

Michael Setzen, MD

President's Message

Fellow Rhinology Members, by the time you read my first editorial welcome as ARS President, we will have just celebrated our 57th annual ARS meeting in San Francisco on September 10, 2011.

It is truly an honor and a distinct privilege to have been selected by my peers to perform the role of President of this esteemed Society. I look back at previous Presidents of this society who have inspired me, David Kennedy, Vijay Anand, Mike Benninger, Fred Kuhn, Paul Toffel, Jim Hadley, Joe Jacobs, Mike Sillers, Howard Levine, Marvin Fried, Jim Stankiewicz, Stil Kountakis and most recently Brent Senior. Each of you have inspired me in a different way and I thank you for your leadership over the years and hope what I have learned from you all, will help me steer the ARS forward with our mission statement being the driving force.

The annual meeting was a huge success. This meeting is the signature event and acts as a forum in which members both American and International can meet, exchange ideas, and most importantly learn something new.

The goal of the meeting was to stimulate attendees in particular with a Panel on "Controversies in Rhinology" in which we were fortunate enough to have a world renowned group of Rhinologists as panelists giving us their expert opinion. Panelists included David Kennedy, Heinz Stammberger, Brent Senior, Roy Casiano and Peter Catalano. Topics discussed were "Uncinectomy or not", "Middle meatus antrostomy-how large", "What is maximal medical therapy", "Sinus Headache", "Recurrent acute sinusitis with normal CT" and more. This was then followed by a panel in which "the Evidence" was discussed with respect to these controversies and moderated by Tim Smith.

Our Keynote Speaker and Kennedy Lecturer, Professor Heinz Stammberger presented his "Lifetime experience in the management of Sinusitis: Then and Now". This was then followed by our second Keynote Speaker and current President of the American Academy of Otolaryngology-Head and Neck Surgery, Rodney Lusk, MD, who presented the "Management of Pediatric Rhinosinusitis - Medical and Surgical: Then and Now"

Other highlights of the annual meeting included the Breakfast Symposium, which featured office-based procedures in Rhinology in which turbinate procedures, balloons in the office and office-based endoscopic sinus surgery were discussed and moderated by Todd Kingdom. An international panel entitled "An International Perspective on The Etiology of Nasal Polyposis" was moderated by Jan Gosepath with a panel including Wytske Fokkens, Richard Harvey and Heinz Stammberger. A Young Investigators Panel "ARS Young Investigators: Innovative Rhinology Research With Impact" was moderated by Andy Lane and panelists included Amber Luong, Sarah Wise, Murray Ramanathan, Bruce Tan, and Brad Woodworth. The Scientific Session was concluded with a wonderful cheese and wine Reception at which a world-renowned sommelier highlighted California's greatest wines.

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The American Rhinologic Society would like to thank Acclarent, ASL, Entellus, Eyemaginations, NeilMed, Olympus/Gyrus and Xoran for partnering with the ARS Newsletter for 2011.

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2011 Dates

2011 Advance Rhinology Concepts

**Nov 4 - 6, 2011
Houston, TX**

Guest of Honor: Prof. Heinz Stammberger
www.sinuscourse.com

**1st Annual Official American Rhinologic Society (ARS) Summer Sinus Symposium
July 13 & 14, 2012**

Chicago, IL Featuring didactic and interactive learning with global experts in rhinology.
Details to come.



Brent Senior, MD, FACS
Past President

Research: The ARS Lifeblood

Brent Senior, MD

Research has been a major emphasis for the entire 57 year history of our organization. We have participated with the American Academy of Otolaryngology's Centralized Otolaryngology Research Efforts (CORE) Grants program for many years, supporting two Resident Research awards of up to \$8000 each and one New Investigator award of up to \$25,000 dollars every year. Since 2001 through 2009, the ARS has supported 16 Resident Research grants, and 11 New Investigator grants. The yield from these grants has been high, a testament to the excellent work of those on our Research Committee helmed by Andy Lane, MD. Grants supported by the Society from 2001 till 2008 yielded 9 publications in the Society's official journal from the resident grants, while 2 more resulted in presentations at the Society's meetings. For New Investigator awards through 2009, 5/9 have yielded publications.

