



NOS Enews

FEBRUARY/MARCH 2016



President's Report

Peter H. Hwang, MD, FARS

Dear Friends,

Happy New Year! On behalf of the American Rhinologic Society Board of Directors, Executive Committee, and administrative staff, I would like to thank you for making 2015 a banner year for the American Rhinologic Society. This past year, the Society enjoyed some of its most well-attended and successful conferences to date. The Spring Meeting in Boston highlighted the cutting edge of rhinologic research, while the 4th annual Summer Sinus Symposium (SSS) in Chicago bolstered its reputation for offering the premier clinical course in rhinology for the practicing otolaryngologist. For the first time, registration for this year's SSS was free for ARS members, an exciting new benefit for ARS members that will also be offered in 2016.

The Annual Fall Meeting in Dallas this past September was also notable for the debut of several new features. The successful expansion of the meeting format from a single day to 1 ½ days was a manifestation of the tremendous growth we have witnessed in our rapidly evolving field of rhinology. As our dynamic membership has been advancing the field of rhinology, the enlarging body of outstanding educational and research content had outgrown the limits of a single day conference. Thus, it was extremely gratifying to see how the expanded meeting format created wonderful new opportunities to feature more

continued on next pg



Don't miss the ARS Summer Sinus Symposium: July 14-16, 2016 in beautiful Chicago! See details on back cover.

IN THIS ISSUE:

PRESIDENT'S REPORT
COSM 2016 PREVIEW
EDUCATION REPORT
SUMMER MEETING UPDATE
IFAR HIGHLIGHTS

PATIENT ADVOCACY RESOURCES
WOMEN IN RHINOLOGY
CODING UPDATE
CORPORATE PARTNERS NEWS

COSM 2016 Preview

John M. Delgaudio, MD



As the President Elect of the American Rhinologic Society, it is my pleasure to serve as the Program Chair for the 2016 meetings. This year, the ARS at COSM will be held at the Hyatt Regency Chicago on May 19 and 20th. The program will provide one and a half days of the highest quality educational content in Rhinology and Skull Base Surgery from thought leaders in the ARS, along with cutting edge research presentations.

I would like to thank the members of the program committee who volunteered their time to review and grade all of the submitted abstracts. The highest rated abstract submissions will be presented from the podium, covering diverse areas of clinical Rhinology and basic science research topics.

Exciting panels with national and international experts will cover the following topics:

- “Ethical Issues in Rhinology”
 - “Evidence for systemic and psychosocial symptoms in CRS”
 - “How much surgery is appropriate in CRS?”
 - “Demystifying CSF leak workup and repair”
 - “My favorite new sinus technique”
 - “Mistakes I made in my early career: How to succeed in your career and the ARS”.
- This will be a lunch panel presented by the ARS Committee for Residents and Fellows. I encourage all young Rhinologists and Otolaryngologists to attend this entertaining and informative discussion.

Our invited guest speaker will be Alkis Togias, MD, Section Chief of Asthma and Inflammation of the National Institute of Allergy and Infectious Disease of the NIH. Dr. Togias will share his expertise, along with Rob Kern, MD and Wytse Fokkens, MD (Amsterdam) on the panel “Rhinitis, Sinusitis, and the Unified Airway”, a topic that crosses disciplines within and outside of Otolaryngology. Dr. Togias will also be featured on a panel with NIH funded ARS researchers whose work has translated into clinical practice, to provide his insight into the funding process and how ARS members can be more successful in the increasingly difficult arena of federal grant funding.

I am excited and confident that this program will provide excellent practical and scientific content for Otolaryngologists and Rhinologists regardless of the stage of your career. If you are not a member of the ARS, I invite you to join and take part in the best educational content available in Rhinology.

Thank you for the privilege of serving the members of the American Rhinologic Society in this capacity, and I look forward to seeing you in the great city of Chicago.



President’s Report, cont’d.

invited guest speakers, panels, and research presentations at our signature academic event of the year.

The Fall Meeting was also remarkable for our inaugural live-streamed global web-cast to over twenty countries around the world. With generous co-sponsorship by the Pan-American Association of Otolaryngology (special thanks to Dr. Pablo Stolvitzky), the ARS welcomed colleagues online from Latin America, Asia, Europe, Australia & the Middle East. On-site in Dallas, we were also delighted to welcome delegates from our guest countries China, Japan, Korea, Taiwan, and Thailand. I am personally thrilled to see the growth in the global outreach of the ARS and look forward to further engagement of the ARS with our international colleagues.

Lastly, as we look ahead to the new year, the ARS leadership and I hope that you will consider how the ARS can better serve your needs and how you might become more involved with the Society in 2016. As an almost exclusively volunteer society, we depend on you, our membership, for the energy and creativity to drive the Society’s programming and agenda. Exciting new initiatives like Women in Rhinology and the Mentorship Program have emerged from grass roots initiatives. If you have ideas for new programs, please contact me and I would be delighted to discuss your ideas with you. We also have opportunities to serve through the ARS committee structure as either a committee chair or member. Online applications will be open in the next few months. To all of you who have already been hard at work on behalf of the Society, thank you so much for your dedication. We truly could not exist without your diligent efforts. And for those of you who are contemplating joining the ARS, please consider the many benefits of Society membership and join today!

