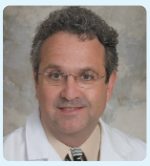
american rhinologic society
nose news
ISSUE #3 Fall 2013

Save the Date: May 16 - 17, 2014
ARS at COSM, Las Vegas, Nevada

Roy Casiano, MD, Program Chair


Roy Casiano, MD

Pertinent topics to your daily practice in Otolaryngology!

Panels:
- *My Most Memorable Complications: What I Learned*
- *Etiology of CRS: From Allergies to Microbiomes*
- *Olfactory Dysfunction: Where are we today in Diagnosis and Treatment?*
- *EPOS 2013: What they got Right, What they got Wrong*
- *Biomaterials in ESS: What is the Evidence?*
- *What's new in Translational Research and How that Makes a Difference in your Practice*

Other Meeting Features:
- Insightful, lively discussions about new technological innovations and discoveries.
- The latest in cutting-edge research from around the globe.
- Explore the exhibits and latest technological advancements with our industry partners.

Details online...
- Visit the ARS at COSM link for details: *http://www.american-rhinologic.org/spring_meeting*
- Submit a scientific abstract for oral or poster presentation at: *http://www.american-rhinologic.org/abstract_submission*

COSM 2014
MAY 14 - 18, 2014
CAESAR'S PALACE, LAS VEGAS, NEVADA

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The American Rhinologic Society would like to thank Acclarent, Entellus, Olympus/Gyrus, SinuScience and Xoran for partnering with the ARS Newsletter for 2013.

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2014 Dates

ARS at COSM 2014
Caesar's Palace, Las Vegas, NV
May 14-18, 2014

3rd Annual ARS Summer Symposium
Westin Michigan Ave,, Chicago, IL
July 18-19, 2014

60th Annual Meeting of the ARS
Orlando, FL
September 20, 2014

ARS Calendar of Events

www.american-rhinologic.org / calendar_events

Timothy L. Smith, MD

President's Message

Timothy L. Smith, MD, MPH, President

I feel honored and privileged to serve the American Rhinologic Society as President this year. The Society is in an excellent state as I begin my term. Todd Kingdom, outgoing President, did amazing work during his term and we are "hitting on all cylinders" thanks to the work of countless individuals within our Board and Committee structures.

Where are we?

We just completed the Annual Meeting of the American Rhinologic Society at AAO-HNS and it was fantastic! Many thanks to PJ Wormald, Peter Hwang, David Kennedy, Richard Orlandi, Jim Palmer, Rod Schlosser, Brent Senior, Mickey Stewart, Andy Lane and David Poetker for running outstanding panels. And a special thanks to BJ Ferguson for her presentation on 25 years of Rhinology: Learning and Unlearning!

Our relationships with our corporate partners have become more transparent and thoughtful thanks to the efforts of the Executive Committee with special thanks to Joe Jacobs, Mike Setzen, and Rob Kern. Together with our partners, we've worked to elucidate our mutual interests with regard to advancing the knowledge and care of diseases of the sinuses and skull base. We have worked to develop strategic plans for mutually beneficial, long-term relationships so that we can realize our long-term vision for the ARS.

As a result, our research grant funding has improved, the annual ARS Summer Sinus Symposium (course directors: Rick Chandra, Jim Palmer, and Kevin Welch) has become the finest sinus course in the world, we are developing a resident rhinology training program, we are actively involved in the development of Maintenance of Certification materials, and we have played a prominent role in many patient advocacy issues in partner with the American Academy of Otolaryngology-Head and Neck Surgery. Only your support of the ARS can allow this all to continue.

Where do we go from here?

The ARS needs to grow. We have over 1000 members but there are 5500 sinus surgeons in the US. More than ever, rhinologists and sinus surgeons need a common platform and voice so that our field can continue to flourish. If you are practicing Rhinology and are not currently a member of the ARS, we need your support and involvement. Please feel free to email me directly *smithtim@OHSU.edu* or Chris Melroy, Chair of the Membership Committee, *cmelroy@yahoo.com* to get that process started.

