

nose news



James Stankiewicz, MD
ARS President

President's Message

The ARS played a major role at the March Rhinology World 2009 meeting in Philadelphia. As one of the sponsoring organizations, the ARS membership played an important role both as attendees and faculty. The ARS paper session presented 34 outstanding papers chosen from a field of nearly 300 abstracts.

Overall, it was an exciting meeting and state-of-the-art information was shared. Dr. Stil Kountakis prepared an impressive ARS program and deserves great thanks for his efforts. Stil has already completed the program for the Fall meeting in San Diego with AAO-HNS. The program is excellent and includes free papers, panels, the Kennedy Lecture by Dr. P.J. Wormald, and "How I Do It" sessions from leading ARS authorities. It will be a great opportunity to get together and see old friends in an excellent meeting city, San Diego. San Diego is the top draw city for the annual academy meeting.

Dr. Seth Brown, Fellows Committee Chair, working with our Education Committee Chair, Dr. Todd Kingdom, have organized an ARS geographic sponsored cadaver dissection course designed for fellows and residents. Our first course will be in Los Angeles. I thank our sponsors along with Drs. Dale Rice (USC Chair & former ARS President) and Bozena Wrobel (USC faculty) for letting us use the USC cadaver laboratory space for the dissection. It is hoped that this first course will act as a blueprint for other regional ARS sponsored dissection courses.

I am happy to announce that the ARS now has in place a Rhinology Study Group. The study group is directed by Dr. Tim Smith from Oregon who has put together a multicenter clinical study looking at medical therapy versus medical therapy with ESS in patients with CRS which will be prospective and controlled. Other study co-directors are Drs. Rob Kern, Rod Schlosser, and James Palmer. Once funding is approved, the study will begin. This is an effort by your society to try to answer clinically related questions with level 1 or 2 evidence using a multi-center model.

Lastly, we are continuing to strengthen our relationship with both the AAOA and the Academy. The ARS and AAOA are working together on several fronts including joint meeting sessions, common membership and funding issues, and joint journal endeavors. The ARS is working on better cooperation with AAO-HNS on common educational, research, and clinical issues. These issues include coding and payment issues and greater involvement in annual meeting planning. With the support of the ARS Board of Directors and our membership, the ARS will continue working for all interested in Rhinology now and in the future.



The American Rhinologic Society would like to thank ASL, GYRUS, Ethicon Inc., and Xoran for partnering with the ARS Newsletter for 2009.

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Todd T. Kingdom, MD

An Update on the Rhinology Fellowship Match Process

Todd T. Kingdom, MD
Chairman, ARS Education & Fellowship Committees

The ARS Education and Fellowship Committees continue to oversee the Rhinology Fellowship match process in conjunction with the San Francisco Match Organization. The 2009 Match for training spots beginning July 2010 was recently completed in early June 2009. This was our 4th cycle utilizing the SF Match Organization. Refinements to the process continue but the growth has been significant and the successes evident. Support for this process remains strong amongst the program directors, ARS Board of Directors, and applicants. The number of participating programs grew to 22 this year offering 23 positions. Both of these figures represent a greater than 40% growth compared to our first match in June 2006. Thirty applicants initially registered for the match, lower than 2008, however only 17 submitted final rank lists formally committing to the match. Thus for the first time the number of positions exceeded the number of applicants seeking fellowship training. Overall 86% of programs matched one of their top three ranked choices while 75% of applicants received one of their top three selections. International applicants continue to show interest with 12 applying initially and 4 submitting final ranks lists; 3 matched to programs (2 from Canada, 1 from Greece). Please refer to the table below for a summary of these statistics.

