified
- Annual Meeting CMEs automatically imported into AcademyU™ transcripts
- BOG interactive map
- ENThealth+ online purchases and distribution
- ENThealth.org Find an ENT
- Website support for entnet.org, ENThealth.org, otosource.org and others
- Streamlined committee application process
- WIO2.0 online donations

Recognizing 30+ and Lifetime members in 2019

In August 2019, the Academy launched a program to celebrate our new lifetime and 30-year members. Since then, we have recognized those with over 30 years of membership.

The following individuals have achieved the milestones of 33, 32, or 31 years of continuous membership. We thank them for their invaluable contributions to the Academy and our specialty.

To see the lists of members achieving Lifetime and other 30+ years of continuous membership in 2019, please check the Bulletin issues noted below.

**August Bulletin: New Lifetime and reaching 30-years in 2019**

**October Bulletin: Achieving 38- and 37-years in 2019**

**November Bulletin: Achieving 36-, 35-, and 34-years in 2019**

### 33 year

- Ali M Agha, MD
- Paul Alberti, MD
- Brian J. Aplakis, MD
- Max M. April, MD
- Richard L. Arden, MD
- David J. Aroesty, MD
- Moses A. Aniaga, MBA
- H. Alexander Antis, MD
- David J. Astrachan, MD
- Jeffrey L. Barber, MD
- Monty R. Barker, MD
- John F. Barrond, MD
- Michael S. Benninger, MD
- Drupad Bhatt, MD
- R. Kirk Bohgian, MD
- James H. Boydt, MD
- David Brown, MD
- Stephen Brownlee, MD
- Daniel E. Bruegger, MD
- Harry Cantrell, MD
- Donald P. Carter, MD
- David Cheng, MD
- Suki S. Choi, MD
- Jody L. Daradotle, MD
- Michael A. De Vita, MD
- Robert L. Detch, MD
- Francis A. DeRito, MD
- Ellen S. Deutsch, MD
- Joel D. D’Hue, MD
- Clark B. Dickson, MD
- Thomas F. Dowling, MD
- Dean A. Drezer, MD
- Stephen V. Early, MD
- Kenneth H. Ehrhom, MD
- Wayne B. Eisenman, MD
- David A. Evans, MD
- Isabel Feusten, MD
- James A. Fernandez, MD
- Rick Fox, MD
- James R. Fritz, MD
- Timoteo R. Gabriel, Jr., MD
- John T. Gallagher, MD
- Richard S. Galos, MD, PhD
- Robert M. Gargano, MD
- James R. Gaull, MD
- Scott H. Goldberg, MD
- Andrew N. Goldberg, MD, MSCE
- Lindsay E. Galden, MD
- Elliott Goldsfsky, MD
- Rodolfo Diaz Gonzalez, MD
- Christina S. Gwozdz, MD
- Joseph Haddad, Jr., MD
- Charles Harper, MD
- Everett T. Hart, MD
- Thomas E. Havas, FRCS, FRACS
- David L. Hilton, MD
- Laurence Ho, MD
- Charles D. Holland, Jr., MD
- Robert J. Hughes, MD