With gratitude and excitement for the year ahead,

Peter H. Hwang, MD, FARS
President, ARS

ARS Education Committee Initiatives

Zara M. Patel, MD

The past year and a half has been a busy and extremely productive one for the Education Committee. I sincerely thank my committee members for their outstanding contributions, and we would like to take this opportunity to inform the ARS membership of our efforts undertaken on their behalf.

The ARS website is full of new educational content, for both members and their patients. Join the ARS today to take advantage of these excellent resources.

ARS Surgical Video Library:

Want to see how the ARS leadership performs an endoscopic Draf III, or a FESS for allergic fungal sinusitis? Or perhaps you'd like a refresher on sphenopalatine artery ligation?

Find these and over 20 more endoscopic rhinology videos, both basic and complex, at our website with your member login.
<http://www.american-rhinologic.org/videos>

Patient Education Handouts:

Have you ever spent more time than you wanted in a patient room explaining a disease process or teaching a patient how to correctly rinse their nose? How about pre-operative and post-operative basic education?

There is a great way to fully educate your patients and spend less time doing it – ARS Patient Education Handouts.

Explain GERD, Allergy Immunotherapy, Nasal Irrigation and many more topics by printing these handouts directly off our website and handing them to your patients, another exclusive benefit of ARS membership with your member login.

http://www.american-rhinologic.org/advocacy_handouts

Patient Education Website Content

Is your patient technologically savvy and wants a good resource to read online on their own? Send them to the ARS Patient/Caregiver page, where they can find Patient Education Writeups and learn about all sorts of rhinologic processes, such as epistaxis, CSF leak, and more. These pages are open to the public.

<http://care.american-rhinologic.org/index.cfm>

Webinars

Is it time to revisit a topic in a more in-depth way? Studying for MOC or just want to stay at the cutting edge of Rhinology practice? View one of our over 30 Webinars, ranging from Office Based Rhinology to Management of Sinonasal Malignancies, and find out what's new and important in the field.

<http://www.american-rhinologic.org/webinar>

ARS Virtual Symposium

Broadcast live around the world on January 16, our first completely online and fully interactive meeting, sponsored by Karl Storz and presented by GlobalCast, can now be accessed by all for viewing on the ARS website.

“The Education Committee continues to diligently work on new initiatives.”

The Education Committee continues to diligently work on new initiatives. Look for an ARS slide series available to our membership for download in the coming year, perfect for use in educating your trainees or your community referral base about new evidence in the diagnosis and management of rhinosinusitis.

Additionally, on the horizon is our first ever ARS Resident Course, giving residents registering for our meetings the singular opportunity to learn in both a didactic and cadaver dissection setting from the leaders in our field and network with those individuals who they may wish to work with in the future. More details to come!

Please feel free to contact me directly about any existing or upcoming ARS educational content at zpatel@ohns.stanford.edu.



SAVE THE DATES
MAY 18-22 2016
WWW.COSM.MD

HYATT REGENCY CHICAGO
CHICAGO, ILLINOIS

2016 PARTICIPATING SOCIETIES

- AAFPSS • American Academy of Facial Plastic and Reconstructive Surgery
- ABEA • American Broncho-Esophagological Association
- ALA • American Laryngological Association
- ANS • American Neurotology Society
- AOS • American Otolaryngological Society
- ARS • American Rhinologic Society
- ASPO • American Society of Pediatric Otolaryngology
- TRIO • The Triological Society

COSM COMBINED OTOLARYNGOLOGY SPRING MEETINGS



ARS Summer Sinus Symposium: A Look Ahead

Rick Chandra, MD

The 5th annual American Rhinologic Society Summer Sinus Symposium is slated for July 14-16, 2016 at the Westin Michigan Avenue in Chicago. The program committee is working diligently to put together a comprehensive and dynamic mixture of panels, keynote addresses, and a cadaveric prosection.

The development committee, under the direction of Executive Vice President Dr. Joe Jacobs, has helped to secure commitments from our partners to offer hands-on cadaver dissection opportunities to participants on day one, as well as several satellite sessions on the second and third days that will be interspersed throughout the CME portions of the program. The second day and morning of the third day will feature an array of panels and other CME content in the common lecture room, while the afternoon of day three will divide into breakout sessions of sub-specialty interest.

Through the generous efforts of the mentorship committee, small group sessions with former society presidents will be offered as one of the breakout opportunities. Once again, we will be having a memorable social event at the signature room on the evening Friday, July 15, 2016.

