american rhinologic society
nose news
ISSUE #1 2011


Brent Senior, MD, FACS
ARS President

President's Message

American Rhinologic Society 2011: NEW AND IMPROVED!

In the nearly 60 year history of the American Rhinologic Society, the organization has developed from a society built on Maurice Cottle's teachings on the nuances of septoplasty into the premier academic organization dealing with the health of the nose, the sinuses, and the skull base. In addition to the successful launch of our new journal *"International Forum of Allergy and Rhinology"* and the development of a new website, over the next several months, you will start to see a new face to the Society: focused, goal driven, and now poised to move forward in meaningful ways for our members and the patients that we serve.

"The ARS exists to promote excellence in the care of patients with disorders of the nose, sinuses, and skull base through research, education, and advocacy."

In the frigid month of January in Washington DC, your ARS leadership met to develop a strategic plan for the upcoming years. Below is a synopsis of the fruits of that discussion. It begins with our mission-the core purpose of the American Rhinologic Society: We intend to accomplish this mission by emphasizing these core societal values:

Innovation
- We actively seek to advance Rhinologic patient care through research and investigation
- We generate research breakthroughs that improve patient lives
- We apply rigor and discipline to the generation and dissemination of new knowledge

Integrity
- We are ethical and value honesty, consistency and credibility
- We value diversity and respect other's contributions to our collective work
- We foster open, transparent communication and information-sharing

Impact
- We are passionate about ensuring outstanding care to all people with Rhinologic disorders
- Our research is of the highest quality and is a standard for excellence
- We consistently deliver relevant, high quality education and services

To these ends and with these values in mind, we have organized several teams in the areas of governance, meetings, research, and membership development going

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2011 Dates

19th Annual Iowa Advanced Concepts in Functional Endoscopic Sinus Surgery
May 20-21, 2011

Advanced Endoscopic Skull Base and Pituitary Surgery
June 10-11, 2011 - New York, NY
www.cornellneurosurgery.org

Fundamentals of Endoscopic Sinus Surgery
July 16-17, 2011 - Calgary, AB
www.cme.ucalgary.ca

Summer Sinus Course
July 22-23, 2011 - Chicago, IL
www.cme.northwestern.edu/conferences/index.html

57th ARS Annual Meeting
September 10, 2011
San Francisco, CA


Michael Setzen, MD

President Elect Report

Michael Setzen, MD

Our Annual Spring meeting at COSM recently held in Chicago was a tremendous success. This year for the first time our meeting was spread out over 2 days.

Our two Key Note Presentations were both excellent: *"Shifting Paradigms of Surgery in CRS: Ventilation or Access for Topical Therapy?"* presented by Richard J.Harvey, MD, and *"Two Decades of Outcomes Research in Rhinology - What have we Learned?"* presented by Michael G. Stewart, MD.

The highlights of the Meeting included 4 Panels:
The Great Debate - "How to Manage the Patient with Headache: Rhinogenic or Vascular!" Moderator: Michael Setzen, MD. Panelists: Peter Catalano, MD, John Del Gaudio, MD, Frederick Kuhn, MD, Brent Senior, MD.

Panel Discussion by the Experts - *"How I Handle My Patients When FESS has Failed"*. Moderators: Marvin Fried, MD & Alexis Jackman, MD. Panelists: BJ Ferguson, MD, David Kennedy, MD, Raymond Sacks, MD, James Stankiewicz, MD,

Case Presentations - *"Interesting Cases in General Rhinology - "This is How I Do It"* Moderators: James Palmer, MD, & Rodney Schlosser, MD. Panelists: David Conley, MD, Samer Fakhri, MD, Ashutosh Kacker, MD, Richard Lebowitz, MD, Spencer Payne. MD.