- Connelus J. Jansen III, MD
- Dwight T. Jones, MD
- Jan L. Kaspater reviewers, MD
- Thomas J. Ketterer, MD
- Stephen M. Kellingworth, MD
- G. Robert Kletzke, MD
- Alan Kominsky, MD
- Richard D. Kopke, MD
- William H. Kuhel, MD
- William Laskowski, MD
- Ronald W. Li, MD
- Jay Luft, MD
- Charles K. Lutz, MD
- J. Gerard MacDonald, MD
- John P. Maddalozzo, MD
- Zeyad Z. Mahasin, MBBS, FRCS
- Barbara N. Malone, MD
- Lauree E. Markowitz Spence, MD
- Arlene H. Markowitz, MD
- Michael P. Martin, MD
- Becky L. McGraw-Wall, MD
- Rae A. McIntee, MD, DDS, MBA
- Michael J. McHenna, MD
- Peter B. McKennan, MD, DDS
- Robert L. Meller, MD
- Scott R. Messinger, MD
- James D. Miner, MD
- Craig S. Murakami, MD
- Lynn C. Murphy, MD
- Tereena P. Murphy, MD
- Steven J. Neal, MD, PC
- Danny Neal, MD
- Pamela J. Nicklaus, MD
- Thomas Nielsen, MD
- David E. Nissi, MD
- Michael S. Nosanov, MD
- Steven J. Pearlman, MD
- Frederick S. B. Rayne, MD
- Seth A. Rainer, MD
- Jose A. Rivas, MD
- Raymond P. Rock, MD
- Lynn Rob, MD
- Seth I. Rosenberg, MD
- John I. Saad, MD
- Wassim Salamoun, MD
- Perry M. Santos, MD, MS
- Diego Saporita, MD
- J. R. Sarpa, MD
- David G. Schall, MD, MPH
- Jonathan L. Schmidt, MD
- J. R. Schotten, MD
- Jeffrey P. Schonberg, MD
- Richard Carlton Schultz, Jr., MD
- Barbara A. Schultz, MD
- Michael S. Schwartz, MD
- Robert J. Sciacca, MD
- Steven G. Shmoklakbara, MD
- Eric J. Simko, MD
- Jagdeep Singh, MD
- Marshall E. Smith, MD
- Charles Souleje, Jr., MD
- Neil M. Sperling, MD
- Samuel Edward Spehe, MD
- Anson Stegnjac, MD
- David Wayne Stein, MD
- Joseph R. Steininger, MD
- David W. Stempnick, MD
- Jordana C. Stern, MD
- J. Pablo Stolzblit, MD
- Jason B. Surucu, MD
- Michael Tedford, MD
- James R. Thompson, MD
- Dean M. Toriumi, MD
- David M. Trinidade, MD, CHI, FRCS
- Alfred D. Trotter III, MD
- Stanley J. Wardowski, MD
- Hiroshi Watanabe, MD
- Joel Waismann, MD
- Richard M. Weir, MD
- Mark C. Weissler, MD
- D. Bradley Wellin, MD, PhD
- Josh Werber, MD
- Sue K. Wink, MD
- Phillips H. Winter, MD
- Michael T. Wood, MD
- Craig S. Murakami, MD
- J. R. Sarpa, MD
- David G. Schall, MD, MPH
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- Mark C. Weissler, MD
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- Josh Werber, MD
- Sue K. Wink, MD
- Phillips H. Winter, MD
- Michael T. Wood, MD
CPOP - Certificate Program for Otolaryngology Personnel Courses
May 15-17, 2020
October 9-11, 2020

