American Rhinologic Society

WINTER 2007

nose news

Howard Levine MD
ARS President

presidents message

Why do we attend? Why do we join? Why do we serve? For most organizations, these questions are usually a pleading for involvement, justifying decisions and admonishing members for lack of support. But not for your American Rhinologic Society. Our society is filled with activity, education and interested members.

The ARS has become a premier specialty society recognized by rhinologists not only in the United States but worldwide. We are admired for educational programs, research support, international involvement, fiscal responsibility and strength. We have the respect not only from otolaryngologists, but also the major industries supporting and serving the rhinology community. We can be proud of our over 50 year heritage, and our future young leaders.

Our over 1000 members use the ARS as their source of rhinology education through semiannual meetings, the American Journal of Rhinology, and the ARS website. Its sixteen committees are hard working managing such issues as fellowship education, socioeconomics, membership, and pediatric rhinology, to highlight a few.

Our well attended semiannual meetings (spring and fall) are outstanding programs. The Fall 2006 Toronto meeting provided nearly 300 of you (20% increase over the previous year's meeting) an educational program highlighted by over 30 papers in clinical rhinology and basic science chosen from nearly 100 blindly scored outstanding abstracts. The meeting also featured M. Eugene (Gene) Tardy, MD, the 2006 Annual Kennedy lecturer. Dr. Tardy presented a uniquely entertaining educational discussion of the relationship of the nose to classical composers. Each who attended will not be able to hear or think again of classical music or composers without thinking about the nose.

Another Fall meeting highlight was an international panel coordinated by Jan Gospath, MD, Germany. He and his international colleagues amazed us with their surgical prowess demonstrating advanced endoscopic skull base techniques. While only a few may ever consider undertaking such challenges, we are all proud to see our specialty's future.

Each ARS meeting features a report from the Socioeconomic Committee chaired by Michael Setzen, MD. This committee presents information and controversies about coding and reimbursement. For those unable to attend, find this valuable information on the Members Only section of the ARS website.

The Fall meeting was also an opportunity to acknowledge and honor outstanding researchers. Awards were given to Alexander Chiu, MD, "Efficacy of topical lactoferrin and antibiotics in an animal model of sinusitis". Amber Luong, MD, "The role of non-IgE inflammatory pathway in allergic fungal rhinosinusitis", Sumana Johi, MD, "The electro-olfactogram (EOG) in the diagnosis of olfactory dysfunction", Bei Chen, MD, "Reversal of chronic rhinosinusitis associated sinonasal ciliary dysfunction"

All of us in medicine are hearing about how "pay for performance" will impact our practices. Drs. Andrew Goldberg and Rodney Schlosser were ARS representatives at Translating Research into Cross Specialty Measures (TRISCM) conference sponsored by AAO-HNS. TRISCM will develop evidence based guidelines and ultimately translate these into quality based measures. This CMS and administration initiative will tie quality performance to reimbursement. Rhinology codes will have a 15% (!) decrease in 2008. Michael Sillers, MD, Immediate Past President, represents us at the CPT/RVU meetings - a difficult yet important task.

Our Education Committee, chaired by Todd Kingdom, MD, has organized and coordinated the successful Rhinology Fellowship Match, the result of several years work. Sixteen participating programs filled 15 positions. Our future rests with these young fellows.

Balloon Sinuplasty is a new tool that many rhinologists have added to their surgical armamentarium. The ARS Board has reviewed its present role and has a position statement on its website about this technology.

The Board will continue to monitor developments and modify this statement as more data becomes available.

Acclarent

GYRUS ACMI

XORAN TECHNOLOGIES

The American Rhinologic Society would like to thank Acclarent, Gyrus ENT and Xoran for partnering with the ARS Newsletter for 2007

It is impossible to highlight every activity and achievement of your American Rhinologic Society. I encourage each of you to use our resources. Experience your society. Come to a board meeting. Be involved in a committee. Use the ARS website (www.American-Rhinologic.org) as your source for information. Plan to attend 2007 COSM Spring meeting in San Diego, April 26-27 (www.COSM.md) and the Fall meeting in Washington, DC, September 15. Look for details at the website and in journals. You will come away proud of your specialty!

