President’s Message

The just completed first meeting of new millennium of the American Rhinologic Society was most successful according to the reports from the CME forms submitted, individual comments and the general atmosphere of the meeting. On Sunday, May 14th the joint session with the ARS and AAFPRS allowed both memberships the opportunity to examine areas of mutual interest concerning the nose, reminding us again of the importance of combining form and function as we assess and treat various nasal conditions. Dr. Toffel is to be commended for putting together this very successful part of the program. Our two stand-alone meetings were also interesting, innovative and well attended. Dr. Kuhn and his Program Committee, consisting of Drs. Bolger and Lanza, gave us much to “take home”: space does not allow elaboration of the many wonderful presentations and discussions. I suggest if you could not attend these that you avail yourself to a copy of the Program (through the Secretary’s office) and at least review the abstracts.

At the Board of Directors meeting several important business matters were discussed and acted upon. I can only highlight a few of these; probably the most important happening was the nomination of the Society’s new Secretary-Elect, Dr. Marvin Fried. Several outstanding candidates for the position had been considered; however, Dr. Fried emerged as the unanimous choice of the Nominating Committee, the Executive Committee and the Board of Directors. He is now in the transition process of assuming this office so that he may be able to assume full secretarial duties and responsibilities at the fall meeting when Dr. Stucker’s term ends, providing you the membership endorses this decision with your vote at the Business Meeting. We are indeed fortunate to have an individual of Dr. Fried’s intelligence, commitment and wisdom assume this most important position. I would be remiss at this time if I did not thank Dr. Stucker for his years of service and dedication to this organization. He has led us through tremendous progressive changes, and we all owe him a great debt of gratitude.

Dr. James Denneny, Steering Committee Chairman of the Sinus and Allergy Health Partnership, presented an update on this successful project. In addition to the two ARS representatives to this group, Dr. David Kennedy has been appointed Treasurer. If you wish a full report concerning all aspects of the Partnership, it is available by fax at 202-955-5016.

Bylaw changes were acted upon and read at the subsequent business meeting; they will be voted upon at the fall Business Meeting. The most noteworthy of these proposed changes is a change in qualifications for a member to be eligible for the Fellow category of membership. The change would require the submission of 50 surgical rhinologic cases over two years.

Following Dr. Benninger’s initiative of a couple of years ago, Dr. Toffel and I have completed membership rosters for this year and are planning for full committee meetings in the fall. I urge you to contact Dr. Kuhn and request to be added to a committee next year. Active committee participation is increasingly important. The ARS now has greater than 1,000 members. The scope and activities of this organization require committees to perform much of the Society’s business via in depth deliberations, then to make recommendations to the Board for action.

The Corporate Affiliates dinner was again a high point of our meeting. Under the able leadership of this program, Dr. Toffel and his committee are generating substantial financial support for our research program (led by Dr. McCaffrey).

There are many other activities your Officers, Board of Directors and committees are busily attending to, and I wish space would allow a more detailed report. We will try to continue to keep you abreast of important happenings through the Newsletter and our web site (www.american-rhinologic.org). However, there is no substitute to becoming involved through the various committees and attending our spring and fall meetings as many of you are doing. The American Rhinologic Society is the fastest growing of the Otolaryngology Societies and now one of the largest. I feel we the ARS are also the most progressive and attentive to the needs of our membership. I feel very privileged to be your President.
Difficulties after functional endoscopic sinus surgery are common correctible problems seen in patients with recurrent sinusitis. What Has Previous Surgery Accomplished?: The most common correctible problems seen in patients with recurrent sinusitis include the natural ostium of the maxillary sinus in the middle meatal antrostomy. Also, the formation of synechiae resulting in obstruction of the outflow tract (most often the frontoethmoid region) can require revision surgery. These should all be considered when patients have continued complaints after surgery.

Careful pre-operative attention to promoting patient understanding and achieving a common ground for expectations will help avoid the post-operative complaint, “Doc, my sinus surgery didn’t work.”