Recognizing a need for the ARS to assist in answering the "big questions" in rhinology in a relevant, efficient, and coordinated fashion, in 2008 then-President Jim Stankiewicz assembled an ad hoc group, the Rhinology Research Study Group under the leadership of Tim Smith, MD to accomplish this goal. The first results of that ambitious effort are currently in press in the Society's journal, International Forum of Allergy and Rhinology. This landmark, high impact work, entitled "Medical therapy versus surgery for chronic rhinosinusitis: a prospective, multi-institutional study" provides first of its kind information validating the benefits of endoscopic sinus surgery over medical management alone for patients with chronic rhinosinusitis. Specifically, the authors found that patients undergoing surgery for chronic rhinosinusitis had significantly better outcomes as determined by the Rhinosinusitis Disability Index and the Chronic Sinusitis Survey. Equally important, the authors showed patients undergoing surgery require significantly less antibiotic therapy, less oral steroid, and experience less time off work or school. High level evidence research

like this will allow us to speak with greater authority regarding the benefits of surgery to patients, providers and insurance carriers alike.

Complementing the work of the ARS Rhinology Research Study Group and emerging out of our winter strategic planning, the Society will be embarking on a third research initiative to promote and support high-impact rhinology studies. Under the leadership of Andy Lane and the ARS Task Force on Research and building on the work of the Rhinology Research Study Group, we will be soliciting the membership of the ARS for proposals that will seek to answer some of the critical questions that plague us in rhinology. Not only will we be seeking those proposals in order to assist researchers in funding, but the society will also take a hands-on approach to shepherd the research along in order to yield the highest impact results in the shortest time possible. Watch for further information and consider submitting your proposal.

Finally, in the past, the Society has depended on our Corporate Affiliates Fund under the able stewardship of Paul Toffel to support our ambitious research endeavors, now amounting to nearly \$100,000 a year. However, in the changing climate in which we live, corporate donations to this fund have significantly diminished forcing us to develop new avenues for research support. And that is where you, our members come into the picture! We all recognize the importance of outstanding research in management of our patients in improving their health. Now you will have an opportunity to support this research as well! In the near future, we will be reaching out to the membership of the ARS in an ongoing effort to support the research initiatives of our society. Members who donate will be rewarded with Society recognition at its meetings and in its Newsletter as well as with reduced meeting registration for the Society's Annual Meeting. So please consider generously supporting the Society's research efforts and help make a difference for our specialty!

2011 Research Fund Contributors

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Rhinologic Patient Safety and Quality

Kathy Yaremchuk, MD

In 1999 the Institute of Medicine (IOM) published "To Err is Human: Building a Safer Health Care System," and the impetus for improving quality has moved forward with help from the American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) programs, the Centers for Medicare and Medicaid Services Physician Quality Reporting Initiative, and private insurance companies' Pay for Performance initiatives. Although Otolaryngology has not received the same attention as other specialties in terms of quality initiatives, the need to develop quality performance measures for the specialty becomes more relevant as the American Board of Otolaryngology MOC requirements go into effect in 2012.

"To Err is Human" put forth the idea that the delivery of medical care is increasingly complex with medical errors across multiple categories occurring primarily because of failures in communication, equipment, processes, and systems – not because of reckless individuals. The IOM requested that standards and expectations for improvements in safety and quality occur not only through regulatory and oversight mechanisms but also through professional societies to set performance standards and communicate with members about safety and quality.

While the ABMS guides the MOC process, the 24 member Boards set the criteria and curriculum for each specialty.

The four-part Otolaryngology MOC process involves:

• Part I Professional Standing

Must hold a valid unrestricted educational license in at least one state or jurisdiction.

• Part II Lifelong Learning and Self-assessment

Participate in educational and self-assessment programs that meet specialty-specific standards set by the American Board of Otolaryngology.