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

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

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

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

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

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

Providance Park Hospital, Novi Michigan
Van Etslander Surgical Innovation Center
Co-directors: Eric Sargent, MD (Michigan Ear Institute) & Jeffrey Weingarten, MD (Ear, Nose & Throat Consultants)

Registration Deadline: 3 weeks before start of course

Otorhinolaryngology: Established Hospital Employed Practice

- New, State-of-the-Art $24M Medical Office Building with Integrated Audiology Service
- 2 Experienced Surgeons and 3 PAs
- 144-bed Hospital with 33,000 ED Visits
- ICU with 24-hour Intensivist Coverage
- 1:4 ER Call
- 91% Physician Engagement via Press Ganey
- Competitive Salary, Generous Benefits, Sign-on Bonus, Relocation Assistance

Rutland Regional is an independent, financially strong community hospital that has been recognized nationally for quality, patient safety, and high patient, employee and physician satisfaction.

Located in the Green Mountains of Vermont near Killington Ski Resort, Rutland is a safe, family-oriented community with a four-season climate. Our location offers world-class skiing, good schools, reasonable cost of living and proximity to Boston, Montreal and New York.

If you’re interested in becoming part of our community, please contact:
Rebecca Banco, CMSR, DASPR, Physician Recruiter
802.747.3844 or bbanco@rrmc.org

Rutland Regional Medical Center
www.RRMC.org | 160 Allen Street, Rutland, VT | 802.775.7111
Healthy You. Healthy Together.
TEMPORAL BONE SURGICAL DISSECTION COURSES

5 Day Courses
March 30 - April 3, 2020
October 20 - 30, 2020

Fee: $2000 Physicians in Practice
$1700 Residents (with letter from chief)
CME: 45 Category 1 Credits

For more information, please visit our website at:
www.otolaryngology.emory.edu
or you may email us at:
emoryotolaryngology@emory.edu
At Geisinger, we’ve been focused on advancing the future of health for more than a century. That spirit of innovation still drives us today with a 20-year clinical data warehouse (Geisinger was one of the earliest implementers of Epic), our groundbreaking population genomics program which links multiple generations of clinical data, and an unwavering commitment to value-based primary and specialty care. When you join Geisinger, you’ll be a part of an organization that’s leading healthcare change.

Join our team throughout Pennsylvania:
- Rhinology
- Otology/Neurotology
- Head & Neck Surgery
- Pediatric Otolaryngology
- General Otolaryngology & Sleep

Fellowship training or experience in health services research is preferred.

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

As a physician-led system, we offer several convenient locations that are 2.5 hours from New York City, Philadelphia and Baltimore. We serve over three million residents in Pennsylvania and New Jersey in a system of 13 hospital campuses, a nearly 600,000-member health plan, two research centers and the Geisinger Commonwealth School of Medicine. With approximately 32,000 employees and more than 1,800 employed physicians, Geisinger recognizes over $8B in annual revenues.

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

Does not qualify for J-1 waiver. AA/EEO: disability/vet.
The Department of Otolaryngology at the University of Florida is seeking applicants who wish to pursue an academic career in Otology/Neurotology at the rank of Assistant, Associate, or Full Professor. Track and rank will be commensurate with experience. The department has 16 faculty members and 15 residents. The desired candidate should possess a strong commitment to both clinical practice as well as resident teaching. Fellowship training in Otology or Neurotology, or significant comparable clinical experience in such fields is desired. Applicants should be board certified or board eligible in Otolaryngology or Neurotology, and licensed (or eligible) to practice in Florida. Salary is negotiable and will be commensurate with experience and training.

To apply, please go to https://facultyjobs.hr.ufl.edu, search using “Otolaryngology, Gainesville”. After applying, please send your CV and cover letter to:

Department of Otolaryngology
Attn: Neil Chheda, MD
University of Florida
PO Box 100264
Gainesville, FL 32610-0264
Email: neil.chheda@ent.ufl.edu

The University of Florida is an equal opportunity institution dedicated to building a broadly diverse and inclusive faculty and staff.

A well-established, premier and highly respected ENT private practice in Fayetteville, North Carolina is seeking a full time BC/BE General Otolaryngologist or Otologist. We offer a full spectrum of ENT services including complete audiology, hearing aids sales, vestibular services, laryngology, otology, head and neck surgery, in-office CT, allergy, Tru Di navigation balloon sinuplasty, eustachian tuboplasty, LATERA implants.

The Fayetteville Sandhills region enjoys easy access to mountains and coastal beaches. We offer a competitive compensation package with potential buy in opportunity after 2 years of joining our practice. Admitting privileges and pay for call at Cape Fear Valley Hospital.

For confidential consideration please email your CV to Dr. Steven Pantelakos at stpent@nc.rr.com or Gwendolyn Parks at gwenp@fayent.com.