I'll wrap up by promising you that the ARS continues to push forward despite these challenging times *and we are making progress!* We want you to join us and to experience the benefits of sharing in the body of work of the ARS.

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Todd Kingdom, MD

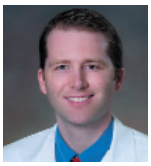
Past President's Report

Todd Kingdom, MD, Immediate Past President

I am writing this only days after the conclusion of another great ARS program - the 59th Annual Meeting of the ARS in Vancouver. The program committee, under the direction of our newly minted President, Tim Smith, delivered another spectacular and innovative program. Now that my year as President has drawn to a close, I wish to express my deep gratitude to the membership and the Board of Directors for the opportunity to serve. It is impossible to adequately recognize and thank the many people that supported me during my Presidency. Please accept my deepest and heartfelt "thank you".

It is also time for reflection and thus natural to wonder "what might have been" or how a certain situation might have been handled differently. I am quite certain, however, we have much to be proud of. Major successes in important areas have been realized and the foundation is in place for additional substantial strides going forward. During my term and throughout my stretch on the Executive Committee, I attempted to focus on the following four strategic areas: (1) development and financial strength; (2) communication, transparency, access; (3) training and education; and (4) support of rhinologic research. With the leadership of the Board and the support of our committee structure, we have seen success in all these areas. I believe we are a stronger organization today than ever before and I am certain the best is yet to come.

I would like to close with summarizing the awards portion of my recent Presidential Address in Vancouver. I recognized Joe Jacobs, MD, Michael Setzen, MD, Susan Arias, and Wendi Perez with Presidential Citations for their incredible commitment and leadership serving the Development Steering Committee. On a personal note, I awarded James Stankiewicz, MD, and Michael Sillers, MD, with Presidential Citations for the mentorship and guidance they have given to me for many years. Their impact on my career has been profound. Finally, it was my honor to award Brent Senior, MD, the Golden Head Mirror Award for "Meritorious Teaching in Rhinology", last given in 2006 and first given by Dr. Cottle in 1948. The opportunity to recognize such individuals is one of the truly great honors bestowed upon the ARS President.



David Poetker, MD

Awards Committee Update

David Poetker, MD, MA

The duties of the awards committee are to promote and maintain the Rhinology Research Awards. Twice a year, the members are called into action to read, grade, and rank the manuscripts submitted for the meetings. After much deliberation, we have decided to expand the ranks of the Awards Committee this year. Instead of 10 members, we have grown to 14 members, each serving a three-year term. There were several reasons behind this change. First, we wanted a broader representation of our members grading the manuscripts for the various awards. Secondly, we wanted to get more members involved in the committee workings of the ARS. Finally, additional members ensure a voting quorum in the case of conflicts of interest.

Currently, the Awards Committee is composed: David Poetker, Naveen Bhandarkar, Ayesha Khalid, Nathan Sautter, and Tom Higgins. Welcome to our newest members Steve Pletcher, Mohamed Hegazy, Kristin Sieberling, John Osguthorpe, Lori Lemonnier, and John Lee. Welcome back to past Awards Committee members that signed on for another term, Rod Schlosser, Martin Citardi, and Marilene Wang. Thank you to recent member, Vijay Ramakrishnan, for all of his hard work.

The ***2013 Basic Science Research Awards*** were won by:

COSM: Dr. Sarah Wise for her manuscript entitled *"IL-4 and IL-13 compromise the sinonasal epithelial barrier and perturb intercellular junction protein expression".*

Annual Meeting: Dr. Edward Cleland's *"Probiotic manipulation of the chronic rhinosinusitis microbiome"*

The ***2013 Clinical Manuscripts*** went to:

COSM: Dr. Rishi Vashista's *"A systematic review and meta-analysis of asthma outcomes following endoscopic sinus surgery for chronic rhinosinusitis".*

Annual Meeting: Dr. Fracois Lavigne for the manuscript entitled *"Steroid-eluting sinus implant for in-office treatment of recurrent nasal polyposis: a prospective, multi-center study".*

Anyone interested in being a member of the ARS Awards Committee can submit an application for committee membership.

