

President's Message



Michael Setzen, MD

“And so, my fellow Americans, ask not what your country can do for you, ask what you can do for your country.” - John F. Kennedy

This is the very question your Board asks itself every day in their effort to help the ARS Membership.

By the time you read this edition of Nose News we will have just attended the ARS 2012 meeting in COSM in sunny San Diego. The program highlights the best in rhinology and skull base surgery with presentations by renowned invited keynote speakers, panelists who will debate on issues of current importance and the latest and greatest in rhinology research. This meeting will appeal to both academic and community based rhinologists and otolaryngologists, and what could be better than spending time in southern California in a place like San Diego?

A wonderful experience was had by all those who joined Professor Heinz Stammberger in Vienna, Austria during the first global update on FESS/The Sinuses and The Nose. I personally want to thank my good friend Heinz for his hospitality extended to those ARS members who were fortunate enough to be in Austria.

One looks ahead to another international meeting which will take place in Toulouse, France June 17 to 21. At this time the organizing committee has allowed the ARS to showcase its abilities in a panel entitled "Controversies in Rhinology - Pearls We Have Learned". I will moderate the panel and joining me will be David Kennedy, Brent Senior, Jim Palmer, Joe Jacobs, Marvin Fried, and Rob Kern. Once again one anticipates a tremendous meeting at which time we can collaborate with our European colleagues.

We also will be participating in the Pan American Congress in South America November 28th -Dec 1st-please join Roy Casiano and I in making this this a great South American experience.

Collaborating with our International Colleagues is important as we continue to play a role in the worldwide arena of rhinological research and education.

We are now full steam ahead with our plans for the first annual summer sinus symposium in Chicago on July 13 and 14. I am happy to announce that David Kennedy will be our guest of honor amid a prominent faculty of nationally renowned and internationally renowned speakers. I invite all members of the ARS to seriously consider joining us in Chicago at which time one will have the opportunity to learn what is new in the specialty and also to enjoy a social evening at the Chicago Modern Art Museum on Friday night.

Before we know it we will be in Washington, D.C. for our annual ARS meeting which will take place on Saturday, September 8, 2012. As always this is the highlight of our academic year and I have invited South Africa, France and Japan to be our guest countries this year. It is indeed an honor to have Don Lanza deliver our Kennedy Lecture this year. Please join me in making this a memorable meeting in our nation's capitol at a critical time in our history just two months before the upcoming general election.

continued on page 2

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The American Rhinologic Society would like to thank Acclarent, ASL, Entellus, Entrigue, Olympus/Gyrus and Xoran for partnering with the ARS Newsletter for 2012.

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2012 Dates

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

Chicago, IL Featuring
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learning with global experts
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Details online at:

www.american-rhinologic.org/ars_courses

ARS Calendar of Events

www.american-rhinologic.org/calendar_events

President's Report, cont'd.

I want to thank Jivianne Lee and Joe Han who have been responsible for organizing resident and fellow teaching via the webinar. I was fortunate enough to attend the most recent webinar on frontal sinus surgery and found this to be a truly outstanding way of educating residents and fellows.

On the research front, the ARS is moving ahead on many fronts with respect to research in rhinology. In particular our mission has been to write up evidenced based medicine papers on what we do and to submit these papers to our journal, IFAR. IFAR is proving to be the leading journal resource to which rhinologists look for the latest information on the management of the nose, sinus and skull base. Special thanks to Andy Lane, Tim Smith, David Poetker, Rob Kern, Rod Schlosser and Abtin Tabea for thinking out of the box and recommending ideas for the ARS to move ahead and develop major research which is critical for the survival and future of the ARS.

Kevin Welch continues to upgrade our Web page and this has become a tremendous resource for our membership.

Thank you to the Development steering committee headed up by Joe Jacobs and Todd Kingdom as they move forward looking for ways and means in which we can grow funding and revenue for the ARS so that we will be secure for many years to come.

New committee chairs stepping up and helping include Raj Sindwani who has helped with ACCME and taken it to the next level and Subinoy Das who has helped with budget for the year.

Membership continues to grow and this is a manifestation of the interest and excitement the ARS has to offer. We have extended complimentary membership to all otolaryngology residents and rhinology fellows .

The ARS continues to advocate on behalf of its members and collaborates together with the big academy on issues of importance for our members. One issue being considered is the possible need for new CPT codes for skull base surgery. Now skull base surgeons are in favor of a new CPT code but we await the response from our neurosurgical colleagues as we will need their support in order to apply to the AMA for a new CPT code.