Panel - Business of Medicine in Rhinology - *"What's New in 2011"*
Moderator: Pete Batra, MD. Panelists: Pete Batra, MD - *"Update on SGR and Physician Fee Schedule"*. Bradley Marple, MD - *"Coding update for Balloons"*
Mary LeGrand, RN, MA, CCS-P, CPC - *"Coding Tips in Rhinology"*
Michael Setzen, MD - *"Coding update for CT imaging"*

We now look ahead to the ARS Fall Annual Meeting to be held on Saturday, September 10, 2011, one day prior to the Opening Ceremony of the Academy, at the Intercontinental Hotel in San Francisco. Our Guest of Honor, Heinz Stammberger, MD will deliver the **7th Annual David W. Kennedy Lecture:** *"My Lifetime Experience in the Management of Sinusitis: Then & Now"*

The Breakfast Symposium is entitled *"Incorporation of New Technologies into Rhinology"*. We anticipate a great meeting based on the tremendous number of excellent abstracts that have been submitted. Panels and Mini Seminars which are always popular with attendees will discuss topics of interest to all Rhinologists and General Otolaryngologists with an interest in Rhinology. The program will highlight both basic science and clinical research so that those attending will come away from this meeting with a wealth of new information.

As Chair of the Program Committee I want to thank the Committee members again for assisting me in selecting the best abstracts and also those physicians who submitted their abstracts for presentation or poster. I hope you will all join me in making our upcoming Annual meeting in San Francisco a memorable one. Following the meeting we invite all attendees to join us at the Poster Session at which we will have a Cheese and Wine Tasting with a world renowned Sommelier who will educate us about California wines.

See you all in San Francisco on September 10!


Tim L. Smith, MD, MPH

The ARS Study Group in Action

Tim L. Smith, MD, MPH

In September 2009, Jim Stankiewicz, as President of the ARS, approached me with an idea: Why don't we develop a group within the ARS that will perform clinical research studies in a multi-institutional fashion (said with a distinct Chicago accent). It was more of a directive than a question, of that, I was certain. His vision was to use all of the energy and brain power within the ARS to advance our specialty and to answer important clinical questions we all ask in our clinical practices. In the subsequent weeks, Jim Stankiewicz asked Rod Schlosser, Rob Kern, and Jim Palmer to join me in creating what is now known as the ARS Study Group.

This group met on several occasions and discussed a variety of mechanisms through which we could invigorate clinical research in the field of rhinology utilizing the ARS. In the end, we decided to initiate a multi-institutional study of medical therapy vs. ESS in patients who had failed initial medical management and were considered candidates for surgery. As we have all experienced, not all patients who are considered candidates for ESS will elect to undergo ESS and we wondered how they did over time on continued medical therapy relative to a group electing sinus surgery. Of course, the issue of selection bias enters the conversation but there are several ways we could deal with that from a biostatistical standpoint. The real issue at hand was: could this concept of a study group be successful? Could we enroll patients in a multi-institutional fashion with appropriate follow up?

The resounding answer is YES! In fact, this group of multi-institutional investigators in addition to Rick Chandra, David Conley, and Alex Chiu successfully enrolled some 180 patients over the subsequent several months with about half undergoing ESS and the other half continuing medical therapy. Follow up at six months was over 70% which is a tremendous accomplishment for outpatient clinical research.

Medical therapy versus surgery for chronic rhinosinusitis: A prospective, multi-institutional study
Authors: Timothy L. Smith, MD, MPH; Robert Kern, MD; James N. Palmer, MD; Rodney Schlosser, MD; Rakesh K. Chandra, MD; Alexander G. Chiu, MD; David Conley, MD; Jess Mace, MPH; Rongwei Fu, PhD; James Stankiewicz, MD.

Our manuscript has been submitted to the International Forum of Allergy & Rhinology for peer review and publication and we will be presenting our data as a featured oral presentation at the Spring ARS meeting. We look forward to seeing you there.

President's Message, *cont'd. from pg 1*

forward to accomplish a series of goals for the organization over this next year. Some of these include the development of new educational initiatives which will maximize the resources of our new website currently in development in addition to an emphasis on new ways to provide relevant information to academicians as well as community based rhinologists, including the development of new ARS Sinus and Skull Base courses. New governance methods will be developed for the society that are diverse and inclusive with a top-down re-evaluation of the mission, relevance and activities from the Presidency to individual committees. Impactful, quality research initiatives will be begun and sponsored by the Society so that we can begin to provide evidence-based, scientific arguments for what we do. And finally, we intend to develop new marketing to reach out to all members of the otolaryngology community involved in rhinology whether next door or overseas. Ambitious? Yes, we think so. But in the fast moving world of medicine, irrelevance is the greatest risk of an unchanging and unfocused society.