You may visit us at www.fayent.com.
The Ohio State University
Department of Otolaryngology – Head and Neck Surgery

BC/BE General Otolaryngologist

The Medical Center is expanding its ambulatory footprint and its off-campus sites. As a result the Department is seeking board certified/board eligible Generalists to join the Department of Otolaryngology – Head and Neck Surgery at The Ohio State University. Applicants must demonstrate excellence in patient care, research, teaching, and clinical leadership. Experience/interest in sleep medicine is preferred. This is an outstanding opportunity to join one of the top ranked programs in the country. Located in the heart of Ohio, Columbus offers a population of over 1.5 million people and excellent cultural, sporting, and family activities.

Send letter of interest and CV to:

James Rocco, MD, PhD
Professor and Chair
The Ohio State University
Department of Otolaryngology
915 Olentangy River Rd. Suite 4000
Columbus, Ohio 43212
E-mail: mark.inman@osumc.edu
Department Administrator
Or fax to: 614-293-7292
Phone: 614-293-3470

Harvard Department of Otolaryngology/Mass Eye and Ear

Regional and Specialty Growth Opportunities over the next 1-3 Years
• General Otolaryngology
• Laryngology
• Neurotology
• Pediatric Otolaryngology

We are seeking to hire both general and fellowship trained otolaryngologists in multiple subspecialties as we grow in the Boston area and its suburbs, and expand to New Hampshire, northern Massachusetts and Rhode Island. We have an immediate opening in Quincy, MA for a general otolaryngologist and anticipate additional general otolaryngology positions in the near future.

The Department of Otolaryngology Head and Neck Surgery at Massachusetts Eye and Ear seeks qualified candidates for full-time general otolaryngology positions.

As a full-time member of the Mass. Eye and Ear staff, there are opportunities to participate in basic and clinical research and/or teaching within Mass. Eye and Ear and Harvard Medical School with academic rank commensurate with experience. The successful candidate must be Board certified or Board eligible in Otolaryngology.

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

Please send a letter of interest and curriculum vitae to:

D. Bradley Welling, MD, PhD, FACS
Professor and Chair, Department of Otolaryngology
brad_welling@meei.harvard.edu

The Ohio State University is an Equal Opportunity Affirmative Action Employer. Women, minorities, Vietnam-era veterans, and individuals with disabilities are encouraged to apply.
South Florida ENT Associates, a fifty plus physician group practice operating in Miami-Dade, Broward and Palm Beach Counties, has immediate openings for full-time ENT Physicians. South Florida ENT Associates is the second largest ENT group in the country and the largest in the state of Florida. We provide full service ENT including Audiology, Hearing Aid Sales, Allergy, Facial Plastics, Robotics and CT services.

We offer an excellent salary/bonus with partnership track, health insurance, paid vacation time, malpractice insurance and CME reimbursement, plus other benefits.

Candidate must have strong clinical knowledge, excellent communication skills, be highly motivated and hardworking.

This position will include both office and hospital settings.

Requirements:
- Board Certified or Eligible preferred
- MD/DO from approved medical/osteopathy school and graduation from accredited residency program in ENT
- Current Florida license
- Bilingual (English/Spanish) preferred
- Excellent communication and interpersonal skills
- F/T - M-F plus call

For more information about us, please visit www.sfenta.com.

Contact Information:
- Contact name: Stacey Citrin, CEO
- Phone: (305) 558-3724 • Cellular: (954) 803-9511
- E-mail: scitrin@southfloridaent.com

General Comprehensive Otolaryngologist – Head and Neck Surgeon

The Department of Head & Neck Surgery at the David Geffen School of Medicine at UCLA is seeking full-time, clinical, non-tenure track general otolaryngologists to join its expanding community specialty clinical practice as a Staff Physician. The otolaryngologist will see patients at the community practice locations in the Greater Los Angeles area as needed by the Department, and will perform surgery primarily in community Surgery Centers. Candidates should possess excellent communication skills, be a team player, and be highly motivated to provide general otolaryngology services to the community. Applicants must be Board certified (or eligible) and have (or be eligible to apply for) a current California medical license.