Peter Hwang developed the idea of a Mentorship Program in which the Leadership of the ARS has promised to mentor young interested ARS members who wish to pursue a leadership role.

Collaboration with AAO-HNS, AAFPRS and most recently AAOA continues to be important goals of the ARS.

“Leadership: the art of getting someone else to do something you want done because he wants to do it.” - Dwight D. Eisenhower

Wendi Perez and her team continue to step up and perform the task required to make the ARS the most sought after sub specialty Society.

Your board continues to strive to enhance what we do best in rhinology in line with the goals of our mission statement. "Promote excellence in the care of patients with disorders of the nose, sinuses, and skull base through research, education and advocacy"

Once again, I thank you for the privilege and pleasure of being President during this exciting year.



Todd Kingdom, MD
President Elect

2012 Spring Meeting/COSM in San Diego

Todd Kingdom, MD, ARS President Elect

Preparations and planning did indeed come together nicely for our scientific program in San Diego. Forty scientific oral presentations were accepted from over 120 submissions. Abstracts were submitted from Canada, the Middle East, South America, Europe, Australia, the Far East, and the US. A remarkable comment on the strength of the ARS globally!

I of course need to again thank the Program Committee for its tremendous effort in helping review abstracts and create this exciting program: Tim Smith, Richard Orlandi, Mickey Stewart, Kevin Welch, Shu Das, Vijay Ramakrishnan, David Poetker, Devyani Lal, Charles Ebert, Ameet Singh, Eric Holbrook, Greg Davis, Sarah Wise, Parul Goyal, Joe Han, Jeff Suh, Doug Reh, David Conley, Chris Church, Nate Sautter, Nithin Adappa

Planning for the ARS Fall Meeting in Washington, DC September 8, 2012, is starting ramp up. Stay tuned and please check out http://www.american-rhinologic.org/spring_meeting for additional information.



Mark Zacharek, MD

Ethics Committee Update

Mark Zacharek, MD

As the newly appointed Chair of the ARS Ethics Committee, I am delighted to update our membership on our current efforts. Our committee members include Drs. Spencer Payne, MD (University of Virginia), Lian Shama, MD (Henry Ford Hospital), Brian Rotenberg, MD (University of Western Ontario), and Jean Kim, MD PhD (Johns Hopkins University). The mission and duties of our Ethics Committee were recently written into the ARS by-laws:

The Ethics Committee shall be responsible for providing the Society a means for deliberation and preparation of ethical issues. The duties and responsibilities of the Ethics Committee include:

- a. Prospectively review the Society's documents and statements regarding guidance for conflict of interest when interacting with industry.
- b. Participate in the development, review and revision of the ethical aspects of the Society's policies.
- c. Participate with members of the American Rhinologic Society to address ethical issues pertaining to patient care, interaction with industry, and professionalism.
- d. Report and make recommendations to the Executive Board of the Society pertaining to ethical matters that may arise regarding new medical or surgical therapies in the treatment of sinonasal diseases.
- e. Promote the Society's mission in advancing the scientific and ethical practice of rhinology.

Otorhinolaryngologists provide medically complex care to patients using advanced technologies and therapies. The mission to provide our patients with the best and safest care dictates that we interact with for profit companies. Recently, there has been significant public and governmental focus on the interactions and relationships between physicians and industry. In response, the ARS board and Executive Committee have adopted a *"Code for Interaction with Companies"* based in part on a template from the Council of Medical Specialty Societies (CMSS). This document provides a thorough and balanced approach by which the ARS, its board and members can address issues related to potential conflict of interest when interacting with industry. Innovations in pharmaceuticals and technologies will continue to emerge. It behooves each of us to carefully monitor our industry relationships and ensure we maintain transparency.

The Ethics Committee looks forward to addressing additional topics surrounding professionalism and the ethical practice of surgery during our Society's upcoming national meetings. As Chair, I invite members to contact me with ideas and suggestions as to how we may continue to promote the important dialogue surrounding professionalism and ethics.

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- David Kennedy and Jim Stankiewicz will address your questions as they perform live cadaver dissections on stage, featuring the latest and greatest advances in rhinology.
- Join us in a panel on whether to Balloon or not with Michael Sillers, Howard Levine, Jim Stankiewicz and other experts.
- Witness a live transnasal esophagoscopy demonstration, with step-by-step instructions.
- Sharpen your practice management skills with tips from Karen Zupko.
- Refine your rhinoplasty techniques with pearls by Dean Toriumi and Regan Thomas.
- Attend didactic teaching that will prepare you for the MOC.
- Enjoy the fellowship of your colleagues and the faculty at the Museum of Contemporary Art.