Stephanie Joe, MD

Membership

Stephanie Joe, MD

The American Rhinologic Society is the premiere source for up-to-date information on the clinical, scientific, and technical advances in the dynamic field of rhinology. The benefits of membership include:

- Discounts for the Annual and Spring meetings where you research presentations in the Scientific sessions and hear national and international leaders during Panel Discussions.
- A subscription to the International Forum of Allergy and Rhinology
- Access to the "Members Only" section of the ARS website with links to meeting registration, your personal member profile, and CME reports.
- The opportunity for otolaryngologists with an interest in rhinology to participate in ARS committees.

The Society has an approximate membership of 1,300. This number is constantly changing with new members joining the Society and returning members renewing their committment. The annual membership drive initiated in January has once again resulted in a steady influx of new applications.

We are staying in touch with our Resident members to keep them updated on how they can become Regular and Fellow members. We are reaching out to new Residents to let them know about free membership to the Society. Current Resident members are now enjoying their free online subscription to the Journal. We are constantly working to keep our membership databases up-to-date. If your information has changed recently, please contact Wendi Perez. *And don't forget to check us out on Facebook!*

Ameet Singh, MD

Case Presentation

Ameet Singh, MD

A 52 year old male with history of allergic rhinitis, asthma, aspirin sensitivity, and chronic rhinosinusitis with nasal polyps, presented with complaints of nasal obstruction, congestion, and anosmia. His presumptive diagnosis at presentation was aspirin exacerbated respiratory disease (AERD). His previous allergy workup revealed sensitivity to cats, dogs, dust mites, trees, and grasses. His previous surgical treatment included three different functional endoscopic sinus surgeries (FESS) over the past 3 years. The first FESS was performed in January 2006, soon after which he had recurrent nasal polyposis and symptoms of chronic rhinosinusitis. His second FESS was performed in July 2007 followed by medical treatment which included oral steroids, Pulmicort irrigations, Sporanox and 'baby shampoo' irrigations. In November 2007, his symptoms returned and he was incidentally diagnosed with an aspirin allergy after anaphylaxis to Toradol. He subsequently underwent a repeat FESS and aspirin desensitization with minimal improvement in symptoms.

Few weeks prior to presentation, he had been discharged after hospitalization for an exacerbation of his asthma, manifested by shortness of breath and sinonasal symptoms. He was treated with antibiotics and steroids and given a diagnosis of allergic bronchopulmonary aspergillosis (APBA). Nasal endoscopy revealed diffuse polypoid disease, worse in the frontoethmoidal region bilaterally with thick 'peanut-butter' like secretions (Figure 1A, B). CT of the sinuses revealed pansinusitis with bony erosion of the fovea ethmoidalis (Figure 2A, B). A CT of the chest showed patchy peribronchovascular air space opacities. He was treated with Singulair, Advair, low dose Clarythromycin and tapering course of oral steroids with improvement of sinonasal symptoms. He remained well for a few months after which he developed recurring symptoms of acute on chronic rhinosinusitis with nasal polyposis from November 2008 to February 2010. Nasal endoscopy often revealed thick “peanut butter” like secretions with nasal polyposis. Cultures grew gram negative bacilli but no fungi. No evidence of eosinophilic mucous or fungus was indentified. He was treated with decongestants, leukotriene receptor antagonists, recurring doses of tapering steroids, antibiotics, which included Clarithromycin, Levaquin, Avelox, Clindamycin. He was also treated with topical medications which included saline (isotonic, hypertonic), steroids, antibiotics, and antifungals. In March 2010, in addition to his chronic rhinosinusitis complaints, he noted some hip pain. A DEXA scan was ordered which revealed osteopenia of the hips and osteoporosis of the spine. In addition, he also complained of some asymmetric, numbness and tingling in his hands of unclear etiology. He was switched to topical steroids, Pulmicort irrigations, with intermittent short course of steroids for symptoms control.