ARS Officers

Howard L. Levine, MD
President

Marvin P. Fried, MD
President-Elect

Brent A. Senior, MD
Secretary

David W. Kennedy, MD
Treasurer

Michael J. Sillers, MD
Immediate Past President

Joseph B. Jacobs, MD
Past President

James Stankiewicz, MD
First Vice President

Stilianos Kountakis, MD
Second Vice President

Board of Directors
Peter Hwang, MD
Bradley Marple, MD
Thomas Tami, MD
Michael Setzen, MD
Timothy Smith, MD
Kathleen Yaremchuk, MD

Consultants to the Board
Peter Catalano, MD
H. Peter Doble, MD
Robert Kern, MD
Todd Kingdom, MD

Newsletter Editor
Joseph B. Jacobs, MD

Committee Chairs
Audit - Stilianos Kountakis, MD
Awards - Allen Seiden, MD
By-Laws- Andrew Lane, MD
Business Relations - Joseph Jacobs, MD
CME - James Palmer, MD
Corporate Liasion - Paul Toffel, MD
Credentials - Peter Hwang, MD
Education - Todd Kingdom, MD
Information Technology - Jay Dutton, MD
International Liaison - Jan Gospath, MD
Membership - Karen Fong, MD
Patient Advocacy - Michael Setzen, MD
Pediatric Rhinololgy - Sanjay Parikh, MD
Research Grants - Andrew Lane, MD

Administrator
Wendi Perez
9 Sunset Terrace
Warwick, NY 10990
Tel: 845.988.1631
Fax: 845.986.1527
wendi.perez@gmail.com

ARS Secretary Report

Brent Senior, MD, FACS, FARS, *Secretary*


Brent Senior, MD

Planning is currently underway for the Spring Meeting of the ARS in San Diego in conjunction with the Combined Otolaryngology Spring Meetings (COSM). The meeting is proving to be yet again, an excellent one covering relevant scientific, regulatory, and patient advocacy issues. I would urge anyone with an interest in rhinology, whether members of the ARS or not to attend!

The secretaries of the COSM societies have been actively discussing a new footprint to the COSM meeting to provide a less-hurried experience for attendees, spreading the meeting out over five days. Attendees would not be expected to attend all the meetings, but with less overlap, hopefully would be able to attend the entire meeting of the societies that they wish. Current discussions for this new plan are focusing on 2008, while in 2009, the ARS will be taking a break from COSM and will be embarking on an exciting meeting in conjunction with the International Rhinologic Society (IRS) and the International Society for Infection and Allergy of the Nose (ISIAN) in Philadelphia. Planning for this special event is now underway.

We are also excited about the planning that is underway for our Fall Meeting in conjunction with the Annual Meeting of the AAO/HNS in Washington, DC. At this meeting, we are embarking on new territory by having our first ever combined session with the American Academy of Otolaryngic Allergy, as well as the AAO/HNS. The session will be a half day covering relevant topics to all involved, and admission will be allowed for anyone who has a badge for the meetings of one of the three co-sponsoring societies. We will continue to keep you up to date in the Nose News as plans develop. In the meantime, make plans to be there and be a part of this first ever, unique gathering.

Your ARS continues to grow in membership and influence, being the leading organization dealing with issues related to the field of rhinology. A lot of this success is directly related to the strength of our committees, tackling issues as they arise in a rapid and effective fashion. And the success of our committees relies on the participation of our membership. I want to encourage all our members to take a more active role in the committee process for the society. The ARS has committees covering all aspects of rhinology and needs committed, interested individuals to participate in order to be successful. A complete list of standing committees can be found in the Policy and Procedures Manual for the Society, online at: www.american-rhinologic.org/pdf/ARSPP062006.pdf. If you are interested in participating, please notify me at Brent_Senior@med.unc.edu, or our Administrator, Wendi Perez at wendi.perez@gmail.com. See you in San Diego!

upcoming meetings for 2007...

