

nose news



Brent Senior, MD, FACS
ARS President

President's Message

If you missed the 56th Annual Meeting of the American Rhinologic Society, you missed something special!

“My personal goal is to see the American Rhinologic Society be the world’s leader in advancing rhinologic knowledge”

This was the largest scientific meeting that we have ever had, breaking records for attendance (340), abstract submission (110), scientific presentations (54 podium talks and over 50 posters), and noise (46 dB as measured on my iPhone!). Submissions came from 13 countries on 5 continents, further solidifying my personal goal to see the American Rhinologic Society be the world’s leader in advancing rhinologic knowledge. This is a lofty goal and something not easily accomplished in just one year, but as we look forward, allow me to describe how the society is working toward this.

First is the launch of our new journal, the *International Forum of Allergy and Rhinology* (IFAR) under the able editorship of David W. Kennedy. This journal provides the solution to two critical problems that the society was facing: control of its intellectual content and long term financial control and viability of its journal. IFAR is being developed with our partners at the American Academy of Otolaryngic Allergy and our publisher, Wiley Blackwell, one of the foremost medical specialty publishing companies in the world. With its rollout to the two societies, IFAR will

have the largest circulation of any rhinology journal in the world. And while IFAR is naturally the new official journal of the two societies, we are pleased to note that it is now also an official journal of the International Rhinologic Society as well, furthering our society’s international reach. Be looking for the first issue of IFAR in your mailboxes in the first quarter of 2011, included as a benefit of your membership in the ARS.

As the ARS seeks to lead internationally in rhinologic education, I look forward to welcoming you to our upcoming fall Annual Meeting 2011 in San Francisco, rhinologists from three guest countries: Vietnam, Indonesia, and the Philippines. As official “ARS Guest Country” practitioners, individuals will be offered free registration for the meeting. Leadership from rhinology societies from all these countries tell me that they intend to come and bring large contingents of participants.

Domestically, our society is exerting its leadership by partnering with sister societies to build relationships in mutually beneficial areas. I want to personally thank Marvin Fried and Paul Fass for the leadership that they provided in bringing together the American Rhinologic Society with the American Academy of Otolaryngic Allergy in common symposia at our annual meetings and now, in launching of IFAR. Similarly, at our most recent Annual meeting, the ARS hosted a joint symposium with the American Academy of Facial Plastic Surgery. We will be hosting a seminar at the North American Skull Base meeting this spring and we continue to work with the AAO/HNSF in rhinologic education initiatives and guidelines development, and with the American Board of Otolaryngology developing Maintenance of Certification modules.

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The American Rhinologic Society would like to thank
ASL, Olympus, Ethicon Inc., Entellus, 3M, NeilMed,
and Xoran for partnering with the ARS
Newsletter for 2010.

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2011 Dates

Advanced Techniques in Endoscopic Sinus Surgery

February 10-13, 2011

Scottsdale, AZ. Contact: 650-399-4630

www.calsinus.com/course

COSM 2011

April 27-May 1, 2011

Sheraton Chicago Hotel & Towers,
Chicago, IL

19th Annual Iowa Advanced Concepts in Functional Endoscopic Sinus Surgery

May 20-21, 2011

Summer Sinus Course

July 22-23, 2011 - Chicago, IL.

www.cme.northwestern.edu/conferences/index.html

57th ARS Annual Meeting

September 10, 2011

San Francisco, CA



Michael Setzen, MD

President Elect Report

Michael Setzen, MD

Our Annual Spring meeting at COSM will be held in Chicago at the Sheraton Chicago Hotel & Towers - this year for the first time our meeting will be spread out over 2 days namely the afternoon of April 27 and the morning and afternoon of the April 28, 2011.

Our two Key Note Presentations for COSM are as follows: "Shifting Paradigms of Surgery in CRS: Ventilation or Access for Topical Therapy?" to be presented by Richard J. Harvey, MD, and "Two Decades of Outcomes Research in Rhinology - What have we Learned?" to be presented by Michael G. Stewart, MD.

One anticipates a great meeting based on the tremendous number of excellent abstracts that have been submitted. At least one Panel or mini Seminar per session will discuss topics of interest to all Rhinologists and General Otolaryngologists with an interest in Rhinology. The program will highlight both basic science and clinical research so much so that those attending will come away from this meeting with a wealth of new information.