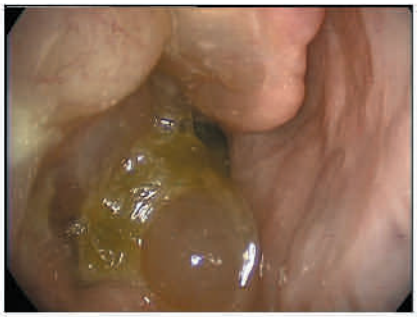

Figure 1A

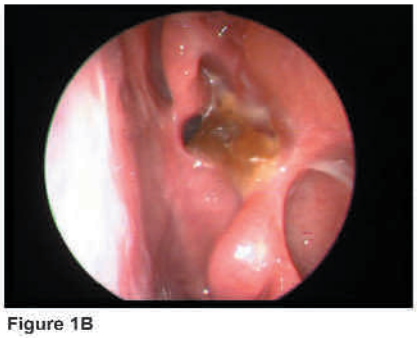

Figure 1B

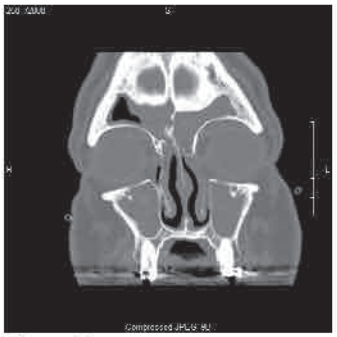

Figure 2A

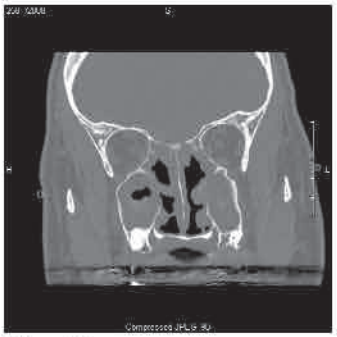

Figure 2B

What would you do next?

An repeat allergy/immunology evaluation revealed a total IgE of 94kU/L and negative IgE for fungal organisms (Aspergillus, Alternaria, Fusarium). A CBC revealed a eosinophilic count of 662/mm3 on steroids and 4061/mm3 off steroids. Testing for bcr/abl and CHIC2 were negative. An echocardiogram, CXR and PET/CT scan were normal. PFT's showed a restrictive pattern. A diagnosis of hypereosinophillic syndrome vs. Churgg Strauss disease was made. He is being currently treated with a oral steroid dose of 12.5 mg daily, with a possibility of using mepolizumab, a monoclonal antibody against IL-5 shown to be beneficial in preventing exacerbation of eosinophillic asthma.

Churgg Strauss Syndrome (CSS) is a systemic vasculitis which usually presents in a middle aged individual with new onset or worsening asthma. Asthma is one of the primary features of the disease, with worsening peripheral eosinophillia marking the next phase of the disease. The final phase is the vasculitis marked by systemic involvement of the nose, lung, skin, kidney, heart and nerves. CSS usually responds to high does of prednisone. Other immunosupressive agents may also be used. Monoclonal antibodies to IL-5 have shown to improve exacerbations in patients with severe eosinophillic asthma.

cont'd. in box at right

The Sinus and Allergy Health Partnership, 1998-2010

David Osguthorpe* and James Hadley

sinus & allergy health partnership
Commitment to Quality Care

In 1997 a "Sinusitis Initiative" was launched by the American Academy of Allergy Asthma and Immunology (AAAAI), with Task Force members averring that the "unique capability of the allergist to diagnose and manage sinusitis will contribute to the well-being of the public and will enhance our practice position", and allergists should become the "primary physician to evaluate children and adults with recurrent and/or chronic sinusitis." A distinguished lecture series was promulgated, with the initial topic being "Emerging importance of sinusitis and allergy in asthma", and the following year "Advances in pediatric rhinitis and sinusitis: a course for the primary care physician". The Conjoined Board of Allergy and Immunology added nasal endoscopy and the management of sinusitis to training program requirements. Though organized otolaryngology accepted that allergists had a role in the management of some nasal issues, that of the "primary physician" for rhinosinusitis was not acceptable.

