

nose news



Stil Kountakis, MD, PhD
ARS President

President's Message

As we begin yet another new year ARS cycle, I am deeply honored to be the president of our society and would like to thank the entire membership and ARS board for their confidence in me. I pledge to do everything within my power to ensure that the goals and mission of the American Rhinologic Society are fulfilled to their maximal extent in these unpredictable and fast-changing times.

Our 2009 annual fall meeting in San Diego was a great success. The paper presentations were of unparalleled quality and covered all aspects of rhinology. I would like to thank all the members of the 2009 program committee who did an outstanding job with the selection of the paper presentations. The David Kennedy, MD Lectureship speaker was Professor P.J. Wormald who mesmerized the meeting attendees with his terrific videos and his outstanding knowledge of sinonasal anatomy, especially in the frontal recess and frontal sinus. Two outstanding "How I Do It" sessions by Drs. P.J. Wormald and Roy Casiano on the endoscopic modified Lothrop procedure (Draf III) and endoscopic management of skull base lesions contributed to the success of the meeting. In addition, a superb panel led by Dr. Joe Jacobs discussed the medical and surgical management of patients who have failed primary sinus surgery.

One person who is not thanked enough and whose contributions and tireless work ensure our society's success is our executive administrator, Wendi Perez. In my capacity as chair of the program committee this past year I really learned about the many details that have to be addressed in the process of organizing high caliber national meetings and in keeping the ARS going throughout the year. So I would like to take this opportunity to warmly thank her for everything that she so diligently does for the American Rhinologic Society.

We are actively working toward a closer relationship with the American Academy of Otolaryngic Allergy, including planning meeting sessions together. We are also very pleased to announce that the ARS jointly with the AAOA will be launching a new journal in 2010. The journal, dedicated to rhinology and allergy, will become the official journal of the ARS. While the Society has greatly appreciated our partnership with Oceanside Publications in producing the American Journal of Rhinology and Allergy, we believe that launching a new journal offers unprecedented opportunities to accommodate our rapid growth of scientific content and to reach an even broader audience. Our negotiations with the publisher are in the final stages, and we will be in touch with you with more information as soon as the relationships have been finalized.

The national health care scene is changing rapidly and we are actively engaged for the benefit of our patients and our members. We have ARS representatives involved in the discussion of coding issues, including at the level of the AMA CPT committee, and working with the American Academy of Otolaryngology-Head and Neck Surgery in the subspecialty council initiative. The rapidly changing environment requires us to also review our industry relationships. A recent article published in the New York Times stated that as part of the health care overhaul under consideration by Congress, lawmakers have included so-called sunshine provisions intended to shed light on the financial relationships between the medical industry and doctors. We are being proactive by forming a task force on industry relations with the goal of strengthening our industry relationships for mutual benefit and to explore

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Tim Smith, MD

ARS Selects Research Manuscripts Awards

Tim Smith, MD, Chair, Awards Committee

The American Rhinologic Society meetings present a world class exhibition of cutting edge research. Each Spring and Fall meeting of the ARS, the Awards Committee selects an outstanding manuscript for a Clinical Research Award and another for a Basic Science Research Award. To apply, simply submit your excellent abstract through the standard submission process for the meeting. The abstracts are screened for possible award winning research and the appropriate full manuscripts are reviewed to determine the award winners.

Spring ARS Basic Science Research Award - Awarded for the best basic science research manuscript presented at the Spring ARS Scientific Meeting. *Abstract Deadline:* November 15 (year prior to Spring meeting)

Spring ARS Clinical Research Award - Awarded for the best clinical research manuscript presented at the Spring ARS Scientific Meeting. *Abstract Deadline:* November 15 (year prior to Spring meeting)

Cottle (Fall ARS) Clinical Research Award - Awarded for the best clinical research manuscript presented at the Fall ARS Scientific Meeting. *Abstract Deadline:* March 15

Fall ARS Basic Science Research Award - Awarded for the best basic science research manuscript presented at the Fall ARS Scientific Meeting. *Abstract Deadline:* March 15