Please check your email and respond to the call for faculty if you are interested in participating in this capacity. Also stay tuned for further information about other social functions and satellite learning hosted directly by our corporate partners. Further information can be found at <http://www.american-rhinologic.org/sss>. Also, please keep in mind registration for the Summer Sinus Symposium is FREE to all members of the ARS.

Join the ARS today at http://www.american-rhinologic.org/membership_application.

Coding Corner - ICD-10-CM Report

Seth Brown, MD, MBA



In October we transitioned to ICD-10-CM. Thankfully, conversion is relatively easy for rhinology. Most codes are converted one to one, e.g., deviated nasal septum 470

becomes J34.2. Other codes, however, are converted one to two, e.g., 461.0 can become J01.00 acute maxillary sinusitis, unspecified or J01.01 acute recurrent maxillary sinusitis. Finally, some other codes are just new, e.g., J32.8 other chronic sinusitis.

Also new to ICD-10-CM is laterality. Many codes require an additional number that signifies whether it is left, right, bilateral or unspecified. For some reason, however, sinus codes do not have laterality, making it easier to document, as there is less specificity required.

ICD-10-CM has added the option to code for acute recurrent sinusitis. When choosing an acute sinusitis code, one should code either acute sinusitis, unspecified or acute recurrent sinusitis (specify sinus or pansinusitis).

In ICD-9-CM each sinus was generally coded separately for chronic sinusitis. In ICD-10-CM there is now one code for pansinusitis and a code for each individual sinus. If more than one sinus is involved and less than all the sinuses then there is a code for other chronic sinusitis (J32.8).

Other new topics in rhinology coding in ICD-10-CM are codes to identify the infectious agent as well as codes for smoking or tobacco exposure.

As a result of these changes think of sinus coding in ICD-10-CM as follows:

First, choose if the sinusitis is acute or chronic. If sinusitis is acute, decide if it is recurrent or not. When known, add the infectious agent. Then choose the sinus involved or if all sinuses are involved, choose pansinusitis. Lastly, document if the patient is a tobacco smoker, has a history of smoking or has exposure to tobacco.

Coding is a popular discussion topic at ARS meetings, specifically the Summer Sinus Symposium. Remember, registration to the Summer Sinus Symposium is free for all ARS members, so be sure to join or renew today at http://www.american-rhinologic.org/membership_application.

International Forum of Allergy and Rhinology Highlights

One of the main benefits of membership in the American Rhinologic Society is a free subscription to the official journal of the American Academy of Otolaryngic Allergy and the American Rhinologic Society, International Forum of Allergy and Rhinology (IFAR). The journal is accessible in print, online or via the new International Forum of Allergy and Rhinology app. IFAR publishes high quality original research on the medical and surgical treatment of patients with otolaryngic allergy, rhinologic and skull base conditions. IFAR consistently provides high-level, practical research that can be utilized in daily practice. Below are brief summaries of some of the most downloaded articles from the past few years. If you are interested in IFAR, become a member of the ARS today and begin receiving your free subscription.

DeConde AS, Mace JC, Alt JA, et al. Investigation of change in cardinal symptoms of chronic rhinosinusitis after surgical or ongoing medical management. *Int Forum All Rhinol* 2015;5:36-45.

In their article "Investigation of change in cardinal symptoms of chronic rhinosinusitis after surgical or ongoing medical management," DeConde et al. presented a multi-institutional prospective cohort study comparing the results of medical versus surgical management on the cardinal symptoms of chronic rhinosinusitis: nasal obstruction, thick nasal drainage, facial pain/pressure, and loss of smell/taste. Patients were evaluated using the SNOT-22 survey pretreatment and 6 months after treatment. The cardinal symptoms were evaluated using items 6, 10, 21, and 22 in the SNOT-22 survey, respectively. Medical management consisted of broad spectrum or culture-directed antibiotics and nasal steroid sprays.

A total of 342 patients were enrolled at four sites with 69 patients (20.2%) choosing continued medical management and 273 patients (79.8%) choosing surgery. The surgical cohort had a higher baseline aggregate SNOT-22 score compared to the cohort that chose medical management, 53.6 vs 44.3 ($p < 0.001$). There were no other significant differences between the two study populations, including baseline

CT scores and endoscopy scores. 130 patients were lost to follow up or did not yet meet the 6-month follow up criteria at the time of the study.

The authors found that patients in both cohorts had improvements in overall SNOT-22 score and in the cardinal symptoms of CRS. They chose to define success of treatment as total resolution of cardinal symptoms. While this sets the standard very high, it also is unambiguous in its clinical significance. With this standard set, they found that patients undergoing surgery were more likely to experience a clinically significant improvement in the cardinal symptoms of nasal obstruction, thick nasal discharge, and facial pain/pressure. Also, patients with nasal polyps were more likely to report complete resolution of smell/taste following endoscopic sinus surgery compared to medical management.