COSM 2007 - April 26-27

Manchester Grand Hyatt, San Diego, CA

for more information visit

www.american-rhinologic.org
www.cosm.md

Treasurers Report

David Kennedy MD, *Treasurer*


David Kennedy, MD

The Society maintains tight fiscal management and, although there have been some significant cost increases over the past year, the only increase in dues costs for 2007 is a very small inflationary adjustment. Part of the increased expense for the society is an increase in the proportion of our dues which are passed on to pay for the American Journal of Rhinology, a critical part of the educational mission of the Society. Of the dues paid by members, nearly 47% goes to pay for the costs of the journal. As I am sure you have noticed, the journal has significantly increased the number of pages and manuscripts per issue over the past two years, and part of the increased costs associated with this change have been passed along from the publisher to the society.

A second additional cost to the society has been legal fees associated with the Patient Advocacy Committee. This committee has been working to ensure that the voice of our patients is heard as CPT codes affecting rhinologic disorders are revised by CMS. To this end, I am very pleased that Mike Setzen's efforts have been worthwhile, with some victories in regard to reimbursement for computer assisted navigation and in other areas.

We are pleased to report that the slated 5.1% across the board reduction slated for Medicare in 2007 has been avoided. The potential exists for a 1.5% increase in payments July 2007 based upon compliance with some yet to be fully defined quality reporting measures. Considerable attention and work on the part of the Society will need to be paid to this area in the years ahead to ensure that our patient's surgical services are adequately covered. In preparation for this, I am pleased to report that the overall balance of the operating account has grown modestly over the past year, although significant expenses are anticipated in the arena of patient advocacy in the years ahead.

As you are probably aware, the Society keeps a second Corporate Affiliates Account for monies provided by industry donated to support research within the field of rhinology. I am delighted to report that the Society was able to pay out $70,000 in research support based upon peer review through the Academy's Core Grant review process during the past year. This is a major commitment to our mission of supporting additional research within our subspecialty.

Overall, the Society remains in sound financial shape although we have maintained a commitment to tightly control costs and to maintain only a limited treasury sufficient for its short term needs.

> "...the Society remains in sound financial shape..."

The educational and research missions of the Society are well covered and the meetings have been very well attended. The significant erosion of reimbursement for surgery in our field is of real concern to the Society, our membership and our patients. This will require a concerted effort on the part of both the Society and our membership in the years ahead and we anticipate that these efforts will incur some sizeable expenses. You will be hearing more about these efforts in the coming months as this effort gains momentum.

Information Technology Committee Update

Jay M. Dutton, *Chair, Information Technology Committee*


Jay M. Dutton, MD

At the 2006 American Rhinologic Society annual meeting in Toronto this past September, Martin Citardi, MD officially handed over the gavel (or in this case, the mousepad) to the information technology committee. The website has undergone a tremendous change since its inception in 1999, and the ARS is extremely grateful to Dr. Citardi for his hard work. Initially, the website was primarily informational, with pages allowing ARS members to review newsletters (www.american-rhinologic.org/news.phtml) and patients to review articles (www.american-rhinologic.org/patientinfo.phtml) . Since then, Dr. Citardi has implemented critical additions that have allowed for on-line abstract submission (www.american-rhinologic.org/abstracts.phtml), meeting registration (www.american-rhinologic.org/springmeeting.phtml) , dues payment (http://app.american-rhinologic.org/controller.jsp?ACTION=Members.Profile.Start), and critical patient advocacy information (www.american-rhinologic.org/patientadvocacy.phtml), just to name a few of the functions. I know I speak for the entire ARS in expressing appreciation to Dr. Citardi for his tireless (and often thankless) work. I am also thankful to ARS members Sanford Archer, MD, Alexander Chiu, MD, H. Peter Doble, MD, Marc Kerner, MD and Neal Lofchy, MD for currently volunteering to assist with the IT committee.

