Nose News UPDATE

American Rhinologic Society - Volume 21:1 Fall 2001

Paul H. Toffel, M.D.
President

The tragic events which took place in New York City during our recent Denver national meetings have weighed heavily on all our hearts. I spoke with several of our officers and board members who drove 1000-2000 miles to get home after the meetings to be with their families and resume their lives. I drove home myself with my family from Denver to Los Angeles, and seeing the natural beauty of our Southwest from the ground, instead of the air, gave an appreciation of how blessed we are to live in this great country. Our national leaders appear to be professional and experienced, and having served in the U.S. Navy during a period of prior national difficulty, I'm sure they can lead our nation back to a secure, but more vigilant society. Our national leaders have asked us all to resume our normal lives, and that is certainly what the leadership of the American Rhinologic Society intends to do. Therefore, I would like to give you my vision of the American Rhinologic Society and it's status as we come out of the fall Denver meetings:

> "...our tripartite mission of outstanding rhinologic education, excellent academic research, and targeted socioeconomic response."

I feel your officers and Board are right up to speed on fostering our tripartate mission of outstanding rhinologic education, excellent academic research, and targeted socioeconomic response.

First, in our primary mission of rhinologic education, I'm pleased to report a very successful scientific program in Denver on September 8, 2001. We had sessions on medical, surgical and research topics and outstanding panels on medical therapy of difficult sinusitis, lead by Dr. Winston Vaughan, and on fungal disease led by Dr. Jim Stankiewicz. The program committee of Drs. Becker, Benninger, Bolger and Leopold did a superb job. President-Elect Don Lanza, MD, has taken over meeting planning for 2002, and the abstract deadline for the Boca Raton 2002 COSM meeting is November 1, 2001. I know the Boca Raton meeting will be outstanding with Dr. Lanza's guidance and the ARS Board has given him full resources to obtain stellar overseas lecturers.

Second, our ARS 2001 research grants, which were selected via the Combined Otolaryngologic Research Entity (CORE), and funded by our corporate affiliates program, totaled $33,000 this year, with $41,000 ear-marked for next year. We're proud to report that 10% of the research budget for grants in Otolaryngology CORE are funded by our ARS organization. The research grantees this year were David B. Conley, MD, of Northwestern University, and Larry K. Burton, MD, of Mayo Clinic.

Third, on the socioeconomic front, your board has again obtained legal services from the respected Washington DC firm of Hogan and Hartson, and obtained clarification on July 16, 2001, from the AMA CPT Editorial Panel that stereotactic code 61795 is completely appropriate to be used in conjunction with the FESS codes. That letter is available on our website, www.american-rhinologic.org, to be used by all our practitioners. A detailed socioeconomic package has been assembled by Vice President and Socioeconomic Chairman, Joe Jacobs, MD, with the help of Immediate Past President, Fred Kuhn, MD, and Treasurer, David Kennedy, MD. This website should aid us all in our daily practices. The website is constantly updated as new initiatives are dealt with by your nimble and effective board of directors.

Last, I wanted to report that the Board of Directors had scheduled our Winter Board meeting in New York City for December 1, 2001. After consultation with our two New York ARS officers, Secretary Marvin Fried, MD, and Vice President Joe Jacobs, MD, we have decided to definitely go ahead with business as usual to show our Society's support for this great city, and our country. The best thing we can all do in these times of crisis, to follow Mayor Giuliani's lead, is to get right back to the work of our lives. This will be the best way we can support our wonderful, free, and special United States of America.

Please contact me at any time with your thoughts or ideas.

Best wishes to all for a better Thanksgiving and Holiday Season.

Denver- Site of the September, 2001 ARS Meeting

Welcome to Nose News! The Newsletter of the American Rhinologic Society

Brent A. Senior, MD
Editor

With this issue comes a changing of the guard for the Newsletter. J. David Osguthorpe, MD who has so ably served the Newsletter as editor for the last several years has now passed the torch on to me. I'd like to thank him for the foundation that he has provided me taking over as editor, creating a newsletter that is not only widely circulated but also widely read.