Smith TL, Kern R, Palmer JN, et al. Medical therapy vs surgery for chronic rhinosinusitis: a prospective, multi-institutional study with 1-year follow-up. *Int Forum All Rhinol* 2013;3:4-9.

This was a multi-institutional prospective study performed at Oregon Health and Science University, Northwestern University, Medical University of South Carolina, and the University of Pennsylvania. Adults with CRS were included in the study. Patients had to have failed medical management, defined as a minimum of a 3-week course of broad

spectrum or culture directed antibiotics and 3-week trial of topical steroids. Patients were placed into 1 of 3 treatment cohorts: ongoing medical treatment, endoscopic sinus surgery (ESS), and a crossover cohort of patients originally electing ongoing medical treatment but

“IFAR publishes high quality original research...”

then deciding to undergo ESS at some point during the study period. Of the 180 patients enrolled, 115 patients remained in the study for the 12 month period. Initially about half of the patients elected medical therapy, and half elected ESS. Over the 1-year study period, more than one-third of the medical treatment cohort crossed over to ESS, forming the crossover cohort. The final sample sizes of the 3 cohorts was as follows: purely medical cohort ($n = 33$); surgery cohort ($n = 65$); and crossover cohort ($n = 17$). Two quality of life (QOL) indices were used to measure outcomes prospectively at 3, 6, and 12 months following surgery or medical therapy: the Rhinosinusitis Disability Index (RSDI) and the Chronic Sinusitis Survey (CSS). A number of statistical tests were used to analyze the data.

continued on page 11

TABLE 1. Recommended SLIT dosing (10-mL treatment vial)

Allergen	Published dosing range ($\mu\text{g/day}$)	Recommended daily dose range ($\mu\text{g/day}$)	Labeled potency used for calculations	Amount of concentrate to add for vial mixing in mL (range)
Dust mite				
<i>D. pteronyssinus</i>	0.32-47	16 (10-28)	10000 AU/mL	5 (3-9) [§]
<i>D. farinae</i>	0.07-121	16 (10-28)	10000 AU/mL	5 (3-9) [§]
Standardized extract: grass				
Timothy grass	15-30	15-30	100000 BAU/mL	1 (1-2)
Bermuda grass	5-40	18	100000 BAU/mL	2.5 (1-5)
Standardized extract: weed				
Ragweed	12-124	15-50	1:20 wt/vol or 100000 AU/mL	2 (2-5)
Cat, hair	n/a	n/a	10000 BAU/mL	6 (4-8)
Dog, nonstandardized	n/a	n/a	1:20 wt/vol	2 (2-4) [§]
Nonstandardized extract				
Pollen, other	5-40	18	1:20 wt/vol	2 (2-4) ^{§,e}
Mold/fungi, cockroach	n/a	n/a	1:20 wt/vol	2 (2-4) ^{b,c}

[§]If treating with both dust mites, consider adding one-half of the recommended dose for each because of significant cross-reactivity.

^bBased on 1:20 wt/vol concentrate solution.

^cNonstandardized antigen dosing based on 30 times recommended monthly SCIT dosing (0.5 mL of 1:100 to 1:200 wt/vol solution), because microgram content was not available for the nonstandardized pollens.

AU = allergy units; BAU = bioequivalent allergy unit; n/a = not available; SLIT = sublingual immunotherapy.

Patient Advocacy Resources

Greg Davis, MD, MPH



The unifying goal of the American Rhinologic Society (ARS) is to promote physician and patient education in rhinology. The ARS strives to provide resources to physician members to enable

them to deliver state of the art care for their patients. The following summarizes many of the newly available resources to members of the ARS.

Since the passage of the American Recovery and Reinvestment Act, providing patient education material is a key component of Meaningful Use. The ARS recently took on the challenging of creating peer-reviewed, evidence based **Patient Education Handouts**. These handouts are readily available for all ARS members through the ARS website. Current patient education handouts include:

- Acid Reflux
- Allergic Fungal Sinusitis
- Chronic Rhinosinusitis
- Cerebrospinal Fluid Leaks
- Immunotherapy
- Nasal Decongestants

- Nose Bleeds
- Oral Antifungals
- Oral Quinolones
- Oral Steroids
- Postoperative Endoscopic Sinus Surgery Information
- Preoperative Endoscopic Sinus Surgery Information
- Risks of Nasal and Sinus Surgery
- Sinus Irrigation

The ARS receives numerous calls and emails from its members related to insurance company denials. To help members, the ARS created several **Position Statements**. These position statements target insurance payers to educate what is considered standard of care in our specialty. Current position statements include balloon dilation, nasal endoscopy, use of biomaterials, and image guided surgery.