The ARS is proud to announce the *2009 FALL MEETING RESEARCH AWARD RECIPIENTS:*

COTTLE CLINICAL RESEARCH AWARD - Efficacy of a Novel Chitosan Gel on Hemostasis and Wound Healing Following ESS - Rowan Valentine, MD, Adelaide, Australia

BASIC SCIENCE RESEARCH AWARD - TNF-Alpha Inhibits Olfactory Regeneration in a Transgenic Model of CRS-Associated Olfactory Loss - Justin Turner, MD, Baltimore, MD

In addition, I would like to thank the members of the Awards Committee for their excellent ongoing work for the ARS: David Poetker, MD; Doug Reh, MD; Ash Kacker, MD; Joe Han, MD; Alex Chiu, MD; Rod Schlosser, MD; Amber Luong, MD; Abtin Tabae, MD. We look forward to reviewing your award winning manuscript soon!

President's Message, continued from pg 1

additional avenues of partnership with industry that are transparent, within ethical guidelines and eliminate the risk of conflict of interest. Transparent and ethical industry support is essential to carry out our mission to promote excellence in patient care, research and education in rhinology, allergy and skull base disorders. The strength and energy of our society is derived from you, its members, and only with your support we can move forward through these turbulent times. Your participation and involvement in the ARS committee and governance structure is essential as is your attendance and support of our annual fall and spring meetings. We are excited about our upcoming ARS spring COSM meeting that will take place April 28, 2010 in Las Vegas, NV. The ARS President-Elect Brent Senior and the ARS program committee are working hard to put together an excellent meeting. I encourage you to join us in adventurous Las Vegas and continue your involvement with the American Rhinologic Society.



Joseph Jacobs, MD

Treasurer's Report

Joseph B Jacobs, MD

As of the date of this report ARS total assets have continued to climb with the correction in market conditions. Our accounts which include, Operating and Educational Funds now have a combined net worth of over \$900,000. Our funds are invested in a mixed portfolio of stocks and bonds which is directed and managed by Bank of New York Mellon.

The ARS Executive Committee routinely communicates with our investment advisers concerning market conditions and associated allocation of funds within the stock and bond universe. Overall approximately 60 to 65 percent of our assets are invested in equities and the remainder in bonds. Strategic shifts occur within each portfolio among subclasses such as domestic and international stocks, corporate and government bonds.

BNY Mellon has outperformed its peer group of balanced managers over the last few decades and we continue to charge them with prudent and conservative management of our investments. In order to continue to strengthen and enhance our educational programs we have appointed a task force to develop a fund raising program, which will be based on corporate support that is both transparent and compliant guided by ACCME and government regulatory programs.

As we are all well aware, recent changes in such policies require the ARS and other medical societies to carefully scrutinize handling of and utilization of such funds. The ARS will do what is necessary to continue to provide outstanding educational programs for our members as well as associated support of patient advocacy.



Peter Hwang, MD

Secretary's Report

Peter Hwang, MD

We are very pleased to announce that the American Rhinologic Society will be launching a new journal in 2010. The new journal, dedicated to rhinology and allergy, will become the NEW official journal of the American Rhinologic Society and is being pursued as a joint venture with the American Academy of Otolaryngic Allergy. While the Society has greatly appreciated our partnership with Oceanside Publications in producing the *American Journal of Rhinology and Allergy*, we believe that launching a new journal offers unprecedented opportunities to accommodate our rapid growth of scientific content and to reach an even broader audience. We expect a seamless transition as the Society launches its new journal in the coming year. The publication of an electronic journal will begin in early 2010, and all academic content from the ARS scientific meetings hereafter will be directed to the new journal for peer-reviewed publication online. All online content will be published in print retroactively when the print journal launches in early 2011. ARS members will be automatically registered to receive the new journal. Subscriptions to the *American Journal of Rhinology* will no longer be included with ARS membership. We believe that the new journal will be a tremendous advance for the Society in disseminating our outstanding intellectual content to the broader scientific community. We have recently mailed you the 2010 annual dues invoice along with a cover letter from the ARS President, Dr. Stilianos Kountakis. We have also included a one-time membership dues reduction as we transition in to our new journal. Should you have any questions please do not hesitate to contact me or our Administrator, Wendi Perez, at wendi.perez@gmail.com or 845-988-1631.