Moving forward, we are continuing to update and expand the patient information articles (www.american-rhinologic.org/patientinfo.phtml), updating administrative functions of the website to make life easier for ARS administrator Wendi Perez, and we are working with Todd Kingdom, MD to coordinate and standardize the fellowship match program (www.american-rhinologic.org/fellowship.phtml). Meanwhile, we will make sure to perform regular website updates so ARS members can easily access all information they need for ARS spring (www.american-rhinologic.org/springmeeting.phtml) and fall (www.american-rhinologic.org/annualmeeting.phtml) meetings, see the latest issue of Nose News online (http://www.american-rhinologic.org/news.phtml), or communicate with colleagues (http://app.american-rhinologic.org/controller.jsp?ACTION=Public.Members.Search) .

I certainly hope that we can maintain the standard of excellence that has been set by our predecessors on the ARS IT committee, and I am excited to help the website continue to evolve to meet the needs of its members.

Case of the Quarter:

Traumatic Pneumocephalus with Multiple Skull Base Defects

Sarah K. Wise, MD and Rodney J. Schlosser, MD

From *Department of Otolaryngology – Head and Neck Surgery, Medical University of South Carolina, Charleston, SC*

Case Report: A 57 year-old woman was referred to our tertiary care rhinology practice for evaluation of persistent pneumocephalus two months following head trauma. The patient initially presented with multiple skull base fractures and a comminuted, depressed frontal sinus fracture following a motor vehicle collision. At that time, she was taken emergently to the operating room for elevation of her depressed frontal sinus fracture and closure of several dural lacerations. Cranialization of the frontal sinus was not performed. The patient also required a period of lumbar drainage for a persistent post-surgical CSF leak.

Follow-up CT scan in the hospital showed improved pneumocephalus, as compared to imaging at the time of injury. After discharge, however, the patient experienced recurrent CSF leak and follow-up CT scan demonstrated progression of pheumocephalus adjacent to the frontal lobes bilaterally. The patient was then referred to our care. High resolution sinus CT scan and CT cisternogram revealed comminuted fracture of the right frontal sinus posterior table with a skull base defect near the frontal recess. Additionally, there was a separate fracture in the sphenoid sinus roof near the optic nerve and possible extravasation of contrast into the right sphenoid sinus.

Endoscopic exploration of the right frontal sinus and bilateral sphenoid sinuses was performed following placement of a lumbar drain and instillation of intrathecal fluorescein. The right frontal sinus posterior table defect was identified (Figure 1) and repaired endscopically with an underlay graft of synthetic dural substitute. However, no CSF leak was identified at this site. A defect in the sphenoid roof was also identified (Figure 2). This defect contained a small meningocele and CSF leak, confirmed with visualization of fluorescein, and it was repaired endoscopically with an overlay graft of synthetic dural substitute. The patient had no complications and was discharged home following lumbar drain removal on postoperative day 2.

Discussion: Trauma represents the most common etiology of pneumocephalus, with approximately 74% of pneumocephalus cases resulting from trauma.1 The incidence of pneumocephalus following head injury is approximately 0.5-3.6%,1,2 and its presence carries a 16% mortality and a 25% risk of meningitis.3 Fractures of the skull base, paranasal sinuses, and sella turcica are the most commonly injured sites that result in pneumocephalus.2 For pneumocephalus to occur, a pressure gradient must exist between the intracranial and extracranial spaces. This pressure gradient is often caused by a persistent CSF leak, which creates intracranial negative pressure.4,5

Symptoms and signs of pneumocephalus include headache, confusion, agitation, disorientation, hiccups, anisocoria, seizures, and other neurologic signs.2 In our experience, the presence of CSF rhinorrhea or otorrhea is variable, depending upon whether the skull base defect extends through the dura or simply communicates with the epidural space. Patients are occasionally asyptomatic. Although precise localization of pneumocephalus is not always possible, air typically follows the same pattern of localization as intracranial blood collections. Endoscopic repair of CSF leaks and skull base defects is well-established in the rhinology community. However, this case highlights some important points related to traumatic skull base injuries. Fractures of the skull base are often multiple, and precise localization of sites of bony defect, dural tear and CSF leak is important.