Furthermore, the ARS created several **Appeal Letters** in form-letter format so that ARS members can download these form letters, insert their patient name, and personalize the letter to meet their practice needs. These appeal letters contain literature based justifications and citations for:



- Budesonide irrigations
- Endoscopic debridement
- Image guided sinus surgery
- Repeat CT scan
- Topical antibiotic irrigations
- Use of unlisted codes

Finally, two amazing benefits to ARS members include free access to the **International Forum of Allergy & Rhinology** and free registration to the **Summer Sinus Symposium**. This journal has quickly become the premier journal for rhinology-related research publications. The Summer Sinus Symposium continues to be incredibly successful in appealing to the practicing general otolaryngologist and rhinologist.

I hope you take the opportunity to join the ARS and benefit from these and many more incredible benefits.

ARS Summer Sinus Symposium: An Attendee Perspective

R. Peter Manes, MD



Each July, hundreds of otolaryngologists gather in Chicago for the ARS Summer Sinus Symposium.

I have attended this meeting the past four years, and can truly say this is a

meeting I will not miss. The Summer Sinus Symposium consistently provides practical and applicable high-level content for the practicing otolaryngologist. Every time I attend this meeting, I take home something new that I apply to clinical practice. Topics range from management of difficult patients to practice management

improvements. The content at the Summer Sinus Symposium allows me to provide more effective and more efficient care to my patients.

The time at the meeting also facilitates interaction with experts in the field. The collection of thought leaders in rhinology allows further, more intimate discussion regarding clinical situations with which we all struggle every day. There are very few meetings that have such a well-respected, diverse and vast faculty.

There are always opportunities for CME, but there are very few that provide an opportunity for free registration. Registration at the Summer Sinus

Symposium is free with your membership in the ARS. Membership allows access to the International Forum of Allergy and Rhinology, exclusive educational and patient advocacy resources, and other benefits in addition to free Summer Sinus Symposium registration. Your membership fees clearly deliver high value.

If you have not had an opportunity, I would strongly encourage you to attend the 5th annual American Rhinologic Society Summer Sinus Symposium July 14-16 in Chicago. You will not be disappointed.

For more information, visit <http://www.american-rhinologic.org/sss>.



Questions: Contact
 Wendi Perez, Executive
 Administrator, PO Box 495,
 Warwick, NY 10990
 Tel: 845-988-1631
 Fax: 845-986-1527
 Email: wendi@amrhuso.com

save the date



**ARS at COSM:
 May 19-20, 2016**
 Hyatt Regency Chicago,
 Chicago, IL

Manuscript Deadline:
 4/22/16

- Ethical issues in rhinology
- Evidence for systemic and psychosocial symptoms in CRS.
- Demystifying CSF leak workup and repair
- How much surgery is appropriate in CRS?
- My favorite new sinus technique and how it can be used in your practice.

Invited Guest Speakers:

Alkis Togias, MD - Chief of Allergy, Asthma, and Airway Biology Section of the National Institute of Allergy and Infectious Diseases (NIAID/NIH).

"Rhinitis, Sinusitis, and the Unified Airway" - Moderated by Rob Kern, MD, and will feature Alkis Togias, MD, and Wystke Fokkens, MD

- In addition, a panel featuring nationally funded ARS researchers whose work has impacted clinical practice will also give the audience the opportunity to hear what Dr. Togias and his agency may be looking for when deciding which grant proposals to fund.

**5th Annual
 Summer Sinus Symposium
 July 14-16, 2016**
 Westin Michigan Hotel, Chicago, IL

Meeting Registration is FREE with paid ARS membership!

Ancillary Non-CME & Social Events

THURSDAY, JULY 14, 2016

2:00pm - 4:00pm
Medtronic - Cadaver Workshop (Session #1)
"Advances in Frontal Sinus Surgery"

2:30pm - 4:30pm
Acclarent/Olympus - Cadaver Workshop (Session #1)
"Advanced Sinus techniques utilizing innovative technologies; Balloons, Navigation, Multi-debrider and RF energy...a cadaveric, hands-on opportunity to explore."

5:00pm - 7:00pm
Medtronic - Cadaver Workshop (Session #2)
"Advances in Frontal Sinus Surgery"

5:30pm - 7:30pm
Acclarent/Olympus - Cadaver Workshop (Session #2)
"Advanced Sinus techniques utilizing innovative technologies; Balloons, Navigation, Multi-debrider and RF energy...a cadaveric, hands-on opportunity to explore."

7:30pm - 9:00pm
Medtronic Evening Symposium & Reception
"Office Based Sinus Procedures Utilizing Image Guidance"

FRIDAY, JULY 15, 2016
 7:30am - 8:20am
Breakfast Symposium - (Supported by Intersect ENT)
"Breakthrough Evidence in Frontal Sinus Surgery"

12:30pm - 1:30pm
Cook Medical - Lunch Symposium
"Biologic Tissue Grafts in Modern Rhinology"

6:30pm
Cocktail Reception - Signature Room on the 95th -- John Hancock Building

SATURDAY, JULY 16, 2016
 7:30am - 8:20am
Breakfast Symposium - (Supported by Olympus), Title TBD