Andrew Lane, MD

Research Grant Report

Andrew Lane, MD

This year, two applications for the ARS New Investigator award received extremely meritorious scores in the CORE review, and were selected for funding by the Committee.

Dr. Brad Woodworth received a \$25,000 award for his project entitled "Novel Flavonoid Compounds for Cystic Fibrosis Chronic Rhinosinusitis". Dr. Woodworth is an Assistant Professor in the Division of Otolaryngology - Head & Neck Surgery at the University of Alabama-Birmingham. His research will explore the therapeutic potential of plant compounds known as flavonoids in correcting CFTR ion channel dysfunction in cystic fibrosis. The other New Investigator award was given to Dr. David Poetker, Assistant Professor in the Department of Otolaryngology & Communication Sciences at the Medical College of Wisconsin, for his project entitled "Mucin Expression in Paranasal Respiratory Epithelial Cell Culture". This research will elucidate the interrelationship between inflammatory cytokines and mucin expression in paranasal sinus mucosa. The ARS congratulates Drs. Woodworth and Poetker.

Allergy & Rhinology

Frequently Asked Questions About the New AAOA-ARS Journal

Q. Why did ARS and AAOA decide to change their official journals from established, indexed journals with reasonable impact factors for a new journal launch?

A: There are several reasons; here are some of the most important:

a. Economic:

i. For the ARS, financial losses reportedly incurred by the publisher of AJRA resulted in a reduction in journal pages for scientific content, creating an unacceptable delay in getting papers published.

ii. The same financial losses have led to increased subscription fees and increasing strain on ARS' resources.

iii. For AAOA, the relationship with Otolaryngology/Head and Neck Surgery was relatively unstructured, and AAOA received no financial compensation for its sponsorship of the journal.

iv. The AAOA and ARS jointly own the new journal, and will own the copyright of all articles published therein, as well as sharing equitably with the publisher, Wiley-Blackwell, in the revenues of the journal.

b. Intellectual Property:

i. The American Rhinologic Society does not own its most important resource: the academic content of material published in AJRA; nor does the AAOA own the content from Otolaryngology/Head and Neck Surgery. Association best practices indicate that, unless there is an extraordinarily favorable agreement with a publisher who owns an affiliated journal, it is strategically advisable for societies to own the intellectual property that they generate and the journals in which the IP is published.

c. Relationship:

i. Our new journal Allergy & Rhinology provides a unique opportunity for the two major subsocieties in otolaryngology/head and neck surgery focusing on allergy and rhinology -- the AAOA and the ARS -- to combine their resources and efforts to develop the premiere journal dealing with these topics, while forging important relationships for future collaborations.

Q. When will Allergy & Rhinology be indexed, and have an impact factor?

A: Startup journals can apply for MEDLINE indexing after 4 issues. This would be within one year. Of greatest importance, as long as the journal is indexed within 4 years of the first issue, all content back to volume 1 issue 1 will be indexed in MEDLINE. The impact factor will be calculated at about 2-3 years.

Q. What can I do as a member, researcher, clinician?

A: Use the journal as you normally would! Read Allergy & Rhinology, submit your papers to it, cite articles published in it. Volunteer as a reviewer! Talk about the new journal to your colleagues and students! Sign up to receive an email alert telling you when new articles or issues are published!

The indexing and impact of a journal are simply a measure of the journal's usefulness and importance. This journal will cross into the specialties of sinonasal allergic disease, sinusitis, skull base tumors, medical and surgical rhinology. With your help, Allergy & Rhinology has the potential to be a pre-eminent international journal of our disciplines.

Q. When will Allergy & Rhinology launch?

A: The first issue will be published in print and online in January or February 2011, but papers will appear online (fully citable) during 2010. Wiley-Blackwell is working on establishing a submission site for papers, to go live shortly after the Editor is appointed, and we will keep you informed about when and how to submit your papers.

Q. How will the Editor be selected?

A: The Journal's Steering Committee has sent out an announcement about the Editor position to all members of both organizations, with information about how to apply or nominate a colleague, and applications are due in mid-January. Selected candidates will be interviewed by the Committee and a decision made shortly thereafter.