Match Date	June 2006	June 2007	June 2008	June 2009
Programs participating	16	18	19	22
Positions offered	16	18	20	23
Positions filled	15	14	18	16
Positions remaining	1	4	2	7
% Programs Matched	94%	77%	90%	73%
Applicants registered	22	29	34	30
Rank lists submitted	18	20	26	17
Applicants matched	15	14	18	16
Applicants unmatched	3	6	8	1
% Applicants Matched	83%*	70%	69%	94%

The SF Match Organization has been a wonderful partner in this endeavor and we plan to continue this association. Future efforts will include continued refinements to the web-based and electronic methods for communication amongst program directors, applicants, and the SF Match. With our current structure, the Fellowship Committee is functioning as an ad hoc committee reporting to the ARS Board of Directors through the Education Committee of the ARS. This group meets twice yearly to closely monitor the process and meet the evolving needs of the program directors and applicants.

Please feel free to contact me if you have questions regarding the Rhinology Fellowship Match process todd.kingdom@ucdenver.edu or visit www.sfmach.org for additional information.



Joseph Jacobs, MD

Treasurer's Report

Joseph B Jacobs, MD

It has certainly been a challenging time to be ARS treasurer. Over the recent months I have had numerous discussions with our investment manager at BNY Mellon who continues to invest our assets with a long term objective of moderate growth over time.

As of the date of this report, May 5, 2009, our combined investments had a market value of \$808,356. These funds are invested in a portfolio allocated 60 percent to equities and 40 percent to fixed income. The equity position is further diversified into US large cap, US mid cap, US small cap, international developed, and international emerging market asset classes. For those who may argue against equity exposure during such volatile times, the questions then become (1) when to have exited and (2) when to reenter the equity markets. The May 5th market value reported above represents a sixteen percent increase above the value reported on our February 28th month end statement. BNY Mellon believes the market reached its bottom on March 9th, and the February report is, therefore, the nearest statement date to the market trough. While we know that uncertainty remains, were we on the sidelines during these two months we would have missed this recent significant opportunity. BNY Mellon believes there will be a slow "L shaped" market and economic recovery. Our portfolio will continue to be well diversified with 60 to 65 percent of the assets invested in equities. As BNY Mellon analyzes market opportunities during this challenging period, we can expect some strategic shifts in weightings among the asset classes in our portfolio. This could include the addition of new asset classes. Our BNY Mellon investment management team has outperformed its peer group of balanced managers during this difficult time. We continue to charge them with prudent management of our investments.



Peter Hwang, MD

Secretary's Report

Peter Hwang, MD

In March 2009, the ARS participated in the first gathering of the Specialty Society Advisory Council at AAO-HNS headquarters in Washington, D.C. The SSAC is composed of representatives of each of the otolaryngology specialty societies and was formed to foster improved collaboration and communication between specialty societies and the greater Academy. The SSAC will have two seats on the AAO Board of Governors, with full participatory and voting rights. The ARS looks forward to active participation in the SSAC and to the representation of ARS interests at the level of the AAO Board of Governors.

Although the ARS did not participate in this year's COSM meeting, plans are well underway for COSM 2010 in Las Vegas. COSM will be held 4/28/10-5/2/10, with the ARS session on 4/29/10. The meetings will be held at Bally's Hotel, with hotel accommodations available at both Bally's and the adjacent upscale Paris Hotel. Mark your calendars!

We look forward to seeing you at the upcoming fall ARS meeting in San Diego at the Manchester Grand Hyatt on Saturday, October 3, 2009. Abstract deadline is June 14, and manuscript deadline is September 12.