As Chair of the Program Committee I want to thank the Program Committee for assisting me in selecting the best abstracts and those physicians who submitted their abstracts for presentation or poster. I hope you will all join me in making our upcoming meeting in Chicago a memorable one.

President's Message, cont'd. from pg 1

I am proud to note that the ARS has exerted its leadership among all ENT specialty societies by developing a new "Conflict of Interest Policy for Interacting with Industry" establishing reasonable and appropriate guidelines in the ethical management of our society, its leaders, and their relationship with our corporate partners. This policy seeks to balance the important role that industry has in developing and popularizing technology and medications for our patients and the role of society leaders in providing high quality rhinology education free of inappropriate conflict of interest. With its emphasis on transparency, I expect this policy will serve as a benchmark for other societies in the future.

Finally, as our society looks forward to this upcoming year, I want to extend my thanks to you, the ARS membership. It is ultimately your active and able participation in our society that will help us to achieve our goal to be the world's leader in rhinologic education. If you have ideas that you feel will help us in this endeavor, please feel free to drop me a line at bsenior@med.unc.edu.



Marc G. Dubin, MD, FACS

Editor's Corner

Marc Dubin, MD, FACS

As I begin my term as the Editor of NoseNews I want to thank Rick Chandra, MD for his years of service and for his assistance in making the transition as smooth as possible. Additionally, I would like to applaud our sponsors whose generous support allows the ARS to circulate the newsletter. Without them we would not be able to provide this educational content. I look forward to any comments or suggestions you may have in making the **ARS NoseNews** better.



Journal Goes to Print

David W. Kennedy, M.D., FACS, FRCSI

David Kennedy, MD It is with significant excitement that I can announce that the new journal, *International Forum of Allergy and Rhinology*, founded by the American Rhinologic Society and the American Academy of Otolaryngologic Allergy is now going to print. Published in conjunction with Wiley, the new journal is now the educational portal for the two societies, and encompasses everything from basic science, translational science and clinical research within these two related fields. Initially, the journal will be a more traditional rhinologic journal, but the goal is to expand it so as to provide a broader educational portal and to fully utilize the broad multimedia electronic capabilities that a large publisher provides. From day one, the journal will have the largest circulation and readership of any rhinologic journal, with an initial circulation of approximately 2,500 physicians. Although the primary area of focus of the Journal is original research, these papers will be augmented with selected review articles from leading experts in different fields.

The International Forum of Allergy and Rhinology will also include supplemental consensus and position papers from the societies as these are developed. Short articles on "Specialty Techniques" will be considered for publication by innovative practitioners, whether in the medical or surgical arenas and may be accompanied by video submissions. An online commentary column entitled "Ask the Experts" will allow readers to gain expert opinion on issues of interest, and selected questions and responses will be published from time to time in the print version of the Journal.

Currently the journal has initiated online publication of accepted articles, and the editorial board has to date accepted nearly 50 articles out of the large number submitted. I would like to take a moment to thank the Associate Editors, the Editorial Board and all the reviewers who have worked so hard to make this transition from the American Journal of Rhinology and Allergy so painless. I fully understand the time volunteering to assist with the journal takes from their personal and professional lives. However it is critical to the success of a venture such as this. Please accept my gratitude.

Prospective authors are encouraged to submit articles related to the cellular mechanisms involved in nasal and airway physiology, pathophysiology and olfaction, as well as clinical research in the diagnosis, medical and surgical management of rhinologic and allergic airway diseases. Individual case reports will generally not be accepted, but exceptions may be made if they are truly unique or have exceptional teaching value. As noted previously seminal review articles and short manuscripts on 'specialty techniques' are also welcomed.

On behalf of the Editorial Board, I hope that you will enjoy the first edition of the Journal and that you will be proud of the journal in the years ahead, as it continues to grow and develop into a truly broad based international educational forum for the fields of Rhinology and Allergy.