Experience and/or a practice focus in comprehensive otolaryngology - head and neck surgery is preferred.

UCLA seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. For the complete University of California nondiscrimination and affirmative action policy, see: UC Nondiscrimination & Affirmative Action Policy.

Letters of inquiry and curriculum vitae should be sent to:
- Maie A. St. John, M.D., Ph.D., FACS
  Professor and Chair, Department of Head & Neck Surgery
  Thomas C. Calcatera Chair in Head and Neck Surgery
  Co-Director, UCLA Head and Neck Cancer Program
  Jonsson Comprehensive Cancer Center
  David Geffen School of Medicine at UCLA
  10833 Le Conte Avenue, CHS 62-132
  Los Angeles, CA 90095-1624

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

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

OTOLOGIST/NEUROTOLOGIST
- Rank commensurate with experience
- Excellent resources are available
- Fellowship training required

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

Or email skountakis@augusta.edu

Augusta University is an Equal Opportunity, Affirmative Action and Equal Access employer.
Academic Faculty Position, Pediatric Otolaryngology

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine invites applications for a full-time faculty position at the Assistant or Associate Professor level in the Division of Pediatric Otolaryngology. Fellowship training in Pediatric Otolaryngology is required. We encourage candidates with a commitment to education and research to apply. This position will include patient care responsibilities at St. Louis Children’s Hospital and the Children’s Specialty Care Center. Candidates must be able to obtain a Missouri State license and must be board certified in Otolaryngology or eligible for certification. Interested applicants are invited to submit their CV on the WUSM website at: https://facultyopportunities.wustl.edu

Keiko Hirose, MD
Division Chief, Pediatric Otolaryngology
Department of Otolaryngology-Head & Neck Surgery
Washington University School of Medicine

Washington University in St. Louis is committed to the principles and practices of equal employment opportunity and affirmative action. It is the university’s policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, gender, sexual orientation, gender identity or expression, national origin, veteran status, disability, or genetic information.

For more information, please contact:
David Goldberg, MD, FACS, Chair, Department of Otolaryngology – Head and Neck Surgery c/o Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu.

Penn State Health is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer. Minority/Women/Protected Veteran/Disabled

Facial Plastic and Reconstructive – Microvascular Surgeon
Department of Otolaryngology – Head and Neck Surgery

The Department of Otolaryngology – Head and Neck Surgery at Penn State Health Milton S. Hershey Medical Center is seeking a full-time board eligible/certified Facial Plastic and Reconstructive Surgeon. Appointment will be at the Assistant/Associate Professor level. Qualified candidates must have completed an approved residency program and be fellowship trained. Experience in a wide spectrum of aesthetic and reconstructive facial plastic surgery including training in microvascular reconstruction is desired. A strong commitment to patient care, resident education and research is required.

Penn State Health is multi-hospital health system serving patients and communities across central Pennsylvania. The system includes Penn State St. Joseph Medical Center in Reading, Penn State Health Milton S. Hershey Medical Center; Penn State Children’s Hospital, Penn State Cancer Institute, and Penn State Health Rehabilitation Hospital (jointly owned with Select Medical) based in Hershey, as well as more than 1,300 physicians and direct care providers at 78 medical office locations.

Hershey is a suburban community in a metropolitan area and is one of the fastest growing regions in the state with excellent schools and a safe friendly environment. Hershey is approximately 12 miles from Harrisburg, the state capital, and within a short train ride or drive to New York City, Philadelphia, Washington, DC, and Baltimore.
Head & Neck Oncologic Surgeon

The University of Utah Department of Surgery, Division of Otolaryngology – Head & Neck Surgery seeks a BC/BE faculty with an interest in oncologic surgery. This is a full-time clinical track position at the Assistant Professor level. Responsibilities will include teaching, research, and clinical care at the University of Utah Health as well as at the Huntsman Cancer Institute, which is an NCI-Designated Comprehensive Cancer Center. Position available July, 2020.