Richard L. Mabry, MD, Professor
Department of Otolaryngology - Head and Neck Surgery
University of Texas Southwestern Medical Center
Dallas, Texas

What is “Sinusitis?: The diagnostic criteria for sinusitis have been specifically set out by the AAO-HNS Task Force on Rhinosinusitis. Most of us recognize and can accurately diagnose the various types of sinusitis (acute, recurrent, subacute, chronic), but most patients (and some physicians) characterize every respiratory tract infection as “sinusitis.” Before surgery, the exact problem presented by the patient has to be clarified. It may help to use printed pamphlets, such as those available from the AAOHNS, or to formulate a simple patient information sheet for use in your practice. Many patients equate allergy, upper respiratory infections, headache (of various causes), cough, and throat-clearing with “sinusitis.” The time to educate them is before surgery, not afterward.

What Can Be Expected from the Surgery?: Patients unfortunately want the surgeon to guarantee to them that they will never have another “sinus infection” again. Rhinologists realize that what surgery can realistically accomplish is the marsupialization of obstructed sinus outflow tracts and the removal of irreversibly diseased tissue. After surgery, patients will hopefully recover in a normal fashion from respiratory infections, with no residual source of reinfection, but they will not be spared entirely from such infections. Be sure that patients understand this.

Are There Unrecognized Contributory Factors?: Persons chronically exposed to others with respiratory infections have an increased number of infections themselves. This group includes health care workers, teachers, daycare workers, parents and grandparents of small children, and flight crews. Likewise, the presence of factors such as allergy, immune incompetence, cystic fibrosis, and allergic fungal sinusitis must be considered and dealt with, since in each case surgery isn’t the total answer to the problem.

What Has Previous Surgery Accomplished?: The most common correctible problems seen in patients with recurrent sinusitis after functional endoscopic sinus surgery are incomplete resection of the uncinate process and failure to include the natural ostium of the maxillary sinus in the middle meatal antrostomy. Also, the formation of synechiae resulting in obstruction of the outflow tract (most often the frontoethmoid region) can require revision surgery. These should all be considered when patients have continued complaints after surgery.

Careful pre-operative attention to promoting patient understanding and achieving a common ground for expectations will help avoid the post-operative complaint, “Doc, my sinus surgery didn’t work.”

Richard Mabry, M.D.
Otolaryngology Research Efforts or C.O.R.E., which has been developed by the American Academy of Otolaryngology - Head & Neck Surgery and the affiliated senior societies to centralize the application process for research grants funded within the otolaryngology societies. By participating in C.O.R.E., the ARS will standardize our granting cycle to correspond with the AAO-HNS. The American Rhinologic Society will still offer specific grants to fund and develop research within rhinology; therefore a copy of all research grant applications should be forwarded to Thomas V. McCaffrey, M.D., Research Committee Chairman, in addition to the C.O.R.E. group.

We will honor our 2000 Corporate Affiliate members with a certificate of affiliation, presented to them at the Washington, D.C. “Nose 2000” fall meetings.

Paul H. Toffel, M.D., F.A.C.S.
First Vice President, American Rhinologic Society
Chairman, ARS Corporate Affiliates Committee
University of Southern California School of Medicine

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American Rhinologic Society Corporate Affiliates Program

The American Rhinologic Society Corporate Affiliates Sponsor and committee met in Orlando with a wonderful banquet honoring our commercial sponsors of the Society. We are pleased to report that the Corporate Affiliates contributed $56,500 to the Society for 2000, bringing the total in the past 5 years to $236,000.