In following year the Boards of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), American Academy of Otolaryngic Allergy (AAOA) and American Rhinologic Society (ARS) organized an outreach to patients and primary care physicians, called the Sinus and Allergy Health Partnership (SAHP) and comprised of 3 volunteers and $10,000 from each academy. The CEOs of the AAO-HNS and AAOA served gratis as administrators for the first year, thereafter with Ms. Lucas of the latter serving solo. These founders prioritized (1) promulgation of the benefits of otolaryngologist care of nasal/sinus issues to patients and primary care providers, and (2) support for clinical and research guidelines on rhinosinusitis. They periodically reported to the Academy Boards, and circulated a newsletter for the first few years, thereafter deferring to the newsletters of those 3 constituents.

The SAHP was incorporated as a non-profit entity in early 2000 and fundraising started in earnest; by 2002 the SAHP had raised $1.4 million from pharmaceutical sources similar to those underwriting the AAAAI initiative. As funds accumulated programs launched. "ENT Outreach" involved a media relations firm that distributed "copy ready" articles penned by the SAHP and its' constituents, reaching within the first year of a 3 year effort hundreds of second and third tier newspapers, radio and TV programs across the nation. A *"Professor of the Day"* series with 2 slide sets (rhinosinusitis, allergic rhinitis) targeted family practice training programs and hospital staff meetings. The single SAHP staff lined up the lecture slots, recruiting local otolaryngologists, particularly from the AAO-HNS Board of Governors, and reimbursing $500 per lecture; 193 were given in 2 years. Similarly, a "Distinguished Lecture Series" was assembled for presentation at the meetings of state medical associations and medical specialty societies. A "Founding Supporter" donation of $100,000 was made to the National Health Museum to assure organized otolaryngology a voice in how the section on the head and neck would be presented. The SAHP also selectively supported appeals to third party payer restrictions to endoscopic sinus surgery, in particular to multi-state Blue Cross/Blue Shield denials of post-surgical sinus debridement.

On another tack, the SAHP sponsored multi-specialty meetings of experts on rhinosinusitis, with the consequence from 2000 to 2004 under the direction of the Editor, and SAHP member, Michael Benninger, of 3 major supplements to Otolaryngology Head and Neck Surgery, still the journal's most widely circulated series and netting $565,000 from reprint sales. Publications resulting from SAHP activities are listed below.

By 2003 the AAAAI had folded the Sinusitis Initiative, and the next year the AAO-HNS and AAAAI agreed to joint publication of guidelines for future directions in clinical research on rhinosinusitis. The AAOA and AAAAI resumed consultation on procedure codes and relative work values related to skin testing and immunotherapy, for which a joint position at Relative Update Committee of the American Medical Association was extremely helpful.

The SAHP re-directed towards the research side of its' original charter, shifting emphasis from socioeconomic and "turf" issues. A "TAP Study" was underwritten, and established endoscopically-obtained middle meatal culture as acceptable to the Food and Drug Administration in lieu of the more painful transantral puncture route. The SAHP also joined the CORE grant system administered by the AAO-HNS, and awarded substantial grants to a multi-year project on chronic rhinosinusitis.

Two years ago, the SAHP considered whether its' now solely research and publication sponsorship functions could be delegated to the founding constituents. The answer was yes, and last year $250,000 was transferred to each of the AAO-HNS, AAOA and ARS, with a final distribution this year. In addition to such "return" on the initial $10,000, the AAO-HNS journal revenue from supplements, the support for CORE, and the largest single PR effort directed by our specialty to primary care providers and patients were dividends. Have a good day. The SAHP is signing off.

ACR Criteria for the Classification of Churg-Strauss Syndrome (CSS)
Churgg Straus Symdrome is present if at least four of six criteria are present:

1. Asthma: History of wheezing or diffuse high-pitched expiratory rhonchi.
2. Eosinophilia: Eosinophilia >10% on differential white blood cell count.
3. Mono- or polyneuropathy: Development of mononeuropathy, multiple mononeuropathies, or polyneuropathy (glove/ stocking distribution) attributable to systemic vasculitis.
4. Pulmonary infiltrates, non-fixed: Migratory or transitory pulmonary infiltrates (not including fixed infiltrates). attributable to vasculitis.
5. Paranasal sinus abnormality: History of acute or chronic paranasal sinus pain or tenderness or radiographic opacification of the paranasal sinuses.
6. Extravascular eosinophils: Biopsy including artery, arteriole or venule showing accumulations of eosinophils in extravascular areas.

