



# AMERICAN RHINOLOGIC SOCIETY NEWSLETTER

July 2000

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## President's Message



**Charles W. Gross, M.D.**  
President

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.



**The White House**

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 Denny, 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).



**Thomas Jefferson Memorial**

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](http://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.

## What's Inside . . .

"Doc, My Sinus Surgery  
Didn't Work" . . . 2

President-Elect Message . . 2

The Nose 2000 . . . 3 - 4

Corporate Donors and  
ARS Officers . . . 5

Sinus & Allergy Health  
Partnership Update . . . 6

ARS Membership  
Application . . . 7

Research Grant Info . . . 8

Editorial Info . . . 8



**Richard Mabry, M.D.**

### **“Doc, My Sinus Surgery Didn’t Work”**

*Patients who voice the above complaint most often do so to someone other than their original surgeon. Instead, they are seeking help from another physician because of their dissatisfaction with sinus surgery. This is not a wonderful practice-builder. All of us are careful to*

*obtain “informed consent” and communicate to the patient the potential complications of endoscopic sinus surgery, such as bleeding, visual loss, and/or CSF leak. A bit more time spent in making sure that the patient (and surgeon) have realistic expectations of the benefits of the surgery will be an excellent investment in patient satisfaction.*

*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 difficulties after functional endoscopic sinus surgery are*

*incomplete resection of the uncinat 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 L Mabry, MD, Professor  
Department of Otolaryngology - Head and Neck Surgery  
University of Texas Southwestern Medical Center  
Dallas, Texas**

### **President-Elect’s Message**

*Greetings from sunny Savannah! We have just completed our spring meeting in Orlando. There was stimulating discussion at the scientific session, which included Dr. Joel Bernstein’s discussion of inflammation and the molecular biology of pain. We heard from Dr. David Kennedy regarding his research into the nature of osteitis, Dr. Gustaf Fernstrom about Gentamycin irrigation for chronic staphylococcal sinusitis, and thirty-five of our colleagues presenting their papers. Our fall meeting will be in conjunction with the Nose 2000, which is being planned by Dr. Eugene Kern. This looks to be an exciting meeting and a very educational time for Rhinologists. I hope all of you will plan to attend and participate in the first international rhinology meeting of the new century.*

*At its fall meeting the Long Range Planning Committee identified four areas of concern: 1) socioeconomic issues, 2) research, 3) education and 4) improved liaison with the AAO-HNS. Dr. Joe Jacobs, Chairman of the Socioeconomic Committee, has been working successfully on several reimbursement issues, so this area remains a high priority for the Society. At its spring meeting, the Long Range Planning Committee has further identified rhinologic research and education as two areas which need to be addressed for the long term health of our specialty.*

*Our plan for the coming year is to work with a variety of sources to improve funding for rhinologic research and to begin an initiative with the Society of University Otolaryngologists to improve rhinologic education in our training programs. Discussions have been started with Dr. Maureen Hanley, the AAO-HNS Research Coordinator on funding, and sinus dissection labs have been suggested for training programs. If any of you have other suggestions please write to me.*

*Committee assignments will be made again in the fall, to take effect next spring, so let me know if you would like to serve on one. A copy of the current committee structure can be obtained from our new Secretary, Dr. Marvin Fried. Have a great summer. I look forward to seeing you in the fall.*

**Frederick A. Kuhn, M.D.  
Savannah, Georgia**



**Washington Monument**



## American Rhinologic Society Corporate Affiliates Program

The American Rhinologic Society Corporate Affiliates Sponsors 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
<b>TOTAL TO DATE:</b>		<b>\$56,500</b>

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:

<b>Letter of Intent</b>	<b>January 3</b>
<b>Research Grant Application</b>	<b>March 1</b>
<b>Announcement of Recipients</b>	<b>May 12</b>
<b>Funding Available</b>	<b>July 1</b>

It should be noted that beginning the funding year 2001, the ARS will be participating in the Centralized

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**

## American Rhinologic Society Officers

Charles W. Gross, M.D., President

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## **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

**James A. Hadley, M.D.**

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 Denny, 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



**U.S. Capitol Building**

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 from 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.)  
Includes 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  
111 East 210th Street  
Bronx, NY 10467-2490

visit our web site:  
<http://www.american-rhinologic.org>

**American Rhinologic Society**  
**Marvin P. Fried, M.D., FACS**  
**Montefiore Medical Center**  
**111 East 210th Street**  
**Bronx, NY 10467-2490**

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**Thomas McCaffrey, M.D.**

*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**

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*Editorial Office*

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