Applicants must apply at:
http://utah.peopleadmin.com/postings/96512
For additional information, contact:
Susan Harrison
801-585-3186
susan.harrison@hsc.utah.edu

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

General Otorhinolaryngology Faculty Positions

The Department of Otorhinolaryngology-Head & Neck Surgery is recruiting up to 3 general otorhinolaryngologists to join its expanding suburban practices. This is a unique opportunity to join a growing academic department in a large metro area. Interest in sleep and/or allergy is desirable, but not required. These positions also involve a 20% commitment to the Department’s teaching sites. Academic appointment commensurate with experience.

Please submit your CV and application here: www.ent4.me/recruit

Interest and questions may be directed to:
Martin J. Citardi, MD
Professor & Chair
The University of Texas Health Science Center at Houston
Department of Otorhinolaryngology-Head & Neck Surgery
Fax: 713-383-1410    Email: Martin.J.Citardi@uth.tmc.edu

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

Full time Specialty and Sub-Specialty Positions Available
At the Preeminent Otolaryngology Partnership in the Nation

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

We offer new associates:

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

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

For more information, contact our President, Robert Green, MD (Rgreen@entandallergy.com) or our Chief Executive Officer, Robert Glazer (Rglazer@entandallergy.com or call 914-490-8880).
Otolaryngologist
Department of Otolaryngology- Head and Neck Surgery
Washington University School of Medicine

The Department of Otolaryngology-Head and Neck Surgery at Washington University School of Medicine in St. Louis, MO is seeking a Board certified or Board eligible physician(s) to provide patient care with a focus in comprehensive otolaryngology. Teaching of residents and medical students is expected. A variety of research opportunities are available. The clinical environment may include the main campus, as well as community locations in West, North and/or South St. Louis County. Applicants may apply for an assistant, associate or full professor appointment based on prior experience and training. The department has vast opportunity to provide cutting edge patient care in addition to basic, translational and clinical research experience. Collaboration with existing departmental clinical and basic investigators is encouraged. Salary is negotiable and commensurate with rank, training and experience.

Interested candidates should apply at https://facultyopportunities.wustl.edu.

WVUMedicine

The Department of Otolaryngology at the West Virginia University School of Medicine/WVU Medicine is seeking a full-time, board-eligible/board-certified

ACADEMIC PEDIATRIC OTOLARYNGOLOGIST
AND NEURO-OTOLYST

You will practice at J.W. Ruby Memorial Hospital in Morgantown, WV, a 700-bed, Level I Trauma, academic medical center that offers tertiary and quaternary care.

Twenty faculty members, five Advanced Practice Providers, eight audiologists, and all of our residents are actively engaged in research projects, while delivering outstanding patient care in both the hospital and clinic settings.

- Signing bonus offered
- Onsite childcare
- Paid relocation and 100% employer-contributed 401
- Free WVU tuition for dependents
- Research and academic opportunity/ excellent work-life balance with little cell

WVU Medicine is West Virginia’s largest private employer. Morgantown is consistently rated as one of the best small metropolitan areas in the country for both lifestyle and business climate. The area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. We are located just over an hour south of Pittsburgh, PA, and three hours from Washington, DC, and Baltimore, MD.

For additional information, contact:

CHAIRMAN
Dr. Hassan Ramadan
hramadan@hsc.wvu.edu

SR. PHYSICIAN RECRUITER
Pam Furbee
pamela.furbee@wvmmedicine.org

PennState Health

Pediatric Otolaryngologist
Hershey, Pennsylvania

Join a growing team of clinic providers with the resources of one of the leading academic medical centers in the nation.

The Department of Otolaryngology - Head & Neck Surgery at Penn State Health Milton S. Hershey Medical Center, Penn State Children’s Hospital and Penn State College of Medicine is seeking an additional full-time Pediatric Otolaryngologist.