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Seth M. Brown, MD

Patient Advocacy Committee Corner:

Billing Endoscopy and Office Visit on the Same Day and the Proper Use of the -25 Modifier

Seth M. Brown, MD, MBA, Patient Advocacy Chair

A typical concern for an otolaryngologist is getting fairly reimbursed for both evaluation and management of a patient as well as a procedure performed on the same day; avoiding having patients return for a procedure such as a nasal endoscopy, laryngoscopy, biopsy or cerumen removal. This is something which not only is a convenience for patients but can improve care by allowing timely diagnosis and treatment. This should be reported by adding a -25 modifier to the E/M code. The 25 modifier states:

- Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service

This is supported by the 2012 Federal Registry which reviewed code 31231. Each procedure code includes a pre- and post-service period. For nasal endoscopy, due to the overlap with the E/M visit, the Registry reduced this from 5 to 3 minutes. Furthermore, it was reported for code 31231 "…that this service is typically furnished to the beneficiary on the same day as an E/M visit". The key is that in addition to the procedure the patient is evaluated and managed. Thus, history was reviewed, an exam was carried out and medications and tests were reviewed and ordered if needed. Simply performing a procedure and not evaluating a patient does not allow the practitioner to bill the E/M in addition to the procedure. The questions you should be asking when using this modifier are:

- Does the complaint or problem stand alone as a billable service?
- Did you perform and document the key components of an E/M service?
- Is there a different diagnosis, or if the diagnosis is the same, was there extra work above and beyond the usual work associated with the procedure?

If these things were accomplished and documented properly, then the E/M should be billed along with the procedure, utilizing modifier 25 in order to get reimbursed for the work performed.


Todd Kingdom, MD

Rhinology Fellowship Match Update

Todd Kingdom, MD

June 2013 marked the 8th consecutive and successful rhinology match process in collaboration with the San Francisco Match Program. We have seen tremendous growth in both international (IMG) and US medical graduates since the inception of the program. For this past 2013 match we had 52 applicants register with 44 (30 US, 14 IMG) ultimately submitting rank lists. There were 26 programs participating in the match offering 28 training positions. Twenty-five programs filled their positions successfully; 81% matched one of their top three choices. Twenty-seven positions were filled with 46% of the matched applicants receiving one of their top three selections. This is remarkable when compared to the 2006 data when 16 programs offered 16 positions and 18 applicants participated.

Continued on pg 6

Summer Sinus Symposium Recap

Kevin Welch, MD
Rakesh Chandra, MD
James Palmer, MD

The *Second Annual ARS Summer Sinus Symposium* was a huge success! Over 400 physicians and allied health care providers from around the country converged on Chicago, IL this past July to tune into the latest and most stimulating discussion about rhinologic diseases. That represents a 42% growth in attendance when compared to our inaugural event, which was already one for the record books! This conference would not have been successful without all of you who attended - both participants and faculty. This core of devoted members and faculty is what makes meetings like this noteworthy.

The first day of the conference was marked by a jam-packed (and in some cases standing room only) series of panels covering tips and pearls, surgical misadventures, balloon dilation, sleep apnea and dealing with recalcitrant rhinosinusitis. Both Dr. Donald Lanza and Dr. Michael Sillers expertly performed cadaver dissections while simultaneously showcasing some of the latest and greatest medical instruments as well as implantable devices. We topped off the evening with a cocktail reception on the 95th floor of the John Hancock Center where breathtaking views of Chicago could be seen during a clear and beautiful Midwest sunset.

We kicked off the second day of the conference by listening to the experts discuss revision surgical cases and optimizing medical management before we broke out into three sessions. Attendees chose among panels covering rhinoplasty, allergy management, state of the art frontal sinus dissection, external surgical approaches, patient advocacy, pediatric rhinosinusitis and management of inverted papilloma.

We hope you enjoyed the conference, and for those of you who attended, we hope to see you next year. If you have not been to the *Summer Sinus Symposium* yet, we encourage you to attend - you will not be disappointed. We'll see you next year in Chicago: July 18-19, 2014.