Our sponsors for 2000 are as follows:

- Aventis Pharmaceuticals  Platinum Level $10,000
- Glaxo-Wellcome  Platinum Level $10,000
- Schering  Platinum Level $10,000
- Bayer Pharmaceuticals  Gold Level $5,000
- Bristol-Myers Squibb Co.  Gold Level $5,000
- Karl Storz Endoscopy-America  Gold Level $5,000
- Medtronic Xomed  Gold Level $5,000
- Ortho-McNeil  Silver Level $2,500
- Smith & Nephew – ENT  Bronze Level $1,000
- Surgical Laser Technologies  Bronze Level $1,000
- Visualization Technology, Inc.  Bronze Level $1,000
- Linvatec  Friends $500
- Richard Wolf Med Instruments  Friends $500

TOTAL TO DATE: $56,500

The spirit of cooperation between our Society, and the sponsors who have donated these unrestricted educational funds, continues to be remarkable.

We also thank our Corporate Affiliate friends who have graciously sponsored the American Rhinologic Society newsletters: Bayer who sponsored our Spring Newsletter, and AstraZeneca LP for sponsoring the Summer Newsletter. Mention also should be made that Glaxo Wellcome sponsored the Fall 1999 newsletter.

The American Rhinologic Society Corporate Affiliate funds sponsor research grants for basic or clinical research in rhinology. These grants are open to any otolaryngologist, or resident in training in an approved otolaryngology residency program in the United States and Canada, who is an ARS member. These are one year, non-renewable grants at a maximum of $25,000. Three grants, of various amounts, are available for the applicable year, and the deadlines are as follows:

- Letter of Intent January 3
- Research Grant Application March 1
- Announcement of Recipients May 12
- Funding Available July 1

It should be noted that beginning the funding year 2001, the ARS will be participating in the Centralized
Sinus & Allergy Health Partnership

After beginning as a coalition to work together for a united goal, the Sinus & Allergy Health Partnership has evolved over 2 years since inception to become a recognizable name within the specialty of otolaryngology. Three societies formulated and participate: the American Rhinologic Society, the American Academy of Otolaryngic Allergy, and the American Academy of Otolaryngology-Head and Neck Surgery. Conceived as a concept to educate otolaryngologists, primary care physicians and medical carriers, the Partnership’s mission is to support the fact that ENT physicians are the NOSE doctors. The Partnership is also working with the American Academy of Facial Plastic and Reconstructive Surgery.

At the Spring Board of Governors meeting, the Steering Committee of the Sinus and Allergy Health Partnership consisting of Drs. James Denneny, Michael Benninger, Ivor Emanuel, James Hadley, David Osguthorpe, and James Stankiewicz met to discuss strategy for the forthcoming years. Leadership members of the sponsoring societies were invited including Dr. John Campbell, President of the AAO-HNS, Dr. Charles Gross, President of the ARS, and Dr. Jennifer Derebery, President of the AAOA. The purpose was to review the mission of the partnership and examine the one-year, two-year and five-year long-range plans. While the Partnership has had an immense success after its debut in garnering resources from pharmaceutical and similar corporations, the leadership desired to continue to offer benefits to the otolaryngic community. Research has been incorporated into the mission statement.

Based on a consensus of the Steering Committee, the new mission statement for the Sinus and Allergy Health Partnership is “To promote public and physician education, to further quality medical care, and to facilitate development of new knowledge of rhinosinusitis, allergic rhinitis, and related disorders through the unique expertise of otolaryngologists.”

The goals were expanded to include three areas: 1. Public and physician education, 2. Assure quality care of Rhinologic problems, 3. Facilitate the development of new knowledge. The latter goal will stimulate research within otolaryngology via educational grants donated to the Partnership.

One of the goals of the Partnership was to establish proper guidelines not only for treatment of Rhinosinusitis, but also for Allergic Rhinitis. The first goal has been completed with the upcoming publication of a “white paper” on the Guidelines for Treatment of Acute Bacterial Rhinosinusitis. Dr. Jack Anon guided this task to completion. The taskforce was comprised of experts in sinus disease, allergic rhinitis, infectious disease, pharmacology, pediatrics, family practice and internal medicine with the participation of representatives from the Centers for Disease Control and the Federal Drug Administration. A new therapeutic formula was developed for treatment of mild, moderate and persistent disease based on antibiotic efficacy. The “white paper” will be available as a supplement to Otolaryngology Head and Neck Surgery in July 2000. The partnership is extremely proud of this work, which will become a significant contribution to the literature. The next project will be to establish a similar guideline on the treatments of allergic rhinitis.