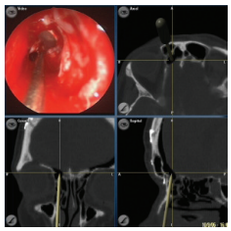

Figure 1. Endoscopic picture and triplanar CT reconstructions of skull base defect alongposterior wall of right frontal sinus. On sagittal view, an air space exists between the posterior wall of the frontal sinus and the pericranial flap. No CSF leak was identified in this location.

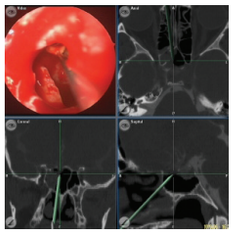

Figure 2. Endoscopic picture and triplanar CT reconstructions of sphenoid roof skull base defect. A small meningocele (tip of pointer) and CSF leak were identified in this location.

References

1. Markham J. Pneumocephalus. In: Vinken P, Bruyn G, eds. Handbook of Clinical Neurology, Injuries of the Brain and Skull. New York: American Elsevier Publishing, 1976.

2. Keskil S, Baykaner K, Ceviker N, Isik S, Cengel M, Orbay T. Clinical significance of acute traumatic intracranial pneumocephalus. Neurosurgical review 1998;21:10-13.

3. Noth J. On the importance of intracranial air. British Journal of Surgery 1971;58:826-829.

4. Lunsford L, Maroon J, Sheptak P. Subdural tension pneumocephalus: report of two cases. Journal of Neurosurgery 1979;50:525-527.

5. Walker F, Vern B. The mechanism of pneumocephalus formation with CSF fistulas. Journal of Neurology, Neurosurgery, and Psychiatry 1986;49:203-205.

E&M Coding Tips: Patient Advocacy Center

Michael Setzen MD, *Chair of the Patient Advocacy Committee* and Barbara J. Cobuzzi, *MBA, CPC, CPC-H, CPC-P, CHCC*

Michael Setzen, MD

Coding E&M services correctly can be an overwhelming task. When a physician is concentrating on the clinical care of the patient he or she does not always take the extra time to focus on the administrative tasks involved with correct documenting of an E&M service and determining the appropriate CPT code.

Compliant physicians understand they must base their selection of the appropriate code on the medical necessity of the patient's presenting problem, the services provided and the documentation. Many physicians find this to be a daunting task and one that requires a great deal of time pouring over the note and calculating the correct level of documented history, exam and medical decision making. There are some ways to lessen this burden.

First, it makes clinical sense to obtain and document a comprehensive history on all new or referred patients. Document the reason for the visit (chief complaint) and at least 4 elements of the History of the Present Illness. Then, documentation of at least one element of the patient's past history, Social history, Family history and at least 10 systems are reviewed and documented. This will provide the basis for clinical decision making. Based on the outcome of the history obtained and the nature of the presenting problem, the physician can determine how extensive a physical examination is required. The Complexity of Medical Decision Making will emerge from the comprehensive history and appropriate exam. In this manner it is less difficult for the physician to calculate the documented E&M service and clinical care is optimized for the patient.

After discussing and obtaining answers regarding current and past problems, family history, risk factors, etc., thus, documenting a comprehensive history; the Otolaryngologist must do an appropriate physical exam for the level of medical necessity of the problem(s). The resulting documentation together with the level of medical decision making will provide the necessary criteria for new patients, consultations, emergency room services, and initial hospital care because all three elements of an E&M (Evaluation and Management) are required (History, Exam and Medical Decision Making). For billing and reimbursement purposes, the level of service must be determined with the caveat of medical necessity and the nature of the presenting problem in mind.