My goals with this newsletter are to inform, update, and stimulate. First, we are a resource for the activities of the American Rhinologic Society. As such, we will strive to provide timely information regarding ARS activities and meetings. To this end, you will find a calendar of upcoming activities and meetings in each issue.

Second, we hope to inform you of rhinologic issues both within and beyond the activities of the ARS. Within the ARS this will include regular updates from the chairmen of various committees and officers of the society. Outside the ARS, we will present updates from the Paranasal Sinuses Committee of the AAO/HNS as well as from the Sinus and Allergy Health Partnership.

And finally, we wish to stimulate you with regard to various technical (both surgical and medical) issues involved with management of the nose and paranasal sinuses. Whether it is MIST vs. FESS, the role of stereotactic CT guidance, middle turbinate resection vs. preservation, the field of rhinology has its share of controversy and we hope to stir things up a bit with timely, informed, lively discussions. We will accomplish this through our "Case of the Quarter" and "Point of View" columns wherein individuals will have an opportunity to debate current topics in rhinology.

Most importantly, we want your input. We look forward to comments and suggestions as to how to make Nose News more meaningful and useful to you, our readers. Our email is newsletter@american-rhinologic.org. And be sure to check out the ARS webpage www.american-rhinologic.org for an online version of the newsletter combined with timely and up-to-date additions.

What's Ahead?

11/1/01 Abstract Deadline - COSM, May 2002 ARS Meeting

12/1/01 Winter ARS Board Meeting - New York City

3/15/02 Abstract Deadline - September 2002 ARS Meeting

5/10/02 - 5/11/02 ARS Spring Meeting, Boca Raton, FL

6/15/02 - 6/21/02 ERS/ISIAN, Ulm, Germany

9/21/02 ARS Fall Meeting, San Diego, California

11/1/02 Abstract Deadline - COSM, May 2003 ARS Meeting

Your ARS

Immediate Past President's Letter

The Saga of 61795

My Dear Friends and Colleagues:

It has been a great honor and privilege to serve as your president over the past year. I thank-you for the opportunity. I leave you in extremely capable hands as Paul Toffel, who has put on two superb meetings in the past year and who has developed our corporate Sponsors program, takes over as President of the Society. Don Lanza as President Elect will be in charge of the spring and fall scientific programs, which promise to be excellent.

As I told the board of directors, this position seems to take on a life of its own dictated by circumstances, which this year seems to have been largely economic. What a surprise! CPT code # 61795 was approved for use with sinus surgery in time to be published in the 2000 CPT CodeBook. Administar on behalf of HCFA then made a coding edit disallowing the use of this code with most sinus surgery after September 1, 2000. We approached our attorneys in Washington, DC, Hogan & Hartson, who developed a response to HCFA and Administar funded by your dues, which we submitted jointly with Dr. Richard Holt, EVP of the Academy. Dr. Niles Rosen of Administar responded very positively to us in a letter, which we published in the last ARS newsletter in Dr. Fried's report. All denied claims for 61795 could then be reprocessed after January 1, 2001.

"...this position seems to take on a life of its own dictated by circumstances, which this year, have been largely economic."

Beginning in mid February 2001, local Medicare carriers again began denying claims for 'Stereotactic Computer Assisted Navigation' (CPT 61795) performed in conjunction with sinus surgery, claiming that it was an add-on code for neurosurgical procedures only. We went back to Ms. Beth Roberts and Ms. Laura Loeb of Hogan & Hartson in Spring 2001 who recommended that we ask the AMA CPT coding section for a letter of clarification, which could be used to support our position with the carrier medical directors. This letter from Grace Kotowicz very clearly delineates the AMA's intent for the code's use with sinus surgery and can be found on the ARS web site along with the Dr. Rosen's letter from Administar. These efforts are a very tangible benefit of your Society dues, which we hope are beneficial to your practice and your continuing struggle with managed care.