The Unified Airway

Stephanie Joe, MD

Stephanie Joe, MD “The Unified Airway” was one of the Miniseminars held during Rhinology World in Philadelphia this past April. The international panel consisted of Stephanie Joe, Claus Bachert, Elina Toskala, John Krouse, and Matthew Ryan.

The Unified Airway Concept considers the entire respiratory system as one functional unit. As such, allergic and nonallergic rhinitis, chronic rhinosinusitis, and asthma might be considered as different manifestations of the same disease (1). This is supported by evidence from overlapping epidemiology, clinical presentation, pathophysiology, and histopathology. Up to 38% of patients with rhinitis also have asthma.

Conversely, chronic rhinitis is present in 50-85% of asthmatics. Patients suffering with chronic rhinosinusitis have a 20% prevalence of asthma. There is a 50% prevalence of asthma among patients who have chronic rhinosinusitis with nasal polyposis.

Support for this concept is also seen clinically. The nasal symptoms seen in rhinitis have been shown to correlate with asthma severity. Patients suffering with severe asthma often also have significant sinonasal disease involvement.

Treatment for upper airway disease, such as endoscopic surgery for chronic rhinosinusitis, frequently aids in the control of the lower airway disease. These correlations are easily appreciated when considering that the entire respiratory tract shares the same lining - pseudostratified ciliated columnar epithelium.

Nasal allergen provocation has been shown to induce pulmonary eosinophilia in allergic patients (2). Bronchial provocation with grass pollen is associated with nasal inflammation (3). Furthermore, nasal steroid treatment can decrease bronchial hyperreactivity in patients who suffer with both perennial allergic rhinitis and asthma (4).

The eosinophil is the effector cell in the inflammation seen in allergic rhinitis, chronic rhinosinusitis with nasal polyps, and asthma. Both local and systemic factors play a role in the subsequent production of additional immune cells, inflammatory mediators, and perpetuation of inflammation.

Systemic amplification of the inflammatory response is proposed to occur via the bone marrow and peripheral circulation (5). For example, allergen exposure results in the activation of TH-2 type lymphocytes.

In addition to recruitment of cells and mediators for local inflammation, lymphocytes signal the bone marrow to produce inflammatory cell progenitors which are sent out into the circulation for recruitment at other sites in the airway. The presence of these inflammatory cells is associated with histopathologic findings of mucosal remodeling in chronic rhinosinusitis akin to that seen in asthma (6).

The recognition of eosinophilic inflammation seen in allergic rhinitis, chronic rhinosinusitis, and asthma has provided the basis for much intense research fostering in the understanding of the interplay seen in these entities and support for the Unified Airway Concept.

References:

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2. Braunstahl, GJ, Overbeek SE, Kleinjan A, et al. Nasal allergen provocation induces adhesion molecule expression and tissue eosinophilia in upper and lower airways J Allergy Clin Immunol 2001;107:469-76.
3. Braunstahl GJ, Kleinjan, Overbeek SE, et al. Segmental bronchial provocation induces nasal inflammation in allergic rhinitis patients Am J Respir Crit Care Med 2000;161:2051-7.
4. Watson WT, Becker AB, Simons FE. Treatment of allergic rhinitis with intranasal corticosteroids in patients with mild asthma: effect on lower airway responsiveness. J Allergy Clin Immunol 1993;91:97-101.
5. Jani AL, Hamilos DL. Current Thinking on the relationship between rhinosinusitis and asthma. J Asthma 2005;1:1-7.
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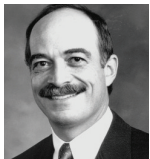
AAOA Report

Richard Haydon, MD

Thank you for the opportunity to report on the American Academy of Otolaryngic Allergy (AAOA) to the American Rhinologic Society (ARS). Similar to the ARS, the American Academy of Otolaryngic Allergy (AAOA) is one of the largest subspecialty societies within otolaryngology. Founded in 1941, our mission and strategic programs represent many of the core interests of otolaryngologists. In particular, the mission of the AAOA is "...to enhance the knowledge and skill of physicians and others in their care of the allergic patient."