Alexis Jackman, MD

Spring Board of Governors Mtg Report

Alexis Jackman, MD

As a delegate of the American Rhinologic Society to the Board of Governors, I am pleased to report the BOG Spring Meeting in Washington D.C. on March 21-22 was a success. Saturday's events were held in the Academy's headquarters in Alexandria, Virginia and included meetings of the Legislative Representative, Public Relations, Big on Goals, Rules and Regulations, Socioeconomic & Grassroots, and Executive Committees. On Sunday, the BOG General Assembly Meeting took place at the Grand Hyatt in Washington D.C., which was also the venue for Joint Surgical Advocacy Conference (JSAC) activities that immediately followed. The meeting's accomplishments included BOG approval of revisions to BOG Rules & Regulations as well as draft AAO-HNS Policy Statements regarding Medical Liability Reform, Scope of Practice of Non-Physician Providers and Tobacco Use and Second Hand Smoke. The new AAO-HNS handbook on media and public relations was introduced, and is now available for downloading on the Academy's website. A leadership session with speed mentoring provided an excellent venue for new and veteran attendees to exchange ideas and information. Key note speaker, Dr. Anna Pou, of New Orleans, LA delivered an inspiring speech on her experience as otolaryngologist in Hurricane Katrina, subsequent call for disaster preparation contingency planning, and legislative work to protect care providers from unwarranted litigation in disaster situations. With a record number attendees at the BOG Spring meeting, the Academy's efforts to strengthen its ties between its member, local and specialty societies is being realized. Much work remains to be done, and I am confident that with your help BOG will continue to provide the grassroots representation of its membership societies.



Michael Setzen, MD



Pete Batra, MD

Healthcare Reform in the 21st Century

Michael Setzen, MD and Pete Batra, MD

The United States spent more than 17% of the gross domestic product (GDP) on healthcare in 2008. This figure exceeded all other industrialized countries in terms of total and per capita spending. By 2017, it is estimated that health expenditures will consume nearly 20 percent of GDP, or \$4.3 trillion annually. Unfortunately, despite the tremendous costs, our nation lags behind other industrialized countries in variety of benchmarks for quality. With a new administration in Washington, the discussions on healthcare reform are gaining serious momentum. Many changes are being contemplated that will likely impact our ability to deliver quality care to our patients. In this 2 part series, we will outline the potential areas of reform in the present healthcare debate.

Sustainable Growth Rate (SGR) formula: Federal law enacted the SGR formula in 1997 to establish physician payment rates for Medicare. Initially intended as a means to curb budgetary spending for Medicare's total expenditures, the formula is seriously flawed as it is tied to the gross domestic product and not to inflation or actual cost-of-practice increases. The formula has mandated cuts in physician fees annually, narrowly being averted by short-term fixes in congress. The first detrimental effects were experienced in 2002, when physicians received a 5.4% reduction in payments. It took the Medicare conversion factor until 2008 to get physician payment rates slightly higher than in 2001. The SGR formula requires a 21% cut in physician payment rates in 2010. However, the Medicare Payment Advisory Commission will recommend the update instead be based on the Medicare Economic Index (MEI). However, the MEI includes a substantial productivity adjustment which reduces the MEI by more than half. The current estimate for increase in input prices is 2.4%. Subtraction of the 1.3% adjustment would reduce the adjustment to merely 1.1%. The MEI also does not accurately reflect the increasing costs faced by physicians. It is a price index developed in 1973 and does not reproduce the costs of delivering healthcare in 2009. It does not account for new expenditures, including the electronic medical record and additional staff needed to navigate through the ever-changing regulatory complexities of healthcare delivery.

Looking for a Fix: The recent budget compromise will include a two-year fix for the SGR without providing an offset. This essentially tables much-needed reform of the SGR to 2011. Joseph Heyman, AMA board chair, has voiced concern that "continued uncertainty about future Medicare payments will divert attention from important health reform issues, and the role physicians play in successful patient-centered reforms. The estimated costs of fixing the flawed SGR approximate \$285 billion over 10 years. Despite the high costs to a permanent solution, real reform is necessary as physicians will continue to face the prospect of deep cuts when the protection ends. This also holds potential for affecting healthcare access for millions of Americans with Medicare and non-Medicare, including TRICARE, Medicaid, and privately insured patients. In this regard, 40 medical societies (including the ARS) and 46 state medical societies sent a memorandum to President Obama pledging a cultural transformation to deliver the highest quality of care and more accountability in the allocation of finite resources on February 24th, 2009. This patient-centered culture will strive for shared decision-making amongst patients and caregivers, use of the electronic medical record for timely access to patient records, implements best practices based on evidence-based clinical guidelines, among other quality initiatives to improve healthcare delivery. This reform is imperative to continue quality care for millions of Americans. In Part Two, we will explore specific reform mandates that will impact delivery of care in rhinology. Stay tuned!