Similarly, billing the appropriate CPT code for an established patient visit or follow up hospital care requires performance of (and documentation of) less information. The Otolaryngologist can determine the level of the service based on the higher of the exam or medical decision making for service rendered-again, using the over-riding criteria of the medical necessity required for the patient's presenting problem. If the comprehensive history is updated with relevant changes, there is documentation of the review of the most recent comprehensive history (example: initials and date of today's service on the prior date of service history documentation) then it may continue to support a comprehensive history. With the comprehensive history, the element (exam or medical decision making) which is documented to the higher level, determines the E&M level. This is because only 2 of 3 elements are needed to determine these service levels. It must be understood that the third-party insurance payers insist that regardless of the amount of documentation found in the medical record, the medical necessity of the service must be established to substantiate the level of service billed.

For example, a patient presents for a re-check of a treated maxillary rhinosinusitis. The infection has resolved and there are no other problems or co-morbidities that would necessitate additional medical decision making. There is no medical necessity (for billing purposes) to perform a comprehensive history or examination. Hence, even if there is documentation of a comprehensive history, it will not be billable as a high level of service.

When performing an E&M service together with a procedure, such as a diagnostic nasal endoscopy (31231) on the same day, the physician must keep in mind that the procedure, has a minimal E&M service included in its valuation. In order to justify a payable E&M service with a diagnostic procedure, the physician must document an E&M well beyond the basic E&M associated with the procedure, and code the claim with a -25 modifier associated with the E&M. This informs the payer that the E&M service was "significant and separately identifiable" from that which would be associated with the procedure. When the -25 modifier is utilized, the physician must be able to demonstrate, via the chart note, that the findings of the procedure are not intertwined with the E&M exam (note the definition of "separate") and the elements of the exam for the E&M content are not based on the findings of the diagnostic endoscopy. The exam may indicate that findings cannot be determined and refer to the endoscopy procedure note. Coding and billing for the E&M which includes the exam and the diagnostic procedure could be considered "double dipping".

> "...Appropriate E&M coding will be essential to ensure that you receive all the reimbursement you are entitled to"

Although it is preferred that the diagnostic endoscopic findings be placed on a separate procedure report, it can be placed in the chart note, but it should be physically separate from the E&M documentation, i.e., after that date of service (history, exam and medical decision making) thereby demonstrating the separate nature of the procedure.

In 2007 Otolaryngology will have an overall 5% reduction in Medicare reimbursement. Appropriate E&M coding will be essential to ensure that you receive all the reimbursement you are entitled to for the services you perform. In addition, understanding the documentation and billing requirements are essential to reducing your risk associated with non-compliance with payer regulations and laws.

How do I become a Fellow of the American Rhinologic Society?

Karen Fong, MD, *Chair of Membership Committee*

Karen Fong, MD

Fellow status is the highest level of membership attainable in the American Rhinologic Society. To become a Fellow of the ARS, a physician must meet the following criteria:

1. A Diplomate of the American Board of Otolaryngology (or its equivalent) in good standing,
2. At least 3 years out from completion of residency training,
3. 50 surgical rhinologic cases in two years,
4. Publications or other evidence of scholarly activity in rhinology,
5. Attendance at two American Rhinologic Society meetings over a three year period.
6. Sponsorship by two ARS members (in good standing) through letter of recommendation.

Applications for fellowship are available online at www.american-rhinologic.org. Applications will be reviewed by the Credentials Committee, and recommended to the Board of Directors for approval at the spring and fall ARS meetings.

Submit your completed application, along with your curriculum vitae, a list of 50 rhinologic cases in table format (see application for details), and two letters of recommendation to:

Peter H. Hwang, MD, *Chairman, Credentials Committee*

Department of Otolaryngology/ Head and Neck Surgery

801 Welch Road

Stanford, CA 94305

Tel: 650.725.6500 Fax: 650.725.8502

Email: phwang@ohns.stanford.edu

Submit your completed application by March 15, 2007 for consideration at the Spring Meeting. Applicants will be notified 4-6 weeks following the meeting regarding their fellowship status. For questions or more information concerning any membership issues, please contact Karen J. Fong, MD, Membership Committee, fongka@ohsu.edu or Wendi Perez , wendi.perez@gmail.com.