**ARS 62nd Annual Mtg
 September 16-17, 2016**
 Manchester Grand Hyatt Hotel,
 San Diego, CA

Abstract Deadline: 6/10/16
 Manuscript Deadline: 8/19/16

Special Guests: European Countries

12th Annual Distinguished David W. Kennedy Lecturer: Ricardo Carrau, MD - Endoscopic Skull Base Surgery: State of the Art & Future Directions

Residents & Fellows in Training Luncheon
 Saturday, September 17, 2016; 12:15pm - 1:00pm
"Five mistakes I made so you don't have to: How to succeed as a Young Rhinologist"
 Moderator: Jamie Litvack, MD
 Panelists: Adam DeConde, MD, Ayesha Khalid, MD & Spencer Payne, MD. Must be registered.

HOUSING NOW OPEN:

https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=14197079

ANCILLARY NON-CME & Social Events

ARS Resident Course and Cadaver Lab with Satellite Symposia

Fellowship directors who they will want to work with in the future.

THURSDAY, SEPT. 15, 2016
 1:00pm - 5:00pm
 (Sponsored by Acclarent/Olympus)

Didactic Session: To give a detailed overview of rhinologic topics directed at a resident audience. Topics will cover medical, surgical and practice related issues.

5:30pm - 7:00pm (Sponsored by Intersect ENT)
Reception: To give the residents an opportunity to network with current leaders of the ARS and

FRIDAY, SEPT. 16, 2016
 8:00am - 12:00pm
 (Sponsored by Acclarent/Olympus)

Dissection Lab: The purpose of the cadaver dissection portion of the ARS Resident Course is to give residents an opportunity to see experts in the field prospecting specific rhinologic procedures and then getting the chance to practice those same techniques themselves via cadaver dissection.

www.american-rhinologic.org

Women in Rhinology

Kicking off the Women in Rhinology Initiative – Making the ARS Stronger

Amber Luong, MD, PhD, *Founder, Women in Rhinology*



Corporate America has made it their mission. Academic institutions have made it part of the mission for growth and success. The American Academy of Otolaryngology has also made it an important initiative.

And now, the American Rhinologic Society is making it a key imperative. The Women in Rhinology (WiR) group had its formal kick-off during the ARS Fall meeting in Dallas with Dr. Kim Templeton as its inaugural guest speaker. Dr. Templeton is the President-Elect of the American Medical Women's Association as well as a Professor in the Department of Orthopedic Surgery at the University of Missouri. She spoke about the Imposter Phenomenon that more commonly affects women and unconscious bias that is deemed the greatest barrier to gender equity in Science, Technology, Engineering and Mathematics (STEM) careers.

Why are all these organizations and why are we the ARS focusing on women's leadership? It's about access to talent. Successful organizations understand how to recruit and retain top talent and gender inequality is a significant barrier towards that goal.

The mission statement for the Women in Rhinology is **"to create a platform for the career development of women rhinologists and to draw attention to gender-specific issues in the practice of rhinology."**

Towards that mission, the Women in Rhinology is focused on several key initiatives. One focus is leadership development and recognition through the creation of a **Women in Rhinology Rising Star Leadership Award**. Nominations will be solicited for a woman rhinologist who is within 5 years of their last formal training and has shown early leadership skills. The recipient will be supported to attend the AAO-HNS Leadership Forum. Another focus will be on **mentorship** which will be organized through the existing ARS mentorship

program. **Networking** is another area that is critical for upward mobility. To promote networking between women and men, the WiR is planning a number of events including small group "It's Just Happy Hour" socials as well as large group events. One large group social that we are currently planning will be held at a local luxury shoe or department store focused on "Dressing for Leadership." Several studies suggest that success is often predicated on first impressions and our goal is to create a fun social event for both men

and women while getting to know rhinologic colleagues. Finally, another initiative is the creation of a **Women Speaker's Bureau** to highlight excellent women speakers interested in presenting at grand rounds or serving on Speaker's Bureaus.

If you are interested in learning more and making the ARS stronger, join us at the next Women in Rhinology meeting at COSM in Chicago, May 19th and 20th. Details coming soon!

smith&nephew
RAPID RHINO[®]
NASASTENT[®]
Dissolvable Nasal Dressing

**Dissolves away
as you breathe**

Introducing NASASTENT, a structural nasal dressing designed with built-in resiliency and trimmability features. Choose NASASTENT for ease of placement and to meet patient specific needs.

Contact your local sales representative
or call 1.800.797.6520.
www.smith-nephew.com

*Trademark of Smith & Nephew. Registered US Patent and Trademark Office. ©2014 Smith & Nephew. All rights reserved. Printed in USA. 10/14 PN 61909 Rev. A

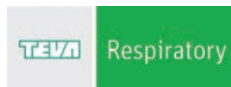
ARS Corporate Partners

The American Rhinologic Society would like to express our deepest thanks and appreciation to the participants of our Corporate Partners Program. Our corporate partnerships have been invaluable in their support of ARS initiatives to promote excellence in rhinology and skull base surgery. Through our ongoing collaborative relationships, we hope to continue to mutually develop exciting and lasting opportunities for our members to enhance education, investigation, clinical care, and patient advocacy in the future.