Two other items of importance are 1) to warn you of the new HIPPA regulations (Health Insurance Portability and Privacy Act), which are in effect. Compliance is required by early 2002. This Act is mostly about information privacy and has very little to do with health insurance portability. The second is about Managed care companies' bundling and downcoding your claims. If you are having problems with this I suggest that you contact Dr. Joe Leonard in Oklahoma City, the new Board of Governors Chairman. He can put you in touch with people to help.

Thank you again for the opportunity to serve as your President.

Frederick A. Kuhn, M.D.

CALL FOR PAPERS

The Spring Meeting of the American Rhinologic Society will be held in Boca Raton, Florida at the Boca Raton Resort & Club May 10-11, 2002. In addition to impressive meeting rooms, the resort's amenities include two 18-hole championship golf courses, 30 tennis courts, half-mile stretch of private beach, and several pools.

ABSTRACT DEADLINE NOVEMBER 1, 2001
GoTo: www.american-rhinologic.org

SEE YOU IN BOCA!

Coming Soon:
ARS Fall Meeting
September 21,2002
San Diego, CA

Abstract Deadline
March 15, 2002

Success in Denver Tainted by Tragedy in New York

Marvin P. Fried, MD
Secretary

The American Rhinologic Society Fall Meeting of 2001 began with an appropriate feeling of expectation and anticipation. Dr. Paul Toffel and members of the Program Committee had selected scientific presentations and panel discussions reflecting the best work of our colleagues. The program itself truly fulfilled these expectations. The registration was 167, with 114 ARS members and fellows participating. Indeed, the "buzz" at the meeting was that there needs to be more time for discussions from the floor. Participants wanted to be involved, share their thoughts and experiences.

At the ARS Executive Committee meeting, the discussion of interaction with colleagues from around the world, and cosponsored meetings met with support and promise.

As the AAO-HNS Annual meeting began, the sense of international scientific collaboration continued. I, for one, felt particularly connected to my colleagues worldwide, and was pleased to see many friends once again.

Things changed abruptly on September 11th, 2001, and my personal focus became New York City, my home, and where I work. Fortunately, all the members of my family are safe, although directly affected by the World Trade Center catastrophe. Now a few days later, one seeks stability as lives have been so utterly shaken. For all of us, care of our patients remains a priority and one that will continue. We must realize that science in this generation means working with associates beyond our offices, operating rooms, and laboratories whether in the United States, or abroad. The emotions raised by 9/11 can only solidify our resolve that humanity requires medicine and science to thrive. We must protect our country, but also strengthen the ties with colleagues worldwide.

The ARS Secretary's Office is "open for business," and ready to help our membership.

I encourage all of you to submit abstracts that are due November 1st for our meeting at COSM in May 2002.

Lastly, many thanks are due to Wendi Perez and Susan Arias for all of their support in making our Fall Meeting successful.

Antibiotic Choice in ABRS and CRS

James A. Hadley, MD
First Vice-President

A host of material has surfaced in the medical literature regarding appropriate antibiotic treatment for Acute Bacterial Rhinosinusitis (ABRS) and Chronic Rhinosinusitis (CRS). Disregarding the fact that our Society still does not have a true definition of CRS, there are several different classes of antimicrobials from which to choose. What, then, should the majority of Rhinologic surgeons choose as their primary and secondary antimicrobial for these common respiratory illnesses?

Antibiotics are designed to kill bacterial pathogens (beta-lactams, fluoroquinolones) or prevent their growth (sulfas, macrolides) and studies prove that their use shortens the course of an infection and helps to prevent complications. However, excessive and inappropriate use has lead to the development of resistance. Pathogens have become adept at mutation, transformation, conjugation and plasmid development to promote prolongation of their species. The end result is that *Streptococcus pneumoniae* and *Hemophilus influenzae* are no longer readily eradicated by the usual course of therapy with antibiotics.

Guidelines promoted by our Society and the Sinus & Allergy Health Partnership (Otolaryngol Head Neck Surg June 2000) established a new methodology of dealing with this problem. Proper use of these guidelines should improve patient care enhancing cost savings. They recognize that patients exposed to an antibiotic within 4 to 6 weeks of their current infection are likely to be infected with a resistant pathogen. Using the Poole Therapeutic Outcome Model, clinicians may now predict the therapeutic effectiveness of various antimicrobial agents for ABRS or CRS. The model is available at the Sinus & Allergy Health Partnership website, www.allergysinus.org.