References:

MedPAC Sign-on to Glenn M. Hackbarth, JD, Chairman, Medicare Payment Advisory Commission. January 5th, 2009. InsideHealthPolicy.com. Accessed April 27th, 2009. Obama Medical Professionalism Sign-on. February 24th, 2009.

2009 Courses

2008 Summer Sinus Course at Williamsburg

Institutions: Eastern Virginia Medical School (host), Cleveland Clinic, St. Louis University and Northwestern University
Williamsburg, VA
July 23-25, 2009
Contact: Malissa Nesbit
(NesbitMN@EVMS.EDU) or Drucie Papafil
(PapafiDA@EVMS.EDU); 757-446-5979

UPMC Endoscopic Sinus Surgery Course

October 23-24, 2009

Third Salivary Endoscopy Course

October 25, 2009

Pittsburgh, PA

Course Director: Dr. Barry Schaitkin

Full program brochure and registration are available on-line at:

<http://ccehs.upmc.edu> or email
CCEHS@upmc.edu

UCSF Otolaryngology Update: 2009

November 5-7, 2009

San Francisco, California, Ritz Carlton Hotel

Course Chairs: Andrew N. Goldberg, MD,

MSCE and Andrew H. Murr, MD, Department of

Otolaryngology-Head and Neck Surgery,

University of California, San Francisco

Contact:

<https://www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MOT10001>



James N. Palmer, MD

Rhinology World 2009: Wrap-up:

James N. Palmer, MD

Between April 15 to 19, 2009, well over 1000 physicians and medical professionals in the areas of rhinology, allergy, skull base surgery and facial plastics surgery gathered together at the Sheraton Philadelphia City Center Hotel. Rhinology World 2009 proved to be the largest gathering of specialists in this field ever to be held in the city of Philadelphia. In addition to the more than 1000 registered faculty and attendees, adding in the meeting staff and corporate exhibitors and lab representatives, more than 1300 people from all over the world were in attendance to share in this landmark experience. Thank YOU again for helping that to happen! Faculty members and participants came from all corners of the globe to share information and ideas on the advancement of patient care and scientific discoveries. A variety of formats, including seminars, instructional courses, round table

discussions, resident knowledge bowl, demonstration dissections, cadaver labs and corporate exhibits, provided the springboard for all of the participants to gain a wealth of knowledge and hands-on experience in the field of rhinology. Below, for your information, are some statistics on the breakdown of the Rhinology World 2009 participants (registered faculty and attendees):

Total Registered: 1,045
Percentage U.S.: 53%
Percentage International: 47%

Percentage by Region:
Africa: 1%
Asia/Middle East: 23%
Europe: 12%
North & Central America: 57%
South America: 6%
Australia/New Zealand: 1%

43 U.S. States/D.C. were represented.
57 Countries were represented.

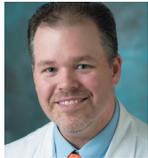
Top 6 U.S. States by Representation (Total Attendees):
PA: 120
NY: 48
CA: 39
TX: 33
IL: 26
NC: 23

Top 6 Countries by Representation (Total Attendees):
US: 553
Turkey: 87
Canada: 35
Korea: 33
China: 31
Chile: 24

Percentage - Practicing Physicians: 84%

Percentage - Residents, Nurses, Physicians Assistants and Other: 16%

With sincere appreciation for all those who helped make this happen.



Kevin Welch, MD

RhinoBowl 2009

Kevin Welch, MD

High atop the Sheraton Hotel, in the Rooftop Lounge, 20 teams from around the United States and Canada competed over 4 days in a high stakes battle of the minds in what was known as the Rhinology World Bowl Competition.

In this exciting sequel to Nose Bowl 2000, residents faced off in heated competition over 4 days, answering multiple choice questions focused on sinonasal disease, allergic rhinitis, and facial plastics and reconstruction. As the competition progressed, the questions got harder and the race to the buzzer faster. Guest readers such as Ray Sacks, MD, Eugenia Vining, MD, and Eugene Kern, MD barely had time to finish their questions before competing teams anxiously buzzed in and hoped to announce the correct answers to the questions posed.