Case of the Quarter: Juvenile Ossifying Fibroma

Jack J. Liu, MD, and Sanjay R. Parikh, MD, FACS

A 10 year-old boy presented to his ophthalmologist with a 2-month history of left eye protrusion. The left eye was proptotic. Intraocular pressures were normal and extraocular movements were full and unrestricted. Visual exam was normal. He complained of mild nasal obstruction. Nasal endoscopy revealed medialization of the left maxillary wall with normal mucosa and no obvious mass. The maxillary dentition was normal. MRI showed a multicystic, expansile mass filling the left maxillary sinus, displacing the orbital contents without overt orbital invasion. CT scan showed a mixed cystic and solid, expansile left maxillary sinus mass with a ground-glass appearance, displacement of the orbital floor, and erosion of the anterior maxillary sinus wall *(Fig. 1)*. The mass was biopsied through a maxillary antrostomy and pathology was consistent with juvenile psammomatoid ossifying fibroma.

Surgical excision was accomplished by an endoscopic medial maxillectomy combined with an extended Caldwell Luc approach. The orbital floor was remodeled but free of disease and was therefore left intact. The anterior maxillary wall was partially removed and the mass was delivered through this window after the endoscopic medial maxillectomy was completed *(Fig. 2)*.

Medial maxillectomy was traditionally performed through a lateral rhinotomy incision or midface degloving. With advances in technology, endoscopic medial maxillectomy has become a common approach to maxillary sinus tumors, particularly in the management of benign tumors and inverted papilloma. A combined approach with a canine fossa puncture or Caldwell-Luc may be used to improve access and visualization of the entire maxillary sinus. An endoscopic approach avoids facial scars, decreases post-operative pain, and has been shown to be associated with shorter hospital stays.

Juvenile ossifying fibroma (JOF) is a benign, locally aggressive, fibro-osseous tumor arising from the periodontal ligament. The term juvenile was coined by Johnson in 1952 to describe a rapidly growing form of ossifying fibroma found in children. JOF is rare, with about 300 cases reported in the literature. It most commonly involves the midface (85%), then calvarium (12%), and mandible (10%). The mean affected age is 11 to 12 based on two case series but there are multiple reported cases in adults, the oldest diagnosed at age 72. JOF is classified into two histopathologic variants: psammomatoid and trabecular. The psammomatoid variant is associated with rapid growth and higher recurrence rates. It has a slight male predominance and primarily involves the bones of the orbit and paranasal sinuses, while the trabecular variant tends to involve the mandible and maxilla. Patients may present with unilateral facial swelling, globe displacement, visual changes, or nasal obstruction. Work-up should include nasal endoscopy, CT, and MRI. The diagnosis is confirmed by pathology. The primary treatment modality is surgical resection. Recurrence rates are reported to be 30-58%. In general, conservative resection is recommended as the first-line treatment to spare significant morbidity in children. Close follow-up is essential and a more aggressive resection may be performed for recurrent disease.

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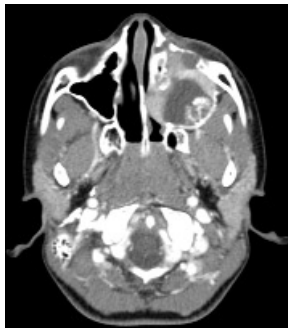

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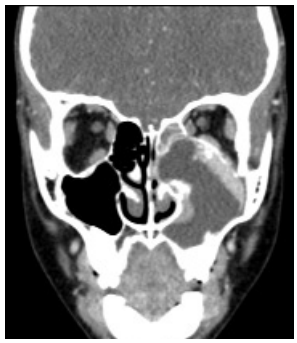

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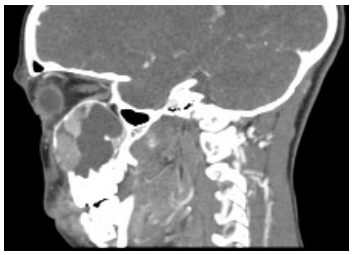

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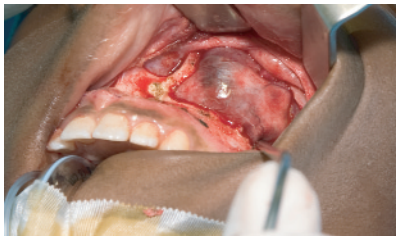
Fig. 1. (a) Axial, (b) coronal, and (c) sagittal CT scans revealing an expansile left maxillary sinus heterogeneous mass with displacement of the left orbital floor.