Education Update

Joseph Han, MD

Joseph Han, MD The ARS education committee would like to thank our outgoing members, Brent Senior, Todd Kingdom, BJ Ferguson, and Jim Palmer. We are especially appreciative of Todd Kingdom's commitment as chair of the ARS education committee for the past 6 years. Under his leadership, the Education committee has established the rhinology fellowship match and several Maintenance of Certificate Part II Self Assessment Rhinology Modules for the American Board of Otolaryngology. We have completed one self-assessment rhinology module, "Child with Chronic Cough". With the assistance of the current members of the ARS education committee (Parul Goyal, Jivianne Lee, Rick Chandra, Sarah Wise, Troy Woodard, Marc Dubin, Jamie Litvack, Devyani Lal, Hassan Ramadan, Jay Dutton, Mickey Stewart, Chris Church, and myself) we are also nearing completion of another self-assessment module. Additionally, we have been able to garner support to develop two additional rhinology modules under the leadership of Rick Chandra. The committee is also in the process revising the educational content for the new ARS website. As of now we have been able to update six educational areas. These topics are pediatric sinusitis, endoscopic sinus surgery, complication of nasal and sinus surgery, septoplasty and turbinate surgery, sinus and nasal anatomy, and sinusitis diagnosis. Other educational topics will also be updated so that the ARS website can provide up to date educational information for the ARS members and their patients. If there are any specific topics that you would like us to include in the educational content of the new ARS website, please let me know.

A new project that we are very excited about is the creation of web based interactive lectures for current OTO-HNS residents. These web base seminars will provide current residents real time interactive lectures so that physicians in training can ask questions to the speaker during the lecture. In the future, if CME credits can be obtained for these lectures, we are hoping to offer these lectures to our ARS members as well.

The ARS education committee has also recently been approached by other national rhinologic societies to facilitate a partnership with the ARS. This partnership would help develop educational content for their national sinus courses. Although this project is in its infancy, I believe it will allow for a more global ARS influence with the international sharing of our educational content. We the committee members are energized to serve our ARS members and if there are any educational projects that we can provide or develop, please let us know.



Pete Batra, MD

Balloon Dilation and Image Guidance Codes Updated for 2011

Pete Batra, MD, FACS

In October 2009, AAO-HNS submitted 3 new code requests to the AMA for Category I CPT codes for use of stand-alone balloon devices for sinus dilation. The Medicare Physician Fee Schedule, published on November 24th, 2010 includes the 3 new code proposals, along with the recommended work and practice expense relative value units (RVUs). The new codes are as follows:

- 31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa (Do not report 31295 in conjunction with 31233, 31256, 31267 when performed on the same sinus)
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation) (Do not report 31296 in conjunction with 31276 when performed on the same sinus)
- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation) (Do not report 31297 in conjunction with 31235, 31287, 31288 when performed on the same sinus)

Codes 31295-31297 describe dilation of sinus ostia by displacement of tissue, any method, and include fluoroscopy if performed. The surgical sinus endoscopy includes a sinusotomy (when appropriate) and diagnostic endoscopy. These codes should be reported as unilateral procedures, with a -50 modifier appended for bilateral cases.

The parenthetical notes indicate which codes should not be used together. In this case, balloon dilation codes should not be reported with the existing codes for the same sinus. For example, if maxillary antrostomy is performed using balloon as a sinus dilation tool with concurrent removal of uncinate process and polypoid tissue at the maxillary opening, 31256 (nasal/sinus endoscopy, surgical; with maxillary antrostomy) should be reported. 31295 should not be reported for the balloon dilation of the maxillary sinus in this specific case. If any service is not accurately reflected by an existing CPT code, the unlisted 31299 should always be reported.

The work, facility and non-facility practice expense, and malpractice RVUs for these new codes are listed in Figure 1:

Codes 31295-31297 will also be billable in the ambulatory surgery center (ASC) setting starting January 1st, 2011. The anticipated 2011 national ASC rate is \$1,198.96 for each code.

Image guidance code 61795 (stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal) will be deleted in 2011. This will be replaced by 3 codes to reflect work performed by otolaryngologists, neurosurgeons, and spine surgeons during image-guided surgery.

- 61781 Stereotactic computer assisted procedure, intradural, cranial
- 61782 Stereotactic computer assisted procedure, extradural, cranial
- 61783 Stereotactic computer assisted procedure, spinal

These codes should be listed separately in addition to the code for the primary procedure. Image guidance during endoscopic sinus surgery should be coded with 61782. The work RVUs for 61782 will be 3.18, compared to 4.03 for the previous 61795. The work RVUs for 61781 and 61783 will be slightly higher at 3.75.