• Part III Cognitive Expertise

Physicians demonstrate through formalized examination to have the fundamental, practice-related, and practice environment knowledge to provide quality care.

• Part IV Practice Performance Assessment

Physicians are evaluated in their clinical practice according to specialty-specific standards for patient care. They are asked to demonstrate that they can assess the quality of care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

Via the Part IV Practice Performance Assessment, the American Rhinologic Society (ARS) can assist in developing recommendations to measure, report, and provide educational materials that will enable its members to improve the safety and clinical care delivered to patients.

To achieve this goal, the ARS is forming an ad hoc committee on Patient Safety and Quality. We invite ARS members with experience on similar committees within their academic institutions, hospitals, or physician organizations, or who have completed course work and/or seminars in this particular area, to contact me for consideration for committee membership. I will serve as Chair of the committee and look forward to fulfilling the mission of delivering safe and quality care to the patients that place their trust in our specialty.



Andrew Lane, MD

ARS CORE Grants for 2011

Andrew P. Lane, MD

The 2011 American Rhinologic Society research grants were reviewed this past Spring, in coordination with the American Academy of Otolaryngology – Head and Neck Surgery CORE research study section. The quality and breadth of the submitted research proposals was impressive, highlighting the increasing numbers of talented junior rhinologist-scientists emerging among the ARS membership. The ARS is proud to support the research efforts of our resident and junior faculty members, so that they may initiate the scientific training and basic studies that will form the groundwork for independent research careers.

ARS research grant funding has been provided through the generous support of corporate sponsors who have donated money specifically for this purpose. As the economic and regulatory climate has transformed in recent years, corporate research funding has unfortunately been diminishing. Despite these challenges, the ARS remains strongly committed to its research grants program. While resources do not allow every ARS grant application to be funded, the AAO-HNSF CORE grant review process itself provides all applicants with important experience in the fundamentals of grant writing and offers an opportunity for valuable constructive feedback.

It is a central mission of the ARS to encourage the advancement of clinical and basic science research in rhinology, which is essential to the continued growth of our specialty and maintaining the key role of the society in the care of patients with rhinologic disease.

This year, the ARS Research and Grants Committee selected the project by Dr. Holly Boyer, entitled “Office Sclerotherapy for epistaxis due to hereditary hemorrhagic telangiectasia” for the \$25,000 ARS New Investigator Award. Dr. Boyer is an Assistant Professor in the Department of Otolaryngology – Head and Neck Surgery at the University of Minnesota. Her project involves a prospective, randomized, controlled clinical trial of sclerotherapy as a treatment for epistaxis in HHT patients. She hypothesizes that sclerotherapy with sodium tetradecyl sulfate will provide a more effective treatment modality for this difficult patient population.

The committee also selected two residents as winners of the ARS Resident Research Award. Dr. Nicholas Sorrel at the University of Texas Health Science Center at Houston for “Manuka Honey for Management of CRS - an in vitro and in vivo analysis”, in which he will perform a clinical trial using nasal irrigations containing Manuka honey as a modality to treat acute bacterial exacerbations in previously operated patients. Dr. Samuel Oyer at the Medical University of South Carolina will be investigating “Inflammatory role of fibroblasts in chronic rhinosinusitis” by isolating and characterizing fibroblasts obtained from control subjects and patients with chronic rhinosinusitis.

The ARS congratulates Dr. Boyer, Dr. Sorrel, and Dr. Oyer on their successful applications, and invites eligible ARS members to apply for 2012 CORE grant awards. The deadline for letters of intent is December 15 2011, and applications are due January 16, 2012. For more information, please go to <http://www.entnet.org/EducationAndResearch/COREGrants.cfm>

President’s Report, cont’d from pg1

A special thank you goes out to the entire Executive Committee, the Board of Directors of the ARS and the entire committee membership of the ARS for their willingness to assist me as I assume this important role. A special vote of thanks to our outgoing president, Brent Senior, for his remarkable leadership and thanks to Joe Jacobs, our treasurer and Peter Hwang, our Secretary.