Thus, for patients who are evaluated for ABRS who have not been exposed to antibiotics within the previous 4 to 6 weeks, first-line therapy is limited to high-dose amoxicillin, amoxicillin-clavulanate, cefpodoxime proxetil, and cefuroxime axetil. For adult patients with moderate infection and prior antibiotic use the agents that are indicated are amoxicillin-clavulanate, or one of the fluoroquinolones (gatifloxacin, levofloxacin or moxifloxacin), or combination therapy—amoxicillin or clindamycin for gram-positive coverage plus cefixime or cefpodoxime proxetil for gram-negative coverage. Very similar first line agents are recommended in the pediatric population with the exception of the fluoroquinolones, which still have no pediatric indication. Despite the recent reports of shorter-course therapy, the guidelines still recommend 10-14 days of therapy.

Issuing guidelines on appropriate antibiotic use for treatment of ABRS and CRS is only the first step in ensuring that rational principles are adopted and followed in clinical practice. It remains up to us, as rhinologists to get this message out to our primary care physicians, our associates in health care and especially our patients. We need to curtail the prevalence of resistance before we no longer have available medications to treat these infections.

Fiscally Strong, Preparing for the Future

David W. Kennedy, MD
Treasurer

The Society has maintained fiscal solvency while maintaining its educational programs and excellent meetings, and, at the same time, has been able to use its financial resources to act on socioeconomic issues on behalf of our members. This has been achieved by minimizing organizational costs. Specifically, the infrastructure of the Society has been kept to an absolute minimum, relying heavily on volunteerism and unpaid assistance. I, and the Board, feel that this is the way that you would like to see your hard earned dues utilized, and it is the way that we will continue to operate in the future.

However, at the same time, we must have the resources to hire the appropriate legal advice and to act on behalf of the membership in a concerted fashion when challenged with the "FESS mess" or more recently, the CPT bundling issues and the denial of payment on code 61795. We have been successful in this arena but these issues will likely in the future, fall more heavily on the Society. As previously reported, the AAO-HNS has determined that the specialty societies will need to play a significantly more active role in their very expensive burden of re-reviewing CPT codes and practice expenses. Because of this, and the fact that our operating fund has already shown some decrease in the past two years, I recommended, and the Board approved, a dues increase from $200 to $240 next year. We recognize that this is a tight fiscal time for everyone in medicine, but believe that this is required if we are to be able to act effectively on your behalf, and on behalf of the subspecialty of Rhinology.

This decision has not been taken lightly. However, our dues have not increased in many years. Additionally, paid dues include the cost of either the American Journal of Rhinology or the journal Rhinology and the cost of the each individual subscription to our journal subscription has increased significantly over the years. In addition, out of the dues, the Society pays a small subscription for each member to the International Rhinologic Society. This leaves a significantly reduced amount of money available for operations from the dues. Given that our dues are also one of the lowest of any society, most of whom do not include a Journal, I hope that you will conclude that the Society is being well managed financially.

2001 ARS Corporate Affiliates

Platinum Sponsors - $10,000
Aventis Pharmaceuticals
Schering

Gold Sponsors - $5,000
Bristol Myers Squibb
Karl Storz Endoscopy
Smith & Nephew, ENT

Silver Sponsors - $2,500
Bayer Pharmaceuticals
Ortho-McNeil

Bronze Sponsors - $1,000
Visualization Technology

Friends of the Society - $500
BrainLAB, Inc.
Linvatec
Muro Pharmaceuticals
Richard Wolf Medical

ARS Research Grant Awards

Thomas V. McCaffrey, MD, PhD

The American Rhinologic Society is pleased to announce the awarding of two research grants for 2001.

This is the first year that the $25,000 New Investigator Research Grant has been awarded. The recipient is David B. Conley, M.D., Northwestern University, for his project entitled "Apoptosis in the Aging Olfactory Mucosa."