The ARS Patient Advocacy Committee will continue to partner with the academy and closely monitor changes related to coding that may impact the practice of rhinology. Continue to look for updates on the the ARS website and the Facebook page.

References:

1. Coding for Balloon Sinus Dilation 2011. <http://www.aaohns.org/Practice/Coding-for-Balloon-Sinus-Dilation-2010.cfm>. Accessed November 30th, 2010.
2. Medicare Program; Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2011. Federal Register Vol. 75, No. 228. November 29, 2010.
3. 2011 National ASC rates. www.beckersasc.com. Accessed November 30th, 2010.

Figure 1

CPT	Work RVUs	Non-Facility PE RVUs	Facility PE RVUs	Malpractice RVUs	Global Period
31295	2.70	57.07	2.12	0.35	0
31296	3.29	108.70	2.47	0.42	0
31297	2.64	108.37	2.08	0.34	0



David Clark, MD

Interesting Case of the Quarter

David Clark, MD and Winston Vaughn, MD

Patient JW is a 55 year old female with a 2 year history of left nasal congestion. She reports that this has been gradual in onset and progressive in nature. She also reports it is associated with mild left facial pressure, headache, left ear fullness, and copious clear rhinorrhea with post-nasal drip. She was seen at an outside hospital where nasal endoscopy was performed by an otolaryngologist which revealed a firm mass that appeared to be emanating from the left middle meatus into the nasal cavity, causing complete obstruction. A biopsy was performed and imaging was ordered.

CT was performed which revealed soft tissue opacification of the left maxillary sinus, osteomeatal complex, and nasal cavity. Additionally, there were bony changes with evidence of erosion into the pterygomaxillary fissure on the posterior lateral aspect of the maxillary sinus, with a rim of calcification adjacent to the anterior wall. Prior dental work created some artifact on the floor of the maxillary sinus. The remaining CT was unremarkable. An MRI was also performed. The lesion demonstrated isointensity on T1 weighted signal and heterogeneous pattern with hyper- and iso-intense images on T2 weighted signal. With gadolinium, the lesion demonstrated mild enhancement. The fat planes of the pterygomaxillary space were preserved through the posterior maxillary sinus wall dehiscence.

The patient was subsequently referred to our center for evaluation. Final outside pathology was reported as, “edematous stroma with benign respiratory epithelium.” The history and physical exam findings were confirmed and the imaging reviewed. The patient was then scheduled for endoscopic resection of the lesion, with the understanding that a more extensive procedure may be required based on frozen section. During surgery, the lesion was noted to be firm, rubbery, and hypovascular with a well demarcated plane along the superior, anterior, and lateral maxillary sinus walls. Frozen section revealed a myxoid lesion that was densely fibrous and hypocellular. The lesion was densely adherent to the posterior maxillary sinus wall and the posterior 2/3 of the inferior turbinate. After performing a routine maxillary antrostomy, it became apparent that the lesion would not easily “roll-out” of the sinus. Therefore, a “mega-antrostomy” was performed by removing the posterior 2/3’s of the inferior turbinate down to the nasal floor. This facilitated removal of the lesion at the site of bony erosion on the posterior maxillary wall. A transnasal-transmaxillary approach to the pterygomaxillary space allowed for all gross tumor removal.

The patient was seen for routine post-op evaluation in one week. She complained of facial pain, but reported no sensory or functional defects. Wounds demonstrated appropriate post-operative appearance and were debrided in the routine fashion. Final pathology was read a sinonasal myxoma, a benign tumor with a fibrous, myxoid stroma with a tendency for recurrence.