I look forward to the assistance of our President elect, Todd Kingdom, our first Vice-President, Timothy Smith and our second Vice-President, Roy Casiano, who will help me in my role as President. Also a special welcome to our new Consultants to the board, Mickey Stewart and Ralph Metson.

A special thank You to Wendy Perez, our Executive Administrator, for all her hard work and effort in making this Society run efficiently.

As I look ahead I would like to enhance the Membership of the ARS so that all Practicing Rhinologists join this Society, both Academic and Community based Rhinologists, American and International with the goal being that the ARS will be a world leader in the education and teaching of Rhinology. Our continued involvement in securing the success of our new journal, IFAR, the International Forum of Allergy and Rhinology is critical.

The ARS web site is presently being modernized and updated to assist Members with their needs and I thank Kevin Welch for his time and effort. Nose News continues to be a great way of communicating with our Membership and I thank Marc Dubin for his efforts in making this newsletter an important document for the membership.

The ARS recently underwent an ACCME review and we did well thanks primarily to the hard work of Jim Palmer.

Once again, I want to thank you all for giving me the esteemed honor to act as President of this wonderful Society and I do hope that the goals that I have set forth for the year will move the ARS in a significantly greater direction.

Case of the Quarter

Li Man, MD and Samir Fakhri, MD

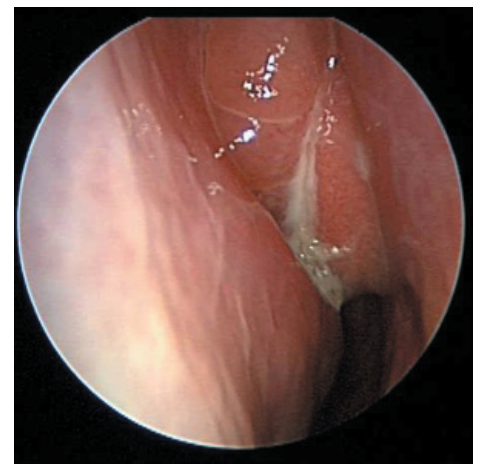
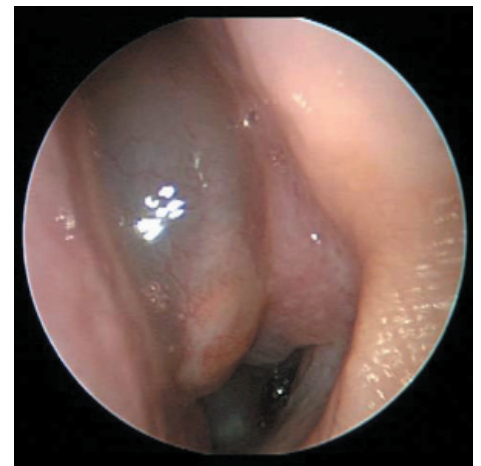
A 48-year-old woman complaining of anosmia and left-sided nasal obstruction was referred to the Texas Sinus Institute by her general otolaryngologist for evaluation and treatment. The patient stated she had suffered from severe nasal congestion and obstruction for several years. The symptoms were bilateral, but worse on the left side. During exacerbations, the nasal discharge was usually clear and would resolve without medical intervention. She noted her symptoms began after her home flooded during Hurricane Ike in 2008. She had tried nasal saline sprays and guaifenesin without relief. The patient had been treated with a one-month course of oral antibiotics and a systemic corticosteroid taper by her otolaryngologist. Her sense of smell improved during treatment, but she believed it was still diminished. Once the corticosteroids were stopped, her symptoms returned to baseline. The patient reported skin testing by her otolaryngologist had revealed mild allergies to certain trees, but not to molds. A computed tomography scan of her sinuses was performed prior to referral and revealed near-total opacification of all of the paranasal sinuses (Figure 1). There was no cervical lymphadenopathy on physical exam. Nasal endoscopy revealed nasal polyps anterior to the middle turbinate and extending down to the nasal cavity floor on the left (Figure 2). On the right, polyps did not extend quite to the nasal cavity floor (Figure 3), but there was purulence that grew an alpha streptococcus when cultured.