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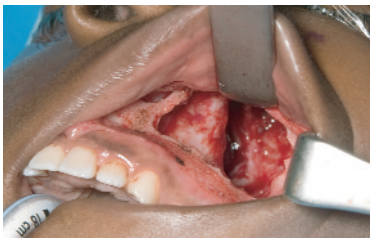

(b)

Fig. 2. Intraoperative photographs (a) prior to tumor resection and (b) immediately following tumor resection.

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Rick Chandra, MD

Education Committee Update

Rick Chandra, MD

The education committee has enjoyed a banner year. Some of the projects under our oversight include providing educational and informational content via the American Rhinologic Society website, the webinar series, the annual Fellow's Course, and the Summer Sinus Symposium.

The website includes over 40 pages of educational content regarding anatomy and physiology of the nose and paranasal sinuses, common and interesting disorders, and various therapeutic measures. Content was provided by dozens of contributors, to whom we are appreciative. Please visit *http://care.american-rhinologic.org/index.cfm*, and consider linking your practice's website here. Special thanks to Joe Han who initiated this effort, and to Kevin Welch, for lending his technological prowess.

The webinars have been well received for their superior content and delivery. Chris Church has been instrumental in this success. We had some technical issues re-casting each presentation on the same day in different time zones, but have succeeded in archiving these as "podcasts" at *http://www.american-rhinologic.org/webinar*. The IT committee has secured us ample server capacity.

Once again, the Fellow's Course was supported by Storz and was strongly reviewed by attendees. The program continues to evolve, in order to provide valuable experience to those entering our ranks. Furthermore, the course has been an excellent opportunity to build camaraderie and collegiality amongst each incoming "class" of rhinologists. Please see the accompanying photos of the 2013 Fellow's Course.

The Summer Sinus Symposium celebrated a second year of success, with 440 attendees - increased over 40% from last year. We're grateful to the 100+ faculty volunteers and honored guests, all of whom have selflessly devoted time from their practices and families. We are continually seeking ways to make this course more interesting and attractive to society members, trainees, allied health professionals, and most importantly, to the otolaryngology community at large. Don't hesitate to stop and tell me if you have some input or feedback, and see you in Chicago next July!

Other ongoing efforts of the committee include providing topics and modules for the ABOto Maintenance of Certification program, as well as to liaison with members of AAO-HNS Rhinology and Allergy Education Committee to develop web content and patient of the month programs.

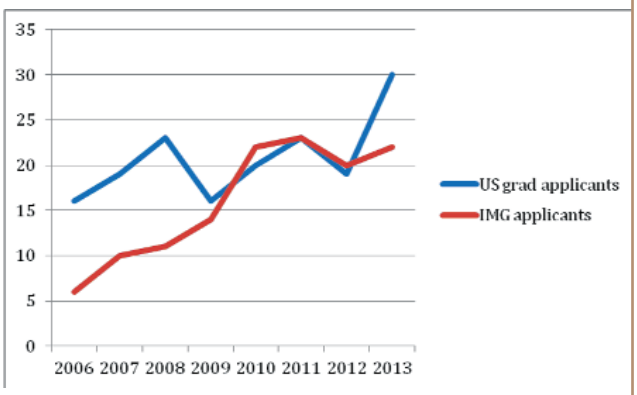
Rhinology Fellow Training
May 3-4, 2013, El Segundo, California

Fellowship Match, cont'd.

A few comments about the growing interest in our fellowship programs from our international colleagues. In 2013 applicants from the following countries were represented in the match process: Australia, Canada, China, Egypt, India, Iran, Jordan, Lebanon, New Zealand, Saudi Arabia, Singapore, Switzerland, and the UK. In 2006 we had one IMG submit a rank list, in 2013 there were 14. This is a tremendous validation of the great training opportunities our fellowship directors are offering.
See graph below.