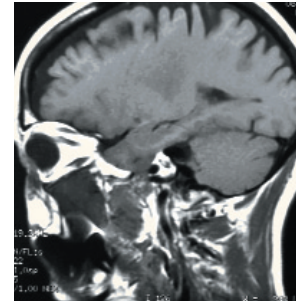


Figure 1: Sagittal T1 MRI without gadolinium demonstrating an isointense maxillary sinus lesion with inferior posterior maxillary sinus dehiscence, note the dental artifact anterior/inferior in the maxillary sinus

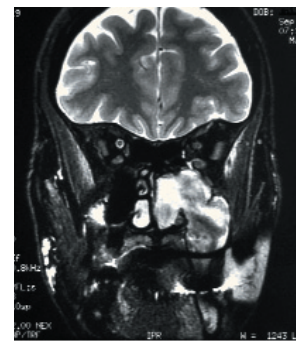


Figure 21: Coronal T2 MRI with heterogenous mass in the left maxillary sinus extending to nasal cavity, note the dental artifact anterior/inferior in the maxillary sinus

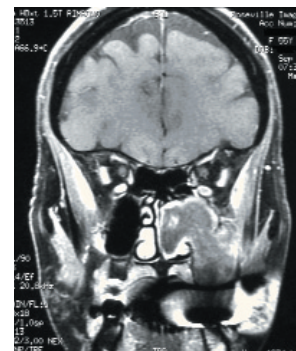


Figure 3: Coronal T1 MRI with gadolinium demonstrating a mildly enhancing lesion in the left maxillary sinus. Notice the disruption of the ipsilateral inferior turbinate. There is dental artifact at the inferior maxillary sinus.

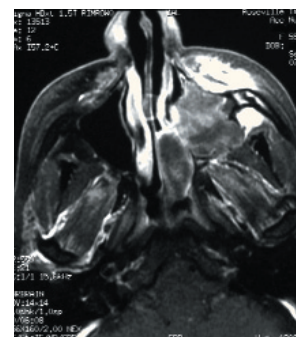


Figure 4: Axial T1 MRI with gadolinium demonstrating posterior maxillary sinus wall erosion with well preserved fat planes.



Bradley F. Marple, MD

Facing the Issue of Corporate Conflicts of Interest

Bradley F. Marple, MD

By the end of 2008, almost two dozen U.S. Senate inquiries had been sent to several major academic institutions requesting financial information on individual physicians involved in federally funded studies. In late 2009, similar inquiries were sent to major professional associations exploring the financial relationships between industry and professional medical associations (PMAs) that could impact physician practice patterns. Through processes such as these, Senators Herb Kohl (D-WI) and Charles Grassley (R-IA) have worked to explore the impact of pharmaceutical and device industry funding upon physician practice patterns in the US, while simultaneously sending a firm message regarding the current state of financial conflict of interest in the medical profession.¹

Sens. Kohl and Grassley, in their ranking roles on the US Senate Special Committee on Aging and Committee on Finance, respectively, share responsibility for 80 million Americans covered by Medicare and Medicaid and the health services that apply to this population. From this perspective, they have launched a series of investigations intended to better understand influences on the cost and delivery of health care, and in so doing, have shed light on the potential that industry may occasionally be positioned to inappropriately influence key medical professionals and PMAs through monetary enticements. This recent increase in scrutiny is a direct result of revelations over the past few years suggesting that, in some cases, the line between the role of a physician as a patient advocate and as an agent of industry has been blurred.²

While such revelations may at first glance seem implausible when viewed from the perspective of the medical community, this perception threatens the credibility of the medical profession. A simple search of the blogosphere provides a glimpse of public opinion as it relates to the perception of relationships between the medical profession and industry.³ As just one example, medical students have responded by becoming more vocal in expressing misgivings about the potential ill effects of industry influences on medical education.⁴ So it stands to reason that these revelations should also serve as a signal within the medical community itself.

Care, however, must be taken not to overreact. Extreme calls to abolish of relationships between industry and the medical profession may superficially seem to be one solution to the current public outcry; however it is naïve to believe that these relationships can or should disappear.

The impact of these relationships illustrates this point. Between 1980 and 2000, industry funding for academic medical research increased from approximately \$1.5 billion to \$22.4 billion, and has resulted in many important medical treatments and innovative technologies. In fact, most major academic institutions, recognizing the advantages of these collaborations, encourage industry-funded research.⁵ It is not hard to recognize the potential synergy that these relationships have created. In all actuality, industry relies heavily on advice from physicians to develop advances in pharmaceuticals and health-related technologies, and medicine relies on industry to bring treatment innovations to market. Like it or not, an uncomfortable, yet necessary, relationship must exist.