Dr. Larry K. Burton, PGY-3, Mayo Clinic Rochester, received a Resident Research Grant in the amount of $8,000 for his project, "The Immune Response to Fungi in Chronic Sinusitis and Allergic Rhinitis."

Congratulations to Dr. Conley and Dr. Burton.

The American Rhinologic Society in collaboration with the American Academy of Otolaryngology-Head and Neck Surgery Foundation's C.O.R.E. (Centralized Otolaryngology Research Efforts) will again sponsor two categories of grant awards for the 2002 grant cycle – new investigator and resident research.

$25,000 New Investigator Research Grant
David B. Conley, MD
Northwestern University

$8,000 Resident Research Grant
Larry K. Burton, MD
Mayo Clinic

Submission Deadlines
Research Grants-Letter of Intent- Dec 14, 2001
Research Grants- Application- January 15, 2002
ARS Research Award- March 12, 2002
ARS Cottle Award- July 22, 2002

The New Investigator $25,000 award is open to a promising investigator who is not a current recipient of a major research grant. This award is active for up to two years and requires the mentorship of an established investigator. Two resident research awards, each in the amount of $8,000, are available. These awards are for a period of one year. Residents applying for this award must be an ARS member or candidate and must have an ARS member as co-investigator.

ARS members of CORE's Study Section review all applications. Review criteria include project significance, scientific approach/methodology, and feasibility. Each applicant will receive a summary statement detailing the reviewers' comments. Recipients of ARS research grants are required to submit a final project status and financial report, and present the project at a national meeting of the ARS. Eventual publication of results is expected, with the ARS having the right of first refusal through its official journal The American Journal of Rhinology

Applications and directions for submission are available at the AAO-HNSF's web site, www.ent.org, under Research. Questions should be directed to Ms. Fareen Pourhamidi (703) 684-4293.

Important Submission dates for 2002:

Letter of Intent
12/14/01

Application
01/15/02

ARS funding of research projects is subject to receipt of applications through CORE that are judged to be sufficiently meritorious.

ARS RESEARCH AWARD – The ARS announces the Rhinologic Research Award for 2002. This $1000 award is given for the best research paper in clinical or basic science in rhinology. The winning paper will be presented at the 2002 Spring Meeting in Boca Raton, FL, May 2002. Submission deadline: March 12, 2002

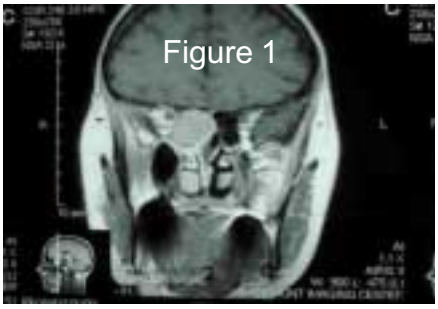
ARS COTTLE AWARD - The American Rhinologic Society is pleased to announce the Maurice Cottle Award for 2002. This $1000 award is given for the best paper in clinical or basic science in rhinology and will be presented at the 2002 Annual Meeting of the ARS in San Diego, CA, September 2002. Submission deadline: July 22, 2002

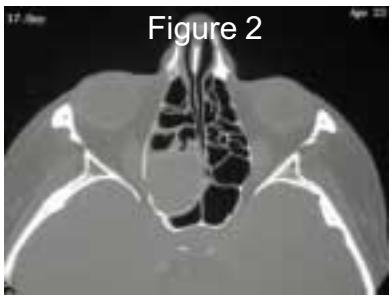
For ARS Research Award and Cottle Award, please direct papers to: Thomas V. McCaffrey, M.D., Ph.D., MCC-H&NPROG, 12902 Magnolia Drive, Tampa, FL 33612.

Case of the Quarter: Mucocele with Visual Loss

Winston Vaughan, MD & Chris Church, MD

A 56-year-old female presented to her local ER with a two-week history of upper respiratory illness, facial pressure and decreased vision in the right eye. MRI suggested right ethmoid sinusitis (Figure 1) and the patient was referred for surgery. An ophthalmology evaluation revealed vision less than 20/800 in the right eye. A fine cut CT of the sinuses was obtained revealing a right posterior ethmoid mucocele with bony erosion over the optic nerve (Figure 2).