Over the past several years, the AAOA has evolved to be recognized as an educational leader within otolaryngology and allergy. Building on our educational scope of knowledge and curricular content, we have helped to leverage better patient care through evidence-based medicine and played key roles as advocates with CMS, CPT, RUC, and private payors. Our issue-based successes have helped to gain recognition for not just the AAOA, but for the specialty of otolaryngology. With the pending advent of healthcare reform, it will be crucial for medicine to come together. Our recent joint efforts with the ARS lend themselves as models for future coordinated undertakings. With the success of our joint educational seminars during the past two fall meetings, we are continuing this tradition with our 2009 meeting in San Diego. Previously, the AAOA and ARS have jointly sponsored programs involving the Unified Airway and Management of the Turbinate. Friday, October 2nd, we will host our third joint panel, focusing on the ethics of new technology. We look forward to joining together for this program. Each successful collaboration seems to lead us to new pathways of mutual benefit.

With our mission focused on education, the AAOA holds its educational programming out as its cornerstone. In addition to our Annual Meeting, the AAOA offers a steady menu of educational opportunities including the Basic and Advanced Courses in Otolaryngic Allergy, the Resident Education Forum, and the Master's Course. In support of this educational programming, our Foundation funds multiple research studies annually. The Foundation is especially supportive of resident research via its Foundation and ROADS grant programs, augmenting the grant funding with opportunities for the residents to align with mentors. This year's Annual Meeting will highlight several of these studies. We anticipate a stronger and more successful bond between the AAOA and the ARS over the next several years as formal discussions among leaders from both societies continue. Undoubtedly, for the practitioner who wishes to offer optimal care to patients with rhinologic disorders, our continued collaboration can serve as a conduit.



Michael Setzen, MD

ARS Volunteers Participating in Critical RUC Surveys

Michael Setzen, MD

Volunteers from the ARS and AAO-HNS have recently been asked to complete physician work surveys on behalf of the AAO-HNS for the Academy's work with the AMA's Specialty Society RUC Update Committee (RUC). It is absolutely critical that, if you are selected to complete a RUC survey, that you do so, because completion of these surveys provide essential data to the Academy to help develop fair and accurate relative value units (RVUs) recommendations which are presented to the RUC and CMS. This is important as the RVUs determine the rate at which Medicare and other payers reimburse for physician services. You should only complete a RUC survey if you have performed or supervised the service within the past year. The AAO-HNS operates under tight deadlines stipulated by the RUC, so it's essential that surveys are completed promptly so that there is sufficient time to analyze the results and develop recommendations. In order for the survey results to be meaningful a large number of responses are necessary and therefore everyone

who performs the procedure(s) should take the needed 10-15 minutes to complete the survey, which is provided online and is very easy to do. When completing these surveys it is essential to fully read the instructions, as it delineates the variety of factors you should keep in mind while completing the survey, such as:

- Physician time it takes to perform the service
- Physician mental effort and judgment
- Physician technical skill and physical effort
- Physician psychological stress when an adverse outcome has serious consequences

These surveys represent the very foundation of physician payment in the Medicare system, and RVUs are often used by private payers as the basis for their payment schedules as well. It cannot be stressed enough that when asked to complete these critical surveys, it is our duty and responsibility to participate, so that, as a specialty, we receive fair and appropriate reimbursement based on statistically sound, valid survey data.



Pete Batra, MD

Healthcare Reform

On October 30th, 2009, CMS filed the proposed Medicare rule changes for the Physician Fee Schedule, Hospital Outpatient Prospective Payment System, and Ambulatory Surgical Center for CY 2010. The 2 documents contained over 2600 pages of rule changes highlighting the remarkable complexity of the healthcare reform faced by physicians today. In Part 2 of this discussion, specific proposed changes that will impact delivery of care are outlined.

1. Sustainable Growth Rate (SGR) Update: The estimated Physician Fee Schedule update for 2010 is -21.2%. This SGR deficit has accrued for over a decade with the estimated difference between cumulative target and actual spending from 1997 through December 2009 of \$69.7 billion. Physician administered drugs have outpaced all other spending with average annual growth of 22% compared to 6% for all other services. CMS has proposed to remove physician-administered drugs from the calculation of the SGR beginning in 2010. Furthermore, all allowed and actual expenditures of drugs will be retrospectively removed to the 1996/1997 base year. Nonetheless, a cut of this magnitude is unprecedented. The AMA, ACS, and other physician professional organizations are aggressively pursuing repeal of the SGR as part of the health system reform.