Given the failure of previous medical therapy, the patient was offered a comprehensive surgical procedure involving endoscopic removal of polyps and opening of all of the involved sinuses under image guidance. The patient elected to proceed, and she was treated with prednisone 40 mg daily starting 5 days prior to the procedure. The operation proceeded smoothly. Of note, the maxillary and frontal sinuses were packed

with dense fibrotic material that was easily removed using the microdebrider. Pathology revealed chronic sinusitis with numerous eosinophils and S-100 protein-positive histiocytes with emperipolesis consistent with extranodal Rosai-Dorfman disease (RDD).

RDD is a rare proliferative histiocytic disorder first described by Rosai and Dorfman in 1969 as sinus histiocytosis with massive lymphadenopathy. It classically presents as massive bilateral, painless cervical lymphadenopathy. Approximately two-fifths of cases involve extranodal involvement, with only one-fifth presenting with exclusively extranodal disease. Subsites of the head and neck—especially the nasal cavity and paranasal sinuses—are some of the most common sites of extranodal disease. The most common symptoms in patients with RDD of the head and neck are nasal obstruction, rhinitis, and epistaxis, while the most common physical findings are exophthalmos and nasal polyposis. The etiology is unknown but is thought to be associated with immunologic dysfunction, perhaps due to chronic inflammation or to post-viral activation.

The clinical course of RDD is generally indolent, but can be unpredictable with episodes of exacerbation and remission over years. Severity of disease is related to degree of nodal disease and number of extranodal sites. Up to one-ninth of patients die from the disease. Although not pathognomonic, the presence of emperipolesis, or engulfment of lymphocytes and erythrocytes by histiocytes that express S-100, is considered diagnostic of RDD. There is no consensus on how to treat this disease. Surgical excision is often effective. In purely extranodal disease, there can be no recurrence if the lesion is excised completely. A variety of other therapeutic strategies such as topical or systemic corticosteroids, immunosuppressants, and local radiation have been also suggested.



Our patient has done quite well with improvement of her sense of smell and resolution of her nasal obstruction and congestion. She remains clinically free of disease 4 months after surgery.

IT Committee Report

The IT Committee has been working hard over the past few months to finalize the revamped ARS website. This effort truly is Society-wide to meet the needs of the ARS members and patients. The ARS has invested a great deal of time and money to make this website as useful as possible for all involved with the ARS. Let me take a few moments to explore the website with you.

You'll notice that the website has a completely different look and feel. In a general survey sent to members last year, members complained that the previous website was not very intuitive - in fact, that it was downright awful. It was not easy to navigate. It was cluttered. Information was not easy to find. The programming didn't work. Well, that feedback was the driving force for the redesign project. Information is now arranged in a logical manner with built-in redundancy that makes sense, not confuses. Everything is searchable from the website. No longer do you have to use some other search engine to find what you need on the ARS website. Everything now is presented with a content management system (CMS) that is intuitive and a pleasure to navigate. This CMS simplifies the manner in which web content is created and presented. Unlike before, we no longer have to wait for the web hosting company to do the work for us; now we can easily update and change the content of the website without disrupting regular use. This CMS will not only manage the visual content of the website, but it will also maintain the membership database, streamline the abstract submission process, allow easy registration for meetings and special events as well as numerous other administrative tasks. We truly are very excited about being able to manage this by ourselves now.

Visually speaking, the ARS website is subdivided into two sections: A section for the members and a section for patients. Not

only will members enjoy the completely revamped and modernized presentation of material but also patients and caregivers will be able to easily find the information they need as well as search for physicians in their areas.