A right endoscopic partial ethmoidectomy was performed. The on-call team marsupialized a large posterior ethmoid mucocele. Over the next three days the patient's visual acuity improved, but color vision remained altered and partial field defects remained. Repeat CT was obtained suggesting persistent edema around the optic nerve. The patient then underwent right endoscopic optic nerve decompression, completion ethmoidectomy and sphenoidotomy. During this procedure an area of dehiscence within an Onodi cell was seen and decompressed.

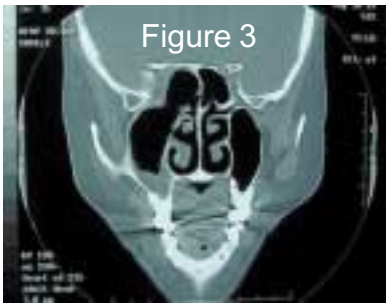
Post-operatively, her vision returned to normal, and she has had no further sequelae for two years (Figure 3)

Discussion

Mucoceles are mucous-filled cystic swellings mostly found in frontal and ethmoid sinuses. Less commonly they are noted within the sphenoid sinus. These lesions can cause bony remodeling and erosion due to slow expansion. Occasionally, there may be rapid expansion as a result of infection. Mucoceles are thought to be related to chronic sinus ostial obstruction, but can also be related to trauma and previous surgery. One report found 20 of 25 patients with sphenoethmoidal mucocele had previous surgery.[1]

Protrusion of the optic nerve into the sphenoid sinus or within an Onodi cell may be seen during endoscopic sinus surgery (ESS). Mucoceles of this region may therefore present with varying degrees of visual impairment. Reports of optic neuropathy from acute inflammatory conditions as well as chronic pressure are found in the literature.[2] Yumoto et al. found 12 of 15 patients having ethmoid or sphenoid mucoceles with visual disturbance, having also a partial bony defect in the optic canal at surgery.[3]

Mucoceles were treated via open approaches in the past. With the development of endoscopic techniques in the 1980s, Kennedy et al suggested ESS as a viable alternative for management. In 1992 Moriyama et al reported on 25 cases of ethmoid and sphenoid mucoceles with visual disturbance managed endoscopically.[1,4] Other reports have since confirmed excellent endoscopic results for resolution of visual symptoms and headache.[5]



Recovery of vision is improved in cases with better preoperative visual acuity, shorter time to surgical decompression and gradual onset of symptoms.[1,3,6] The use of endoscopic optic nerve decompression and navigation technology has improved our management of this difficult process.

1. Moriyama H, Hesaka H, Tachibana T, Honda Y. Mucoceles of ethmoid and sphenoid sinus with visual disturbance. Arch Otolaryngol Head Neck Surg 1992;118:142-146.
2. Ogata Y, Okinaka Y, Takahashi M. Optic neuropathy caused by an isolated mucocele in an onodi cell. ORL 1998;60:349-352.
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4. Kennedy DW, Josephson JS, Zinreich SJ, Mattox DE, Goldsmith MM. Endoscopic sinus surgery for mucoceles: a viable alternative. Laryngoscope 1989;99:885-95.
5. Benninger MS, Marks S. The endoscopic management of sphenoid and ethmoid mucoceles with orbital and intranasal extension. Rhinology 1995;33(3):157-161.
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Socioeconomic Update

Joe Jacobs
Chairman, Socioeconomic Committee

Your socioeconomic committee continues to actively deal with continuing denial of reimbursement for various FESS related codes. The focus of this effort involves codes related to turbinate and septal surgery which are often denied when performed with FESS as well as the debridement code 31237. Most recently we are aggressively pursuing denial of reimbursement for 61795 despite having been approved for reimbursement by HCFA. However, many states have not yet adopted this policy through their local medical management committee. All of this information and suggested avenues for contesting denials is available on our web site as well as my contact phone number, fax number and email. Please do not hesitate to contact me.

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