PLATINUM



GOLD



SILVER



BRONZE



Benefits of ARS Membership

- Free registration to the best sinus course in the world, The Summer Sinus Symposium
- Complimentary subscription to the Society's prestigious peer-reviewed journal, International Forum of Allergy and Rhinology
- Opportunity to join leadership and participate in standing committees of the Society to develop and implement programs to advance the interests of the specialty
- Networking in the largest group of Rhinologists worldwide
- Discounted meeting registration for the Society's annual meeting
- Information and opportunities for action on legislative and regulatory issues affecting rhinology and sinus surgery
- Member listing on the ARS Membership Directory
- Online services and personal web page on the ARS network,
- "Find a Specialist" listing on the ARS web page making you contact information available to patients and referring physicians
- Access to members only section of webpage which includes advocacy, coding strategies, position statements, education and research and much more
- Patient Education Handouts
- Patient and Caregivers section of website
- Webinars and how to videos for members only
- ARS Endoscopic Surgical Dissection Video Series
- Complimentary subscription the Society's newsletter, Nose News
- Discounted rates for educational products and services offered by the Society
- Early access to third-party symposia associated with ARS meetings
- Discounted services and early access to other services and products provided by the Society
- Advocacy and representation on issues that influence the field of rhinology including those that establish physician reimbursement

JOIN AT: <https://www.american-rhinologic.org/NewMember.cfm>

OLYMPUS

BRAINLAB

CHOICE ■ INNOVATION ■ EFFICIENCY



OLYMPUS DIEGO® ELITE AND BRAINLAB NAVIGATION

For more information call 800.773.4301 or visit medical.olympusamerica.com

© 2016 Olympus America Inc. Trademark or registered Trademark of Olympus and its affiliated entities in the U.S. and/or other countries of the world. All patents apply. OAIENT0815AD16594

Friends in Research Campaign

We want to express our sincere thanks for the generous donations to the 2015 ARS Friends in Research Campaign. We again launch our quest to raise money for research with the 2016 ARS Friends in Research Campaign. With your support, we can continue to fund the studies that provide clinical insights valuable to the care of our patients. In the past, these efforts have helped to establish the ARS and its members as the leaders in rhinologic research. This work not only advances the care of our patients through scientific innovation, but also generates important data establishing the efficacy and cost effectiveness of our care. In the current financial landscape, this is equally important to ensure that our patients have access to the treatment necessary to address their complaints. If you are interested in donating to the ARS, please visit <https://www.american-rhinologic.org/DonationForm.cfm>. We thank you again for your help in this worthy endeavor.

2015 Friends in Research Fund Supporters

Platinum

Pete Batra, MD
William Brown, MD
Roy Casiano, MD
Rakesh Chandra, MD
John DeGaudio, MD
James Hadley, MD
Joseph Han, MD
Robert Kern, MD
Andrew Lane, MD
Richard Orlandi, MD
James Palmer, MD
David Poetker, MD
Douglas Reh, MD
Mark Rosen, MD
Rodney Schlosser, MD
Michael Stewart, MD
Eugenia Vining, MD

Gold

Nithin Adappa, MD
Justin Antisdell, MD
Benjamin Bleier, MD
Charles Ebert, Jr., MD
William D. Horton III, MD
Devyani Lal, MD
Amber Luong, MD
R. Peter Manes, MD
Joseph Mirante, MD
Spencer Payne, MD
Murugappan Ramanathan, MD
Masayoshi Takashima, MD
Bruce Tan, MD
Sarah K. Wise, MD

Silver

Noam Cohen, MD
Greg Davis, MD
Marc Dubin, MD
John Houck, MD
Jeb Justice, MD
Juan Portela, MD
Alan Shikani, MD
Jonathan Ting, MD
Justin Turner, MD

Bronze

Thomas Benda, Jr., MD
Perrin Clark, MD
Nick Debnath, MD
David A. Denman, MD
Jay Dutton, MD
David Edelstein, MD
Kenneth Gwinn, MD
Raymond Kaufman, MD
Michael Kortbus, MD
Neil Lofchy, MD
Randall Ow, MD
B. Todd Schaeffer, MD
Timothy Siglock, MD
Arthur Wu, MD

Friend

Seth Brown, MD
Steven Davis, MD
Karen Fong, MD
Ross Germani, MD
Ivan Jardine, MD
John B. Jiu, MD
Augustin Kalombo, MD
Seth Lieberman, MD
Mark Loury, MD
Monica Menon-Miyake, MD
Gary Nishioka, MD
Leslie Nurse, MD
Robert Pollard, MD
Mishail Shapiro, MD
Michael Shohet, MD
Stephanie Smith, MD
Charles Tesar, MD
Marc A. Tewfik, MD
Christopher Thompson, MD

IFAR Highlights, cont'd.