Our challenge, as the American Rhinologic Society, has been to balance the potential synergies that the relationships between industry and our organization can enable, while maintaining the professionalism and independence that is essential to the practice of medicine. Complete disclosure of financial relationships serves as a starting point. Disclosure, however, is not enough. It is the steps taken after disclosure that remain most crucial. Once financial relationships are openly declared, the question remains, "What is the appropriate mechanism to adopt in order to minimize the potential for bias?" This question was seriously considered by the board of the ARS.

Recognizing the importance of this issue, Stil Kountakis, MD charged a task force in the fall of 2009 to develop a policy that would address corporate relationships as they relate to the ARS. Making use of the principles of disclosure, transparency, and management, the current ARS Policy on Corporate Relationships was developed over the ensuing year and unanimously adopted at the Fall 2010 ARS Board meeting, and is currently available for review on the ARS website www.american-rhinologic.org.

It is the hope of the board that this policy will guide the way for continued growth of the organization, maintenance of the public trust, and support of our members in their vigilance to act selflessly as the advocate for the patient.

References:

1. Samson K. Senate probe seeks industry payment data on individual academic researchers. *Ann Neurol* 2008;64(6): A7-9.
2. www.nytimes.com/2008/10/04/health/policy/04drug.html?_r=1&oref=slogin
3. For example, see <http://hcrenewal.blogspot.com/2008/10/thoughts-on-charles-nemeroffs-not-so.html> and <http://blogs.wsj.com/health/woo8/12/23/undergrassleys-glare-emorys-nemeroff-givesup-psychiatry-chair>.
4. Opar A. Medical students protest perks from drug companies. *Nat Med* 2006;12(10):1104.
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Kevin Welch, MD

IT Update

Kevin Welch, MD

“Technological progress has merely provided us with more efficient means for going backwards.”

-Aldous Huxley

The year 2010 marks the 10th anniversary of the ARS website, thanks to the hard work for Dr. Martin Citardi and the ARS staff who registered the domain www.american-rhinologic.org in 1999. As we move into our second decade of internet presence, the Information Technology committee of the ARS is ensuring that our organization maintains a strong internet presence while at the same time providing practical on-line clinical and academic tools for our growing organization of physicians, nurses, and allied health professionals. The largest and most significant effort being addressed by the IT committee this year will be the complete migration and revamping of the current ARS website. This venture will truly involve all facets of the ARS membership. Over the past few years, both national and international use of the website has steadily increased while the utility and functionality of our website has declined. Patients are accessing the website for information on diseases and conditions we all treat. Physicians want and need a centralized resource for information regarding meetings, abstract submission, practice management, and ongoing education. While the current website does this to some extent, we feel we have outgrown what our current web hosting service is capable of providing. Currently we are seeking proposals from a number of companies that will redesign, reprogram, and host the new website. Once launched, we hope that the website will be, most

importantly, a resource that members turn to for information regarding all facets of the ARS practice. Expect to see a more user friendly layout, easy to use abstract submission/searching utilities, meeting information, and other useful services for members.

For those of you who utilize online social media, the American Rhinologic Society may now be found on Facebook. We will post regular updates (meeting information, abstract submission openings/deadlines, special messages, etc.) on this forum. On the lighter side of our practice, a presence on Facebook will allow us to share photographs of events and support ongoing discussions among members or "fans" of the ARS. In the near future, we will also have a presence on Twitter for those of you who prefer quick bullets of information. You may follow us in the near future (@amrhinologicsoc). We hope that these two additional forums will allow members to connect with each other on both the social and academic arenas while at the same time receive information relevant to our organization.

Lastly, the rhinology fellowship database is now actively being maintained by Stella Lee, the current fellow at John's Hopkins University. The up to date fellowship listing is available in PDF format with internal hyperlinks to facilitate your document migration. If you have any updates regarding your rhinology fellowship, please do not hesitate to contact Dr. Lee (slee39@jhmi.edu).

If you have any questions, concerns, or suggestions regarding the implementation of on-line technology and the direction of the ARS, please feel free to contact me: kwelch1@lumc.edu.



Joseph Jacobs, MD

Treasurer's Report

Joseph B Jacobs, MD

As 2010 draws to a close I am thrilled to report that the ARS is on very solid financial footing. All of our accounts have benefited from the recovery in the markets and our returns remain within established benchmarks. Our assets are prudently invested in both stocks and bonds so that market gyrations will not impact on our operating funds substantially. Of course, these guidelines limit our upside in exuberant BULL markets. The ARS has selected Bank of New York Mellon as our manager and their performance has been SUPERB. The executive committee of the society routinely interacts with our managers who oversee our funds.