Other news: The Partnership has been certified as a non-profit 501C(6) organization in the District of Columbia and has established its By Laws for ratification. This final step solidifies the Partnership and will allow future progress.

The Professor of Day Program is still achieving excellent reviews. This program brings otolaryngologist experts into Family Practice residency programs to teach the full scope of Rhinologic and other otolaryngologic disorders. Those society members willing to participate in this program should contact the SAHP office for information. We are also planning on incorporating a revised version of a video on Sinusitis originally produced by Drs. David Kennedy and Robert Meyers.

The Distinguished lecture remains active to educate the primary care community about the scope and expertise of otolaryngologists especially as the nose experts. This program is open to all members, and information about this program and its slide series can be obtained form the administrative office.

The administrative office has moved to newer quarters in downtown Washington. The new address is: Sinus & Allergy Health Partnership 1990 M Street, NW Suite 680 Washington, DC 20036. Please contact Joe Fox (202-955-5010) or any of the Steering Committee Members.

James A. Hadley, MD
Rochester, New York
AMERICAN RHINOLOGIC SOCIETY
APPLICATION FOR MEMBERSHIP

Please print or type

1. Name____________________________________________________________________

2. Office Address_______________________________________________________________
   Phone ( )_________________________________ Date of Birth_______________________
   FAX ( )_________________________________ E – Mail Address___________________

3. Home Address____________________________________________________________________
   Phone ( )_________________________________ Spouse’s Name_____________________

4. Medical school attended/year of graduation________________________________________

5. Internship________________________________________________________

6. Residency & Year of Graduation_________________________________________________

7. Year of certification by American Board of Otolaryngology___________________________

8. Graduate training in Rhinology__________________________________________________

9. Membership in professional organizations________________________________________
________________________________________________________________________
________________________________________________________________________

10. Teaching affiliations and academic interests_______________________________________
________________________________________________________________________

11. Sponsors - Must be members of the American Rhinologic Society

1)_________________________________           _______________________________
   (name) (signature)

2)_________________________________           _______________________________
   (name) (signature)
   Date _______________________________      _______________________________
   (your signature)

Membership Category Applied for :

_____ Regular Member ( $ 250.00 application fee )
_____ Resident Member ( NO CHARGE, Journal Not Included )
_____ Other ___________________________________________

Fee - $ 250.00 ( Check payable to American Rhinologic Society must accompany application.)
Inclues first year dues, ARS newsletter, subscription to one of the journals listed below, and
registration for the next ARS meeting, for Regular Membership.

Journal Requested _____ American Journal of Rhinology
                          _____ Rhinology - International Journal

MAIL APPLICATION AND APPLICATION FEE TO :  Marvin P. Fried, M.D., F.A.C.S.
Secretary, American Rhinologic Society
Montefiore Medical Center
visit our web site: 111 East 210th Street
http://www.american-rhinologic.org
Bronx, NY 10467-2490
The American Rhinologic Society plans to award three research grants during the 2001 funding cycle. This will include a new category of grant for new investigators in the amount of $25,000. This grant will be directed toward funding substantial research efforts by a dedicated, new investigator who has not received previous, significant outside funding. It is expected that this investigator would develop a long-term research career as well as be under the mentorship of an established investigator. The ARS will fund one grant of this nature during 2001.

In addition, the ARS will award two resident research awards. The two research awards will fund limited projects in the amount of $8000 each for one year.

Grant applications should be directed to the American Academy of Otolaryngology - Head & Neck Surgery C.O.R.E office indicating an intention to be considered for the ARS awards.

Thomas McCaffrey, M.D.
University of South Florida
Tampa, Florida

The American Rhinologic Society would like to thank AstraZeneca LP for an unrestricted educational grant that enabled this Newsletter to be printed.