All 3 cohorts experienced significant and durable improvement at 12 months, with the surgical cohort demonstrating significantly greater improvement than the medical cohort in QOL—nearly twice as much improvement in most QOL domains. The crossover cohort demonstrated initial stagnation or worsening in QOL on medical therapy, followed by significant improvement in QOL after ESS. The authors concluded that the results suggest a trend of more frequent improvement in the surgical and crossover cohorts relative to the medical cohort, but the sample size was insufficient to draw definitive conclusions.

Costa ML, Psaltis AJ, Nayak JV, et al. Medical therapy vs surgery for recurrent acute rhinosinusitis. Int Forum All Rhinol 2015;5:667-73.

This is a retrospective chart [as seen on page 5] review done at Stanford from 2006 to 2014 on 220 patients with recurrent acute rhinosinusitis (by definition, greater than 4 self-limited, distinct episodes of rhinosinusitis lasting less than 4 weeks in duration, separated by asymptomatic periods). Patients were categorized as “medical” therapy only, “surgical” therapy only, or a “crossover” group if they failed medical therapy and opted to have sinus surgery at some point down the line. The 3 groups had similar baseline SNOT-22, modified Lund-Kennedy endoscopy, and Lund-Mackay CT scores. All 3 cohorts showed statistically significant improvement in SNOT-22 scores over 12 months; however, the surgical and crossover group showed a higher magnitude of improvement than the medical group. Of note, the patients that failed medical therapy and became the crossover group had an increase in their SNOT-22 of 15 points at the crossover point.

The study also looked for the prevalence of anatomic variants by CT scan in these 220 patients with recurrent ARS compared to 220 CT scans obtained for non-sinus indications. Haller cells, concha bullosa, and accessory ostium were more common in the recurrent ARS group than in the control group.

In conclusion, recurrent ARS patients can benefit from both medical and surgical treatment, although this study showed a greater symptomatic improvement with surgery as compared to medical therapy alone. Patients who crossed over from medical to surgical therapy after a mean escalation of SNOT-22 of 15 points then showed a significant decrease in SNOT-22 over 12 months. Haller cells, concha bullosa, and accessory ostium were more commonly seen in patients with recurrent ARS than controls and were equally common in the medical, surgical, and crossover cohorts.

Leatherman BD, Khalid A, Lee S, et al. Dosing of sublingual immunotherapy for allergic rhinitis: evidence-based review with recommendations. Int Forum All Rhinol 2015;9:773-83.

Sublingual Immunotherapy (SLIT) has proven to be a safe and effective treatment modality for decreasing symptoms of

allergic rhinitis, decreasing medication use, improving allergic asthma, and improving disease-specific quality of life. The purpose of this review of published randomized, placebo-controlled trials is to make recommendations for the current dosing range for specific antigens in SLIT. A wide range of effective dosages were identified for most antigens and recommendations of targeted dosing ranges were calculated by choosing ranges in the mid-portion of the published effective dosing ranges. This evidence-based review provides helpful SLIT dosing recommendations based on the best available data for common antigens such as dust mite, alternaria, grasses, weeds, and trees. Unfortunately, dose-response studies are not available for most antigens and the vast majority of published immunotherapy trials, including for subcutaneous immunotherapy, are for single antigens, even though multi-antigen immunotherapy is common practice. The recommended daily doses identified in the article are higher than previous recommendations from the American Academy of Otolaryngic Allergy. The article concludes with practical guidelines for SLIT dosing that includes information on supplies, vial mixing, and dosing schedule.

NEW

Coming 2016

Relieva SpinPlus™
Balloon Sinuplasty System

Now with integrated irrigation

www.acclarent.com

© Acclarent, Inc. 2015. All rights reserved. MKT03398 Rev. A

Acclarent
PART OF THE JOHNSON & JOHNSON FAMILY OF COMPANIES



PO Box 495, Warwick, NY 10990

5TH Annual

Summer Sinus Symposium

The Best Sinus Course in the World!

The ARS has structured this meeting to inform and educate every OTOLARYNGOLOGIST treating nasal and sinus disease.

FREE REGISTRATION FOR ARS MEMBERS

with your 2016 Membership Dues!

Not a member? **Join the ARS NOW** and attend the **Summer Sinus Symposium** for **FREE!**

July 14-16, 2016

Ancillary and Cadaver Workshops begin on Thursday, July 14

Westin Michigan Avenue, Chicago, IL

Meeting details are online at:

<http://www.american-rhinologic.org/sss>



Contact: *Wendi Perez, ARS Executive Administrator*
Tel: 845.988.1631, Fax: 845.986.1527, wendi@amrhso.com

ARS, PO Box 495, Warwick, NY 10990 | www.american-rhinologic.org/sss