I have been working closely with Wendi Perez, our administrator, on many projects to which will dramatically enhance ARS activities over the next few years. Our dues collections are on target and the recent fall meeting was a financial and educational success. Wendi is carefully investigating potential avenues to enhance our Spring and Fall meeting space so that the facility will provide us with maximum exposure for our attendees and exhibitors. Funding has and is being provided for a new and revamped user friendly ARS WEBSITE, programmatic and educational expansion during our major meetings, as well as the recently established Journal of the society; International Forum of Allergy and Rhinology. David Kennedy has been selected as Editor-in-Chief for the Journal, which will certainly guarantee our long term success.

The society recently went through an independent audit and a number of minor issues were identified and corrected. Therefore, going forward the ARS has, within a reasonable degree of certainty, protected ourselves from regulatory issues. Overall, the society is in GREAT financial shape going forward and our Executive Committee and Board continues to work for our members.

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From the Administrator's Office



Wendi Perez

While it's hard to believe that 2010 is over, we begin 2011 with many new and exciting ideas, programs and events. We begin the new year with a strategic planning workshop to concentrate

on where the ARS, as an organization stands and where we will be in five years, but most importantly, how are we going to continue to focus and achieve all aspects of our Mission.

Our Society continues to grow and maintain its position as the leaders in Rhinology. The society has numerous resources which have proven to be of substantial benefit to our membership highlighted on our website, www.american-rhinologic.org. The site contains important and informative material concerning socioeconomic data, patient information, archives, as well as upcoming meeting information and registration. The ARS is now on Facebook. Please take a moment to "like" us on your page. Also check us out on Twitter.

Watch out for "ARS Messenger" notices sent to your email in-box. This is one of the many avenues we use to provide our members with up-to-date societal news, sister society events and programs, ARS membership news, SSAC information well as legislative updates.

The ARS's official journal, the *International Forum of Allergy and Rhinology*, will be released in February 2011. Members of the ARS will receive an on-line and hard copy subscription of the journal. Please remember that the journal is included with your paid annual membership dues and no additional fees or subscriptions are required. IFAR will be mailed to you directly from Wiley Blackwell. For questions regarding your subscription to IFAR, please contact me at wendi.perez@gmail.com.

The ARS is proud to be an ACCME accredited provider and in November 2011, we will be evaluated for reaccreditation.

Planning for **COSM 2011** is underway. The ARS will meet on the afternoon of Wednesday, April 27 and all day Thursday, April 28. The conference will be held at the Sheraton Chicago Hotel & Towers in Chicago IL. Housing and meeting registration can be processed on line at www.cosm.md.

The **57th Annual meeting** will be held at the Intercontinental Hotel in San Francisco on Saturday Sept. 10, 2011. Professor Heinz Stammberger is the *Invited David W. Kennedy Lecturer* and will present "My Life Experience in the Management of Sinusitis: Then & Now". For information please contact our office at 845-988-1631. For Exhibitor and Corporate Sponsorship, please contact me at wendi.perez@gmail.com.

I am currently working with the AAO-HNSF to make sure that all ARS Annual Meeting Headquarter hotels are within close proximity to the AAO's hotel as well as the convention centers.

As a reminder, your 2011 dues invoice was mailed on October 15, 2010. Please forward your payment to our office via USPS, fax 845-986-1527, or email ars.administration@gmail.com.

Please help me welcome Gloria Figueroa to the ARS Administrative team. She comes to us with over 20 years of administrative experience and will focus on dues collections, membership, meeting registrations as well as assist with the day to day operations of the organization. Gloria can be reached at tel 845-988-1631, fax 845-986-1527, email ars.administration@gmail.com.

I would like to thank Susan Arias, Kathy Bogie and Kathy Bellucci for all of their hard work and commitment to the ARS. Susan and Kathy Bogie play an integral role in executing smooth meetings and Kathy Bellucci assists our Treasurer with the organizations finances.

We are always looking for ways to better serve our members so stay tuned for additional exciting news and updates. Happy New Year!

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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