For members, the layout and color schemes will always let you know exactly where you are at all times. In terms of navigation, the new website is infinitely more user friendly. Beginning with the main page, a member can locate the most important information: Scientific meeting information, links to the International Forum of Allergy & Rhinology, a calendar of events, and news that is hot off the press. A consistent navigation bar containing the core information for members will be visible on the main page and any page within the website, making it easy for the visitor to move seamlessly through the website finding the information he or she needs. This navigation bar contains drop-down menus containing links for each section. From this navigation bar, members can find information about the ARS (by-laws, policy and procedures, committee information, etc.), update their memberships, download the latest and past Nose News newsletters, obtain old scientific program guides, become updated on patient advocacy issues, and link directly to the International Forum of Allergy & Rhinology. Once in a particular section, easy-to-navigate links pertaining to these sub-sections will provide the members with information pertaining to all facets of the ARS. Our expanding education section will detail information about the rhinology fellowships, maintenance of certification, the rhinology webinar, research grants and awards, as well as find out what CME courses are in the future. Lastly, we're very excited about the new membership profile pages, which will allow you to upload photos of yourself and select areas of specialty which will help patients when

searching for particular specialties. Physicians will also be able to choose what information is publically available to anyone.

Patients and other caregivers won't be left out; a distinct site has been designed with them in mind. Modeled after the member page, consistency and ease of navigation are similar themes. The primary mission of the patient and caregivers site is to provide accurate and unbiased information to patients that can jumpstart their inquiries into their medical conditions. In a similar vein, patients will be able to search a database of ARS members to find health-care providers in their region. One thing is very certain when considering this information: the most frequently accessed documents on the previous website were patient information documents. This is an opportunity to reach out and give patients the information they need while at the same time providing them with an opportunity to locate ARS members who can treat their problems.

What does the future hold? Look forward to videos, pod casts, RSS feeds, and social integration to keep you connected. While the IT Committee and ARS board members have put this site to the test, there will undoubtedly be hiccups and SNAFUs as the site grows. Fortunately, we are thrilled to be working with a very proactive (as well as reactive) web hosting company. Please let us know your opinion; we want to make this website useful for everyone.

www.american-rhinologic.org

Members of the IT Committee:

Sanford Archer, MD, Alexander G. Chiu, MD, H. Peter Doble, MD, Jay Dutton, MD, John Lee, MD, Amber Luong, MD, PhD, Vijay Ramakrishnan, MD, Abtin Tabaei, MD



First Annual Official

American Rhinologic Society (ARS) Summer Sinus Symposium

July 13 & 14, 2012, Chicago, IL

Course Directors: Rick Chandra, MD and Kevin Welch, MD

Featuring didactic and interactive learning with global experts in rhinology. *More details to come.*

Presidential Goals 2011-12

REWARDS

R-Research

E-Education

W-Website

A-Advocacy

R-memberShip

D-Development

S-mission Statement

You can support ARS Research!

From the strength of our recent Scientific Programs at both the Spring and Fall meetings, it is easy to see that research is at the heart of the future of our specialty. Each year, the ARS awards resident and new investigator grants in rhinology as a participating society of the AAO-HNSF CORE Grant program. Many of these small grants have served to support the early development of some of our brightest minds and future leaders of our specialty.

For the first time, members of the American Rhinologic Society will have the opportunity to make a direct donation to the ARS in support of research. Past grants have been largely supported by donations from industry, but in the ever-changing financial landscape of medicine, it is up to us to ensure the strength and vitality of our specialty.

Details of the program will be announced prior to the Annual Meeting. We encourage members of the ARS to join us in investing in the future of rhinology by making a tax-deductible contribution.

Tax Deductible Donation - American Rhinologic Society (Tax ID# 36-6008801)

100% of your donation is tax-deductible.