SAHP launches into ABRS Guideline update

Timothy Smith, MD

Timothy Smith, MD

The Sinus and Allergy Health Partnership (SAHP), comprised of representatives from the American Rhinologic Society (ARS), the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the American Academy of Otolaryngic Allergy (AAOA) is a critical collaboration between our societies and allows for important initiatives to be undertaken on behalf of all otolaryngologists practicing nasal and sinus medicine and surgery.

The SAHP is currently recruiting a multidisciplinary panel for the purposes of updating the Antimicrobial Treatment Guidelines for Acute Bacterial Rhinosinusitis (ABRS) last published in January 2004. Panelists will be selected from the otolaryngology societies as well as from other disciplines including infectious disease, internal medicine, family practice, and general allergy, among others. It is anticipated that the guideline will be ready for publication/ distribution in the next 18 months.

Current SAHP Board with affiliation	
Edwyn Boyd, MD	AAOA
Karen Calhoun, MD	AAO-HNS
Stephen Chadwick, MD	AAOA
Jack Fornadley, MD	AAOA, SAHP Treasurer
Richard Haydon, MD	AAO-HNS
Joseph Jacobs, MD	ARS
Howard Levine, MD	ARS, SAHP Chair
Bradley Marple, MD	AAO-HNS
Timothy Smith, MD	ARS
Jami Lucas	SAHP Secretary
Will Shawver	Point Staff Person Supporting SAHP

For further information regarding the SAHP, feel free to contact its' staff, William Shawver, or Executive Director, Jamie Lucas, at 202-955-5010 (fax 202-955-5016; 1990 M Street, NW, Suite 680, Washington, DC 20036).

Spring Meeting - COSM in San Diego!

Marvin P. Fried, MD, *President-Elect, Program Chair*

Marvin P. Fried MD
President-Elect

The American Rhinologic Society's spring meeting at COSM (Combined Otolaryngology Spring Meetings) will take place on April 26th and 27th at the Manchester Grand Hyatt Hotel in San Diego, California. This is a perfect time of the year to visit Southern California, and the program for our meeting will be superb. The program committee has received a large number of abstracts. I am certain we will have outstanding presentations for both the podium and poster sessions. As prior program chairs have noted, we have an abundance of excellence, which is reflected in the quality of our educational content. Two panels will be taking place in response to the needs and requests of our membership.

The first panel is on "Indications for CT Scanning in Rhinology," moderated by Michael Sillers. This addresses the ever-increasing requirements for preapproval for scans by third party payers. I feel that otolaryngologists are best suited to know when a scan is needed for a patient, yet our colleagues continue to face this ever increasing hurtle.

The second panel "New Technology: How it is Brought to the Healthcare Provider and the Public" has been developed as a consequence of the discussions around balloon sinuplasty. This example is only one of many that face us as new techniques and technologies are brought forward and incorporated into our care of patients. Our members, William Bolger and Donald Lanza, will be on the panel, as well as William Facteau, President of Acclarent, Inc. Also, Nancy Snyderman, Chief Medical Editor for NBC, will give us her perspective as a health care reporter.

A panel on "Reflux in Rhinology" is also being organized, which is planned as a breakfast symposium. This topic is certainly in evolution and will be stimulating to all present.

I would like to thank all the members of the Program Committee, Alexander Chiu, Noam Cohen, Karen Fong, Hong-Ryul Jin, Stephanie Joe, Todd Kingdom, Richard Lebowitz, Howard Levine, James Palmer, Sanjay Parikh, Rodney Schlosser, Brent Senior and James Stankiewicz. Without their efforts, the planning and implementation of a successful meeting would not be possible.

If you have any suggestions for future meeting, please feel free to be in touch with me at mfried@montefiore.org.