Many acknowledgements must be given to Laura Orvidas, MD and the Mayo Clinic for supplying nearly 200 questions for the event. In addition to this, the American Academy of Otolaryngic Allergy submitted nearly 100 questions. Graciously, more than a dozen faculty members from around the country submitted multiple choice questions for the event. In the end, approximately 400 questions were posed to teams during a double elimination competition. It was a face-off complete with computer-generated seeding and NCAA-style bracketing that culminated with the ultimate face off: the championship round in the Liberty Ballroom.

Championship round teams marched down the aisle at high noon on April 19th to the theme from Rocky to meet Drs. David Kennedy and James Palmer, who enthusiastically read the final 19 questions. In the end, the team from Loyola University Medical Center (Drs. Devyani Lal and Adam Mariotti) won by a nose, beating the team from University of Illinois Chicago/Oregon Health Sciences University (Drs. Naveen Bhandarkar and Jamie Litvack) with a final score of 3 points to 1 point to claim the \$5,000 prize. The second place team walked away with \$3,000.

Third place (\$2,000) went to the University of Colorado (Drs. Vijay Ramakrishnan and Victor Scapa) and fourth place (\$1,000) went to Yale University (Drs. Stella Lee and Natalyn Chenechenko). Congratulations to all residents who competed in the event, and thank you to all who helped organize and direct the four-day event. Good luck all residents with your future endeavors.



Marc Dubin, MD

Case of the Quarter: Endoscopic management of a myxoma of the posterior septum and anterior clivus

Bruce K. Tan, MD and Marc G. Dubin, MD, FACS

Presentation: A 40 year-old woman presented on referral for management of an expansile mass based on the posterior septum abutting the clivus and pterygomaxillary fossa bilaterally. The patient reported a several month history of moderate facial pain and pressure in addition to nasal obstruction and drainage. A biopsy of the nasal mass prior to referral was consistent with a fibromyxomatous neoplasm. Preoperative MRI scans showed a well-defined mass with high-signal intensity on T2-weighted images and low-intermediate-signal intensity on T1-weighted images without bony or fatty infiltration.

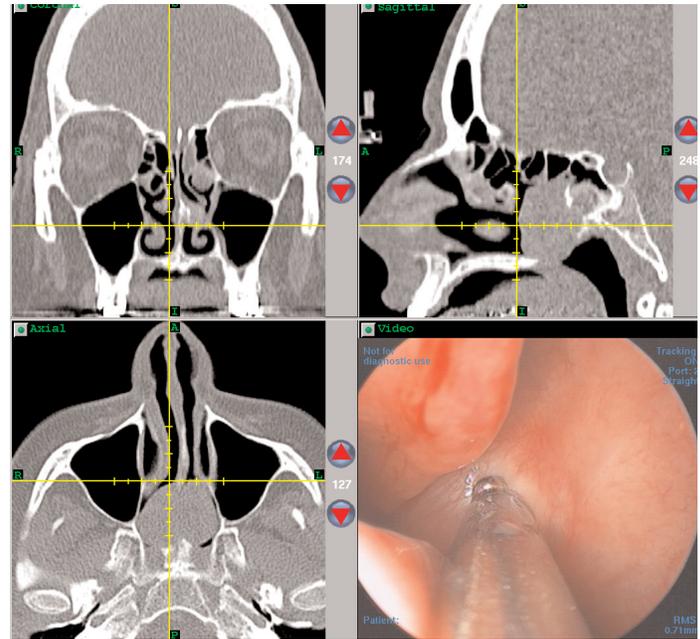
Management: After discussing possible management strategies, the patient elected for endoscopic management of her nasal mass. The patient underwent a transnasal posterior septectomy with takedown of the anterior face of the sphenoid rostrum with image guidance (Figures). The sphenoid sinus floor and superior aspect of the clivus were drilled using a diamond burr to ensure complete removal. A left-sided maxillary antrostomy and ethmoidectomy was then performed for post-obstructive sequella. The patient is currently 18 months post-surgery with no evidence of recurrent disease on recent followup.