\$50 \$100 \$250 \$500 \$1,000

\$50 - Friend in Research

- Includes acknowledgement in print and recognition ribbon at Annual Meeting

\$100 - Bronze Friend in Research

- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 5% Discount on Annual Meeting Registration Fees (Applies to year of donation)

\$250 - Silver Friend in Research

- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 10% Discount on Annual Meeting Registration Fees (Applies to year of donation)

\$500 - Gold Partner in Research

- Includes acknowledgement in print and recognition ribbon at Annual Meeting
- 15% Discount on Annual Meeting Registration Fees (Applies to year of donation)

\$1000 - Platinum Partner in Research

- Includes acknowledgement in print and recognition ribbon at annual meeting
- 20% Discount on Annual Meeting Registration Fees (Applies to year of donation)
- 5 year commitment of research support, includes Complimentary Annual Meeting Registration for that current year, certificate and special recognition pin during awards ceremony
- After 10 years of support, Complimentary Annual Meeting Registration for as long as membership remains in good standing, certificate and special recognition medal

Make check payable to: American Rhinologic Society - Research Fund

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- Please mail the tax deductible donation letter to the address above.
 Please fax the tax deductible donation letter to the fax # listed above.
 Please email the tax deductible donation letter to the email address listed above.
 I wish to keep my donation *anonymous*. ARS member: Yes No

Multi-Year Commitment

- Silver Level - (5 years) Multi-Year Commitment - \$1250 (Credit Card will be charged \$1250)
 Gold Level - (5 Years) Multi-Year Commitment - \$2500 (Credit Card will be charged \$2500)
 Platinum Level - (5 Years) Multi-Year Commitment - \$5000 (Credit Card will be charged \$5000)

Return form and donation to: **American Rhinologic Society, PO Box 495, Warwick, NY 10990**

Donations can also be made at: <http://www.american-rhinologic.org/donate>



Wendi Perez

From the Administrator's Office

Wendi Perez,
Administrator

• **57th Annual Meeting** was a huge success! Over 450 attendees and a sold out Exhibit Hall.

• Photos of the meeting, exhibit hall and events are posted on Facebook. Please remember to "LIKE" the **ARS Facebook Page**.

• **2012 Dues** Invoices have been mailed. Mail, fax or email your payment. You may also go on-line renew your membership dues (www.american-rhinologic.org)

• **COSM 2012** will be held at the Manchester Grand Hyatt on April 19th and April 20th, 2012. Additional information may be found on the ARS website.

• The **58th Annual meeting** will be held on Saturday, September 8, 2012 in Washington DC. Meeting and Housing information will be available in early Spring.

• Attention ARS members.... Update your profile on the **NEW and IMPROVED website** (www.american-rhinologic.org) or contact Gloria Figueroa at ars.administration@gmail.com

• **Donate to Research.** Contact Wendi Perez at 845-988-1631 or wendi.perez@gmail.com

• The 2011 **Winter Board of Directors Meeting** is scheduled for Saturday January 14, 2012 at the Boca Raton Resort & Club in Boca Raton, Florida



www.american-rhinologic.org

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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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The American Rhinologic Society wants YOU!

Note from the President:

If you are a general otolaryngologist working in a community setting, the American Rhinologic Society wants you! We want you to be a member, and we want you to participate in the committee structure and leadership of the society. The ARS is the only society within otolaryngology dedicated to promoting education, research, and advocacy issues related to rhinology, sinus, and skull base surgery. Our journal, *International Forum of Allergy and Rhinology*, is the largest circulation rhinology journal presenting cutting edge and relevant rhinology information in an age of Maintenance of Certification--and it's a benefit of your membership. In short, the American Rhinologic Society deals with the issues you deal with and is concerned with the issues you are concerned with. Numbers matter - **please consider joining, and getting involved, in our society.**

Please return to: American Rhinologic Society, PO Box 495, Warwick, NY 10990

Fax: 845-986-1527, Email: ars.administration@gmail.com

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The ARS wants to serve our members. Please help us get to know you. Please list issues that you feel are important to the field of Otolaryngology:

- 1) _____
- 2) _____

Please list committees that you may be interested in participating in: For a complete list of ARS committees, please go to www.american-rhinologic.org

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Are you in Private Practice? Yes No

Current Hospital affiliation: _____ Academic Title: _____

Have you ever attended an ARS meeting? Yes No If yes, when? _____