2. New Practice Expense Survey: The new survey for calculating practice expense (PE) RVUs will be introduced in 2010. This was a joint effort by the AMA and 72 specialty societies and was conducted between 2007 and 2008. Data was purchased by CMS for \$2.4 million to offset costs. Significant changes in PE RVUs for many services are expected. The combined impact to otolaryngology will be -2%, while specialties like cardiology and radiology will face cuts of 8% and 5%, respectively.

3. Elimination of Consultation Codes: Beginning January 1, 2010, CMS has proposed to budget neutrally eliminate the use of all inpatient and office/ outpatient consultation codes. This will result in increase of work RVUs for new and established office visits by approximately 6%. Initial hospital and facility visits will see work RVU increases by approximately 2%.

4. Misvalued Codes: CMS has accepted the RUC recommendations for nearly 200 physician services that were identified as potentially misvalued. Savings will be redistributed within the payment schedule through a positive adjustment to the 2010 conversion factor.

5. E-prescribing: CMS has authorized an incentive payment equal to 2.0% of the total estimated allowed charges for all covered professional services furnished during the 2010 reporting period for successful e-prescribers. Physicians will only have to report the code 25 times instead of reporting it for 50 percent of visits in order to qualify for the incentive payment.

6. Physician Quality Reporting Initiative (PQRI): Successful 2010 PQRI participants may earn an incentive payment of 2% of the total Part B allowed charges. An eligible professional may choose to report data through claims, qualified registry, or qualified EHR product. Of 186 PQRI measures currently reportable, the following should be considered in a rhinologic practice:

- Perioperative Care: Timing of antibiotic prophylaxis
- Perioperative Care: Selection of prophylactic antibiotic - first or second generation cephalosporin
- Perioperative Care: Discontinuation of prophylactic antibiotics (non-cardiac procedures)
- Perioperative Care: Venous thromboembolism prophylaxis
- Asthma: Pharmacologic therapy
- Asthma: Asthma assessment
- Preventive Care and Screening: Influenza immunization for patients over 50 years old
- Preventive Care and Screening: Pneumonia vaccination for patients over 65 years old

References:

1. Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010. Filed October 30th, 2009.
2. Medicare Program: Proposed Changes to the Hospital Outpatient Prospective Payment System; Proposed Changes to the Ambulatory Surgical Center Payment System for CY 2010. Filed October 30th, 2009.

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From the Administrator's Office



Wendi Perez

- The 55th Annual Meeting in San Diego, CA was a success, with over 275 attendees and 16 exhibiting companies. CME hours can be submitted on line at www.cmecertificateonline.com
 - A 3-month post meeting evaluation will be sent out in January. Please take a moment to complete the evaluation as our program committee uses the feedback to prepare future programs.
 - The 2010 Annual Membership Dues were recently mailed. Remember to update your address directly on the invoice.
 - The ARS COSM meeting will be held on Thursday, April 29, 2010 at the Bally's/Paris hotels in Las Vegas, Nevada. Housing and Meeting registration will be handled through the American College of Surgeons www.cosm.md
 - The 56th Annual meeting will be held on September 25, 2010 in Boston, MA. Registration and program information will be posted on the ARS website shortly (www.american-rhinologic.org)
- For additional information, call 845-988-1631 or email wendi.perez@gmail.com.

2010 Dates

Advanced Techniques in Endoscopic Sinus Surgery
February 11-14, 2010
Kierland Westin Resort & Spa, Scottsdale, AZ
Contact: Jayna Haas. Email: Jhaas@sinuscare.org
www.calsinus.com/course

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

56th Annual Meeting
September 25, 2010
Boston, MA

Advanced Techniques in Endoscopic Management of Sinonasal Disorders - Hands-on Course
November 4-6, 2010
Renaissance Vinoy Resort & Golf Club, St. Petersburg, FL
(866) 603-6161. Email: dclanza@sniflmd.com
www.stanthonys.com/sinuscme

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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