Pathology: Pathologic examination of the mass showed a myxoid neoplasm with mildly atypical stellate cells. Abundant delicate vessels were seen throughout the neoplasm. The tumor stained negative for S100 and EMA and no mitotic bodies were seen.

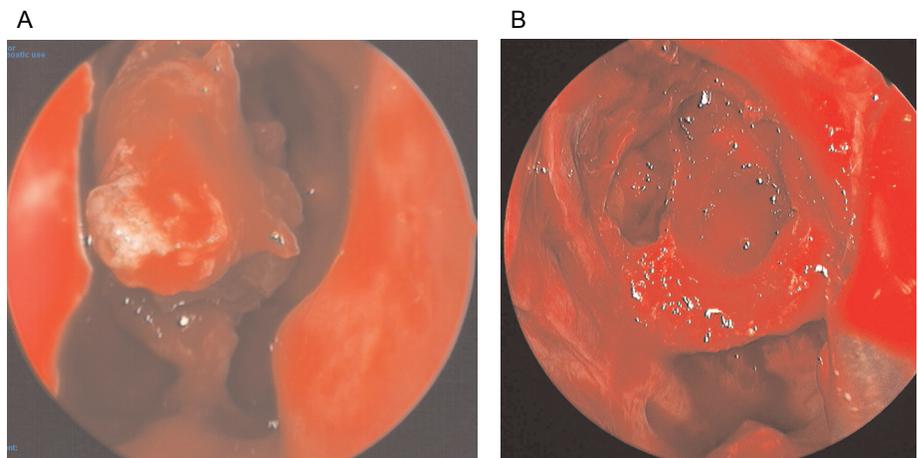
Discussion: Myxomas are uncommon, locally aggressive benign neoplasms of mesenchymal origin that do not metastasize(1). Histologically they are characterized by an abundant mucopolysaccharide stroma surrounding widely separated stellate or spindle shaped cellular elements(2). Myxomas are not infrequent in soft tissues throughout the body with a known predilection for the muscle beds of the extremities and heart. In the head and neck, myxomas are usually closely associated with the dentigerous portions of the mandible and maxilla but other case reports have described myxomas of the tongue, preauricular region, nose, larynx(3) and parotid gland. Myxomas are most prevalent in the third or fourth decade of life but may also occur in the pediatric population(4). Due to the stubbornly infiltrative nature of these lesions, the treatment of choice is surgical excision with adequately wide margins(1).

References:

1. Andrews T, Kountakis SE, Maillard AA. Myxomas of the head and neck. *Am J Otolaryngol.* May-Jun 2000;21(3):184-189.
2. Canalis RF, Smith GA, Konrad HR. Myxomas of the head and neck. *Arch Otolaryngol.* May 1976;102(5):300-305.
3. Nakamura A, Iguchi H, Kusuki M, Yamane H, Matsuda M, Osako S. Laryngeal myxoma. *Acta Otolaryngol.* Jan 2008;128(1):110-112.
4. Rotenberg BW, Daniel SJ, Nish IA, Ngan BY, Forte V. Myxomatous lesions of the maxilla in children: a case series and review of management. *Int J Pediatr Otorhinolaryngol.* Oct 2004;68(10):1251-1256.