Michael S. Benninger, MD

Acute Bacterial Rhinosinusitis: The Infections Disease Society of America's (IDSA) Guideline Efforts

Michael S. Benninger, MD

Acute bacterial rhinosinusitis (ABRS) continues to be a major cause of morbidity in the United States, likely affecting 20 Million people each year. Since the symptoms may be similar to other entities such as a viral upper respiratory tract infections or allergic rhinitis, many patients are treated with antibiotics for ABRS when they have little or no efficacy. This is particularly true in the emergency room, urgent care or primary care setting. This widespread use of antibiotics has resulted in growing resistance among the most common pathogens, particularly S. pneumoniae and H. influenzae.

The American Rhinologic Society, often collaborating with the American Academy of Otolaryngology-Head and Neck Surgery and the American Academy of Otolaryngic Allergy, has been at the forefront of establishing definitions for ABRS and developing treatment guidelines. The initial universally acceptable definitions for ABRS[1] and for Chronic Rhinosionusitis[2] were established through these collaborative efforts. The most highly regarded guidelines for the treatment of ABRS[3] were developed through the efforts of the Sinus and Allergy Health Partnership (SAHP), which was a joint effort of the ARS, AAO-HNS and AAOA. Although resistance rates have continued to gradually climb, there has been little effort to create new guidelines for the treatment of ABRS over the past few years.

The Infectious Disease Society of America (IDSA) has recently convened a Guideline Development Panel for the diagnosis and treatment of ABRS. Although sponsored by the IDSA, of the 11 members of the Panel there was broad representation from other specialties that are active in the care of these patients; pediatrics, internal medicine, emergency medicine, biostatistics and the Center for Disease Control. Otolaryngology has been has been well represented over time, initially by Bradley Marple and more recently by me.

The primary focus of the Panel was to identify initial empiric treatment of ABRS in the primary care and emergency department setting, although the Panel developed 20 specific questions related to the signs and symptoms of ABRS, the diagnosis, antibiotic treatment and non-antibiotic treatment. The methodology was to use the GRADE approach for process and the Delphi approach for consensus.

The essential steps of the GRADE approach are to:

1. Formulate key clinical questions relevant to diagnosis, treatment or prevention;

2. Consider all management options and potential outcomes important to patients;

3. Search for available evidence, prepare evidence profile and grade quality of evidence;

4. Formulate recommendations based on balance of desirable and undesirable consequences. A thorough evidence based review was performed to address each of these questions and two panel members were assigned to evaluate the quality of the literature and make recommendations for each of the questions. The quality of the evidence was rated as high, moderate, low or very low and the strength of the recommendations was rated as strong or weak. The entire Panel reviewed all of the recommendations until consensus was reached.

The Panel is in the final stages of consensus and therefore no final recommendations are available at this time. There are a couple of key initial findings. With the increasing prevalence of H. influenzae and the high levels of resistance to Beta-lactam antibiotics, neither amoxicillin nor macrolides are recommended for initial treatment. In addition, the choice of initial antibiotic should consider geographic areas with high endemic rates of S. pneumoniae resistance. The roles of adjuvant therapies such as intranasal steroids and nasal irrigations are also considered. The important role of the otolaryngologist in the management of patients who have failed treatment or have complications will be a part of the report.

Overall, I feel that the process has been outstanding, that wide representation was present and that the ultimate report will likely play as an important a role in guiding primary care and emergency medicine physicians as the SAHP guidelines of 2000 and 2004.

James Palmer, MD

CME Committee Update

James Palmer, MD

The CME Committee of the American Rhinology Societies main charge is maintaining the ability of the American Rhinology Society to serve as a CME provider. Our major meetings that are CME accredited are the spring and fall meeting. This process can be quite labor intensive and requires input from not only the CME Committee but also the Board of Directors and many members of the Society at large. The process includes evaluation of the best activities and topics put together for our physician learners and an evaluation of the activity at the end to ensure that appropriate learning objectives have been met. Also in this process is the obvious need for oversight to prevent bias on the part of presenters and commercial interest.