Looking ahead to the 2014 match we welcome two new programs - Mayo Clinic Jacksonville and the Cleveland Clinic. The Fellowship Committee has also embarked on several initiatives to explore serving our IMG group more effectively and to implement standards in reporting program activity and educational content. Important information regarding the match can be found at *https://www.sfmatch.org/SpecialtyInsideAll.aspx?id=4&typ=1&name=Rhinology* and *http://www.american-rhinologic.org/program_listing.*

Fellowship Match
Applicant Chart 2006-2013



Rhinology Perspectives: Postoperative Treatment of Chronic Rhinosinusitis with Nasal Polyps

Rodney J. Schlosser, MD, and Zachary M. Soler, MD, MSc

Endoscopic sinus surgery for chronic rhinosinusitis with nasal polyps (CRSwNP) often provides dramatic short-term improvement in patient symptoms, particularly nasal obstruction. However, surgery alone is rarely curative and polyps often recur over time. This brief article will summarize the evidence for systematic and local strategies to treat and/or prevent polyp recurrence in the postoperative setting, drawing upon recent meta-analyses, clinical practice guidelines and evidence based reviews.

Systemic Treatments: The only systemic therapy with strong evidence to support its use is short bursts of oral steroids. Other therapies, to include, antibiotics, leukotriene antagonists, aspirin desensitization, antihistamines, immunotherapy and monoclonal antibodies have relatively weak evidence to support their use or have demonstrated only limited efficacy.

Systemic Therapy	Considerations
Steroids Level	1b evidence supporting benefit[1,2]. Must be weighed against risks/side effects and short duration of efficacy.
Antibiotics	Small benefit with doxycycline (level 1b). No benefit with macrolides, antifungals[1].
Leukotriene modifiers	Superior to placebo (level 1b), but not superior to INCS with possibly higher recurrence rates (level 4). Limited evidence to support as adjunct to INCS[3].
Antihistamines	Benefits sneezing and rhinorrhea, but not endoscopy (level 1b)[1].
Immunotherapy	Case series (level 4) with limited or no benefit.
Aspirin desensitization	Improved nasal symptoms (level 1b), but impact upon NP burden unclear[1].
Monoclonal antibodies	Not studied in postoperative period[1].

Topical Treatments: One advantage of surgery for CRSwNP is access for topical therapies. Distribution of topical medications to the sinuses is optimized once the entire cavity is opened widely, possibly even with a modified Lothrop, in contrast to minimal surgery with only ostial dilation[4,5]. Topical antibiotics and antifungals have not yielded durable clinical benefit in patients with CRSwNP[6]. The strategy of local delivery of steroids is appealing, as it uses a medication with known efficacy and the goal of avoiding systemic side effects. Intranasal corticosteroid sprays (INCS) have strong level 1a evidence to support their use, but recurrence is still common probably due to limited distribution to the paranasal sinuses. Steroid irrigations have become popular, as medication achieves greater penetration into the sinuses, but high quality studies comparing clinical outcomes using irrigation to simple sprays have not been performed. Another promising approach to treat polyp recurrences appears to be use of biodegradable drug eluting stents.

Topical therapy	Considerations
Antibiotics	No evidence to support routine use (level 4)[6].
Antifungals	Evidence against benefit (level 1a)[1,6].
INCS	Level 1a supporting use, but still significant recurrence[1,6].
Steroid irrigations	High volume delivery appears to have best distribution5, but clinical benefit only shown in case series (level 4) with no benefit in ASA triad (level 1b)[1,6].
Steroid drops/nebulizers	Less sinus distribution5, however still with clinical benefit in case series (level 4)[1,6].
Biodegradable stent	Benefit in level 1a studies. Issues regarding cost, duration of efficacy and control arms remain[6].

Summary: Evidence for CRSwNP supports surgery to widely open the sinuses followed by short-term bursts of oral steroids and topical steroid spray. If polyps recur, strongest evidence supports alternative steroid delivery using high volume irrigations or biodegradable stents. Additional options with weaker evidence include low volume steroid delivery, doxycycline, leukotriene antagonists, aspirin desensitization and immunotherapy.

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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? _____