Intra-operative view with associated image guidance showing the large mass based on the posterior septum



Intraoperative pictures showing the resection of the myxoma after (A) completing the septectomy & inferior rostrum and (B) after removal of the mass with clival margin



Martin Desrosiers, MD

Genetics vs. Environment Panel Report

Martin Desrosiers, MD

The great debate: genetics versus environment? This session was an exciting feature of the rhino world 2009 program. Doctors Wytse Fokkens and Martin Desrosiers faced off on this emerging and controversial area in chronic rhinosinusitis. Arguing for the importance of genetic susceptibility and the development of chronic sinusitis, Dr. Desrosiers outlined potential advantages of identifying host susceptibility factors in the development of disease illustrating this with examples from clinical practice such as the frequent association of CRS and genetic diseases such as cystic fibrosis or primary ciliary dyskinesia and complemented with results from their research into the genetics of chronic rhinosinusitis. He cited significant associations between genes for immune cell signaling, T cell regulation, and tumor necrosis factor (TNF) regulation as examples of the contributions of how these technologies can improve our understanding of chronic rhinosinusitis.

Countering this, Dr. Fokkens pointed out the important role already described for various environmental factors such as allergy, smoking, pollution, and viral infections in the development of CRS. In further defense of the potential impact of environmental factors, she cited geographical differences in incidents of allergy and allergic fungal sinusitis secondary to differing climatic conditions in various areas of the concrete illustration of how these factors come to bear on the development of disease. In a further defense of environment, she extended our conventional understanding of environment to include the bacterial flora present in an individual, or microbiome, as a crucial factor in the development of what is increasingly considered a barrier disorder.

In the end however, the battle was declared a draw as both sides conceded that improving our understanding of chronic rhinosinusitis will require an approach that integrates both the genetic background and the microbiology of individuals with CRS. Future studies will have to consider both host factors facilitating bacterial colonization and immune responses to bacteria as well as variations within the microbiome itself such as toxin reduction, biofilm formation, and other virulence factors as our quest to better understand CRS continues.



Seth Brown, MD

Fellow's Course

Seth Brown, MD

May of 2009 saw the first ever ARS fellow's course.

This was a huge success with 17 of the incoming fellows convening in Los Angeles for a weekend of sinus, business, and socialization. The fellows had lectures on medical and surgical treatment of sinusitis followed by a dissection lab at the University of Southern California where they were able to work in pairs to hone their surgical skills. Following an evening social, they regrouped to hear about practice opportunities, contract negotiations and the ins and outs of being a rhinologist, including setting up a practice and coding.

Feedback from the participants was overwhelmingly positive with all fellows giving the course the highest possible mark for the overall experience. The course was sponsored by the American Rhinology Society with the curriculum designed with the input of the educational committee. Faculty representation included: Todd Kingdom, Seth Brown, Winston Vaughan, Rick Chandra, Parul Goyal and Bozena Wrubel. Funding was generously provided by Karl Storz Endoscopy America. Plans are in the works to get additional sponsors in order to repeat this activity for years to come.



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From the Administrator's Office...

The ARS will host its 55th Annual meeting on *October 3, 2009* at the Manchester Grand Hyatt in San Diego, CA. Take advantage of our early bird registration fees by mailing in the enclosed registration form.

You may also register online at www.american-rhinologic.org

MEETING HIGHLIGHTS:

- Breakfast Symposium - "Point of Service in Rhinology"
- 5th Annual David W. Kennedy Lectureship - Professor Peter John Wormald - "The Frontal Sinus"
- Exhibitor Expo, Video Presentations, Poster Presentations

SAVE THE DATE:

COSM 2010

April 28-May 2, 2010
Bally's Las Vegas, NV

56th Annual Meeting

September 25, 2010
Boston, MA

NEW MEMBERS:

Fellow Members

- Adam Folbe, MD (Detroit, MI)
- Charles Hurbis, MD (Coos Bay, OR)

Regular Members

- James Atkins, MD (Boerne, TX)
- Daniel Berner, MD (Lafayette, IN)
- Charles Ebert, MD (Chapel Hill, NC)
- Christopher Knox, MD (Dover, NH)
- Christopher Long, MD (Greenfield, WI)
- Rodney Lusk, MD (Omaha, NE)
- William Wiggs, MD (Fayetteville, NC)
- Troy Woodard, MD (Hinsdale, IL)

International Members

- Chiara Bellini, MD (Italy)
- Alvaro Valenzuela, MD (Chile)

Resident Members

- David Chapman, MD (Winston Salem, NC)

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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