Looking forward to seeing you in San Diego!

new**members**

regular member

Eric D. Baum
Mary M. Beauchamp
Mendy S. Maccabee
Joseph Campanelli
Burke E. Chegar
Suzanne S. Cleland-Zamudio
Jeffrey L. Cutler
Parul M. Goyal
Edward J. Hepworth
Brad A. Hinrichs
Charles G. Hurbis
David M. Jakubowicz
David Keschner
Russell Semm
Peter J. Vandermeer

international member

Mohammed A. Al Tuwaijri
Omar M. El-Banhawy
Anthony G. Papavassiliou

resident member

Rose, J. Eapen
Victoria A. Epstein
John M. Conoyer
Osama Marglani
Vijay R. Ramakrishnan
Joshua D. Rosenberg
Ameet Singh

American Rhinologic Society
Wendi Perez
Administrator
9 Sunset Terrace
Warwick, NY 10990

2007 Course List

The USC Advanced Endoscopic Sinus Surgery Course

University of Southern California Head and Neck Group
Los Angeles, California
January 20-21, 2007
Directors: Bozena B. Wrobel, MD, Dale H. Rice, MD
Contact: Donna Hoffman tel: 323-226-7315, donna.hoffman@usc.edu

Advances Techniques in Endoscopic Sinus Surgery 2007

California Sinus Institute, San Francisco, California
Friday and Saturday, February 16th and 17th, 2007
Contact: Ryan M. Rehl, M.D., 650.462.3132,
sinusmdcsi@aol.com, www.calsinus.com

Penn International Rhinology Course: Advances in Management of Sino-nasal Disease

Ritz Carlton Hotel, Philadelphia March 8-10, 2007
Course Directors: David W. Kennedy, MD, James N. Palmer, MD, Alexander G. Chiu, MD and Noam A. Cohen, MD, PhD
Contact: Bonnie Rosen, 215.662.2137 or bonnie.rosen@uphs.

Update in Allergy and Sino-Nasal Disorders

Pittsburgh, *Pennsylvania*
Wednesday, March 14, 2007 – 9 am – 5:30 pm
Directors: BJ Ferguson, M.D., Andre Petrov, M.D.
Contact: fergusonbj@upmc.edu

Southern States Rhinology Course

Emory University School of Medicine, Atlanta, GA
March 15-17, 2007
Director: John M. DelGaudio, MD
Contact: www.emory.edu/cme, 888.727.5695 or 404.727.5695

AAOA 2007 Masters Course, Allergies & the Obstructive Airway

March 29-April 1, 2007
Fairmont Chateau Lake Louise
For Registration & Program Information: www.aaoaf.org

Frontiers of Otolaryngology: Rhinology and Laryngology

University of Texas Health Science Center at San Antonio
San Antonio, TX
April 19th-20th, 2007
Contact: Tim O'Shaughnessy, 210-567-6505,
oshaughnessy@uthscsa.edu

6th Annual Rhinology Update

New York University School of Medicine & Albert Einstein School of Medicine, New York, New York
May 18, 19, 20th, 2007
Contact: NYU Post Graduate Medical School,
212.263.5295, www.med.nyu.edu/cme

Minimally Invasive Endoscopic Surgery of the Pituitary Fossa and Cranial Base

University of Pittsburgh Medical Center, Pittsburgh, PA
May 31-June 2, 2007
Contact: Mary Jo Tutchko, 412.647.6358, tutchkomj@upmc.edu

Endoscopic Surgery of the Paranasal Sinuses

University Hospital Ghent (UZG), Ghent, Belgium
August 22-25, 2007
Course Director: Prof. C. Bachert
Contact Person: Mrs. P. Van De Walle petra.vandewalle@ugent.be or fax +32/9-240 4993

If you would like to have your upcoming rhinology meeting noted here, simply provide the editor with pertinent information: newsletter@american-rhinologic.org
The American Rhinologic Society does not endorse these meetings but simply provides the list as a service to its members

American Rhinologic Society Newsletter Editorial Offi ce
New York University Medical Center 530 First Ave, Suite 3C NYC, NY 10016

Editor: Joseph B. Jacobs, MD
Email: Joseph.Jacobs@Med.Nyu.Edu
Phone: 212.263.7398