As part of our significant interest in evaluation of bias and interaction with industry, the ARS has gone forward with a policy with respect to our interactions with industry and our CME offerings. CME accreditation is normally done in four year blocks and our renewal is coming up this fall. We have spent quite a bit of time putting together our reaccreditation materials and have to thank Wendi Perez, the CME Committee, the Board and Karen Edmonson, our CME consultant.

I would like to especially thank all of our board members for their input and work including John Osguthorpe, MD; Annie Lee, MD; Peter Doble, MD; Andrew Goldberg, MD; Jonathan Ting, MD; Devyani Lal, MD; Ashutosh Kacker, MD.

1. Lanza DC, Kennedy DW. Adult rhinosinusitis defined. Otolaryngology-Head and Neck Surgery 1997;117:S1-S7.

2. Benninger MS, Ferguson BJ, Hadley JA, et al. Adult chronic rhinosinusitis: Definitions, diagnosis, epidemiology, and pathophysiology. Otolaryngology-Head and Neck Surgery 2003;129:S1-S32.

3. Anon JB, Jacobs MR, Roche R, et al. Antimicrobial treatment guidelines for acute bacterial rhinosinusitis - Executive summary. Otolaryngology-Head and Neck Surgery 2004;130:1-45.

You can support ARS Research!

From the strength of our recent Scientific Programs at both the Spring and Fall meetings, it is easy to see that research is at the heart of the future of our specialty. Each year, the ARS awards resident and new investigator grants in rhinology as a participating society of the AAO-HNSF CORE Grant program. Many of these small grants have served to support the early development of some of our brightest minds and future leaders of our specialty.

For the first time, members of the American Rhinologic Society will have the opportunity to make a direct donation to the ARS in support of research. Past grants have been largely supported by donations from industry, but in the ever-changing financial landscape of medicine, it is up to us to ensure the strength and vitality of our specialty.

Details of the program will be announced prior to the Annual Meeting. We encourage members of the ARS to join us in investing in the future of rhinology by making a tax-deductible contribution.

Tax Deductible Donation - American Rhinologic Society (Tax ID# 36-6008801)
100% of your donation is tax-deductible.

__ $50 __ $100 __ $250 __ $500 __ $1,000

$50 - Friend in Research
- Includes acknowledgement in print and recognition ribbon at Annual Meeting

$100 - Bronze Friend in Research
- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 5% Discount on Annual Meeting Registration Fees (Applies to year of donation)

$250 - Silver Friend in Research
- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 10% Discount on Annual Meeting Registration Fees (Applies to year of donation)

$500 - Gold Partner in Research
- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 15% Discount on Annual Meeting Registration Fees (Applies to year of donation)

$1000 - Platinum Partner in Research
- Includes acknowledgement in print and recognition ribbon at annual meeting
- 20% Discount on Annual Meeting Registration Fees (Applies to year of donation)
- 5 year commitment of research support, includes Complimentary Annual Meeting Registration for that current year, certificate and special recognition pin during awards ceremony
- After 10 years of support, Complimentary Annual Meeting Registration for as long as membership remains in good standing, certificate and special recognition medal

Make check payable to: American Rhinologic Society - Research Fund
(For Multi-Year Donations - See amounts due below)

Check Amount: _____ Check # _____

Credit Card Payment (circle one): MasterCard Visa American Express

Card Number: _____

Exp. Date: _____ Security# _____

Name (Please Print): _____

Address: _____

City _____ State:_____ Zip: _____

Tel: _____ Fax:_____

Email: _____

__ Please mail the tax deductible donation letter to the address above.
__ Please fax the tax deductible donation letter to the fax # listed above
__ Please email the tax deductible donation letter to the email address listed above.
__ I wish to keep my donation *anonymous*. ARS member: __ Yes __ No