Appointment will be at the Assistant/Associate/Professor level. Qualified candidates must have completed an approved Otolaryngology – Head & Neck Surgery residency program, be board certified or board eligible, and be fellowship trained to provide clinical and hospital-based Pediatric Otolaryngological care for our patients. You will have the opportunity to build an airway practice.

The Children’s Hospital building was opened in 2013 and is already undergoing expansion due to exponential growth. It sits on the campus of the Hershey Medical Center, a 548-bed Level I regional trauma center. As central Pennsylvania’s only academic medical center and home to the College of Medicine, we are sought out as a resource for the most complex adult and pediatric cases. We were recognized as one of U.S. News & World Report’s Best Hospitals for Ear, Nose and Throat Care in 2016. The Children’s Hospital has been recognized for eight consecutive years among the best children’s hospitals in multiple specialties. Additionally, it is one of only eight hospitals in the nation to be named a Level 1 Children’s Surgery Center by the American College of Surgeons Children’s Surgery Verification Program.

The successful applicant will join a growing team of collaborative, clinical providers with the resources of one of the leading academic medical centers in the nation. We offer a competitive salary and benefits.

FOR MORE INFORMATION, PLEASE CONTACT:
David Goldenberg, MD, FACS, Chair, Department of Otolaryngology – Head and Neck Surgery c/o Ashley Nippert, Physician Recruiter
anippert@pennstatehealth.psu.edu or to apply online http://tinyurl.com/hkmrwlc

Penn State Health is committed to affirmative action, equal opportunity and the diversity of its workforce.

Equal Opportunity Employer – Minorities/Rumors/Protected Veterans/Disabled.
The University of Utah Otolaryngology is seeking BC/BE Pediatric Otolaryngologists at the Assistant or Associate Professor level. Fellowship training is required.

These new faculty will staff the Primary Children's Hospital in Lehi, Utah, and will also have privileges at the main campus in Salt Lake City. This is a full-time academic position at the University of Utah. We have an existing pediatric group of 8 providers.

The successful candidates must demonstrate excellence in resident education, clinical research and patient care. Primary Children’s Hospital is the only freestanding pediatric center for the state of Utah, and it has a large referral base comprising the surrounding states. For more information contact:

Albert Park, MD, Professor  
University of Utah School of Medicine  
50 North Medical Drive 3C120  
Salt Lake City, Utah 84132  
(801) 585-3186  
susan.harrison@hsc.utah.edu

Applicants should send an updated CV and a list of three references to the above address.

Interested applicants must apply online at:  
http://utah.peopleadmin.com/postings/100106

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

**Equal Employment Opportunity**

University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. To inquire about the University’s nondiscrimination or affirmative action policies or to request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 Presidents Circle, 135, (801)581-8365.

The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.
The Department of Otolaryngology at UTMB Health in Galveston, Texas is actively recruiting enthusiastic candidates for four full-time positions.

These positions entail opportunities to participate in all aspects of clinical practice, as well as resident and medical student education. Candidates interested in pursuing comparative effectiveness clinical outcomes research are of particular interest.

In response to the rapid growth in our communities, the department has grown to now include 12 practitioners delivering care through all subspecialty areas of otolaryngology, a division of audiology, and a division of speech language pathology.

As a system, UTMB Health has similarly grown as exemplified by the building of two cutting-edge surgical hospitals and the acquisition of a third. With a light call schedule and generous benefits, this is an outstanding opportunity in one of the fastest growing geographic regions in the country.

Please direct your Letter of Interest and CV to:

Vicente Resto, MD, PhD, FACS
Associate Chief Physician Executive
Vice President for Physician Integration and Strategic Alignment
Chair, Department of Otolaryngology UTMB Health
301 University Boulevard, Galveston, TX 77555-0521

Email: varesto@utmb.edu
Phone: 409-772-2701
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See why healthcare professionals from around the country have ranked it the #1 EHR system in otolaryngology.*

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