Multi-Year Commitment
__ Silver Level - (5 years) Multi-Year Commitment - $1250 (Credit Card will be charged $1250)
__ Gold Level - (5 Years) Multi-Year Commitment - $2500 (Credit Card will be charged $2500)
__ Platinum Level - (5 Years) Multi-Year Commitment - $5000 (Credit Card will be charged $5000)

Return form and donation to: ***American Rhinologic Society, PO Box 495, Warwick, NY 10990***

Wendi Perez

From the Administrator's Office

Peter Hwang, MD, Secretary, and Wendi Perez, Administrator

This November, the ARS will be surveyed for reaccreditation by ACCME. We are confident that all requirements have been met and we anticipate a 4-6 year exemplary status. The ARS Annual Fall Meeting will be held one day prior to the Opening Ceremony of the Academy, namely Sept. 10, 2011 at the Intercontinental Hotel in San Francisco. Our *Guest of Honor,* Heinz Stammberger, MD will deliver the ***7th Annual David W. Kennedy Lecture:*** **"My Lifetime Experience in the Management of Sinusitis: Then & Now".** We anticipate a great meeting based on the number of excellent abstracts that have been submitted to date. Abstracts accepted until 6/15/11.

MEETING HIGHLIGHTS:

- Closest hotel to the Moscone Convention Center
- Breakfast Symposium -***"Incorporation of New Technologies into Rhinology"***
- Poster Presentation Wine & Cheese Reception, hosted by world renowned expert Sommelier, Courtney Cochran.
- **7th Annual David W. Kennedy Lectureship.** Professor Heinz Stammberger – *"My Lifetime Experience in the Management of Sinusitis: Then & Now"*
- **2011 Guest Countries:** Vietnam, Indonesia and the Philippines. FREE mtg registration!
- Exhibit Hall • Specialty/Expert Panels
- Interactive Audience Response Session
- **NEW ATTENDEES - FREE MEETING REGISTRATION TO ALL FIRST TIME ATTENDEES WHO REGISTER PRIOR TO JULY 1, 2011.**

Program & Registration Information:

www.american-rhinologic.org
Contact us: American Rhinologic Society, PO Box 495, Warwick, NY 10990. Tel: 845-988-1631, Fax: 845-986-1527. Email: *ars.administration@gmail.com* or *wendi.perez@gmail.com.*

The deadline for 2011 membership dues payments is **4/14/11.** Accounts will be suspended if payment has not been received. Please contact Gloria Figueroa at 845-988-1631 to check the status of your account.

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If you would like 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.
The content of Nose News represents the opinions of the authors and does not necessarily reflect the opinions of the American Rhinologic Society.

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The American Rhinologic Society wants YOU!

Note from the President:

If you are a general otolaryngologist working in a community setting, the American Rhinologic Society wants you! We want you to be a member, and we want you to participate in the committee structure and leadership of the society. The ARS is the only society within otolaryngology dedicated to promoting education, research, and advocacy issues related to rhinology, sinus, and skull base surgery. Our journal, *International Forum of Allergy and Rhinology,* is the largest circulation rhinology journal presenting cutting edge and relevant rhinology information in an age of Maintenance of Certification--and it's a benefit of your membership. In short, the American Rhinologic Society deals with the issues you deal with and is concerned with the issues you are concerned with. Numbers matter - **please consider joining, and getting involved, in our society.**

Please return to: American Rhinologic Society, PO Box 495, Warwick, NY 10990
Fax: 845-986-1527, Email: *ars.administration@gmail.com*

Please Print Clearly:

First Name: _____ Last Name: _____ Degree: _____

Business Address: _____

City:_____ State:_____ ZipCode:_____

Tel:_____ Ext._____ Fax: _____

Email: _____ Web Address:_____

*The ARS wants to serve our members. Please help us get to know you.*Please list issues that you feel are important to the field of Otolaryngology:

1) _____

2) _____

Please list committees that you may be interested in participating in: *For a complete list of ARS committees, please go to www.american-rhinologic.org*

1) _____ 2) _____

3) _____ 4) _____

Are you in Private Practice? __Yes __ No

Current Hospital affiliation: _____ Academic Title: _____

Have you ever attended an ARS meeting? __Yes __ No If yes, when? _____