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ARS EVENT!**

View the complete program, with speakers and session objectives at www.american-rhinologic.org/ars_courses

Accreditation Statement

The American Rhinologic Society (ARS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement

ARS designates this live activity for a maximum of 7.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Dr. Michael Setzen, ARS President • **Dr. Rakesh Chandra**, Program Director • **Dr. Kevin Welch**, Program Director

join the ARS

Case of the Quarter: Transnasal Endoscopic Approach to the Orbital Apex

Janalee Holmes, MD, Troy Woodard, MD, Raj Sindwani MD, FACS, FRCS

Presentation: A 57 year-old female presented to the Ophthalmology service with diplopia followed by progressive right vision loss. MRI revealed a homogeneous enhancing soft tissue mass occupying the orbital apex with possible intraocular muscle involvement (Fig 1). No bony erosion was evident on CT imaging. She underwent a trans-orbital biopsy, but the final pathology was inconclusive. Her vision deteriorated to only light perception in the right eye. She was referred to Rhinology for assistance in establishing a tissue diagnosis. On examination, lateral gaze restriction, an afferent pupillary defect, and only light perception OD were noted. Nasal endoscopy was unremarkable.

Surgical Approach: The patient was taken to the operating room for a transnasal endoscopic biopsy of the lesion. An endoscopic sphenoidectomy was performed and the lamina papyracea was skeletonized. Guided by surgical navigation, a limited posterior orbital decompression was performed. The lamina papyracea overlying the lesion anterior to the sphenoid face was resected, the periorbital was incised and reflected, and the lesion was exposed (Fig 2). Biopsies were successfully obtained, and there were no complications. She was discharged home after 23 hour observation. The final pathology was consistent with B-cell lymphoma. She was treated with radiation therapy and four weeks of Rituximab. She did well, although her vision did not improve in her right eye.

Discussion: The differential diagnosis of orbital apex lesions is large and includes infectious, inflammatory, traumatic, and benign or malignant neoplastic etiologies. Primary neoplasms affecting this area include lymphoma, pleomorphic adenoma, adenoid cystic, squamous cell carcinoma, and sarcomas⁽¹⁾. Metastatic diseases secondarily involving the orbital

apex from metastatic neuroblastoma, leukemia, breast carcinoma, lung carcinoma, renal cell carcinoma, and prostate carcinoma have also been described^(1,2). Given that not all orbital apex lesions are amenable to complete resection, a less invasive technique to safely and quickly establish tissue diagnosis is preferable⁽³⁾.

Traditional surgical approaches to the orbital apex include open techniques such as orbitotomy or even craniotomy. Compared to endoscopic approaches, open techniques carry significant attendant risks and morbidity. Counter-intuitively, and as highlighted by the case presented, open trans-orbital approaches to the apex provide relatively poor access and visualization due to limited ability to safely retract orbital contents and gain access posteriorly.

In contrast, endoscopic approaches to the orbit can be very effective in accessing lesions in the medial regions of the apex. The endoscopic approach can decrease recovery time, minimize hospital stay, and offer improved cosmetic outcomes by avoiding facial incisions^(1,2).

Endoscopic surgery for intraorbital lesions is technically more challenging than subperiosteal abscess drainage or even orbital decompression as not only is the periorbital incised, but dissection and tissue removal proceed within the confines of the orbit proper, placing critical intraorbital structures at increased risk. Murchison⁽⁴⁾ reported a 22% complication rate in a series of 18 orbital apex lesions managed endoscopically: 2 patients with decreased visual acuity, 1 with worsening diplopia, and 1 with CSF leak. The endoscopic orbital decompression approach to the orbital apex affords improved visualization, minimal retraction on intraorbital structures, and successful outcomes and should be considered the preferred approach for accessible lesions.

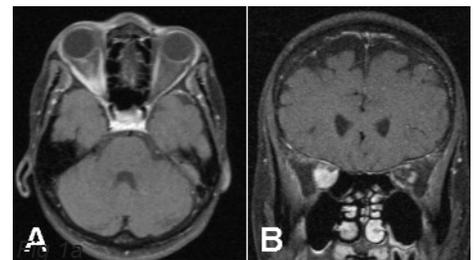


Fig 1a Preoperative T1 enhanced MRI images. Axial (A) and coronal (B) views demonstrate a 1.5 x 0.8 x 0.8 centimeter soft tissue mass with homogeneous enhancement occupying the right orbital apex.

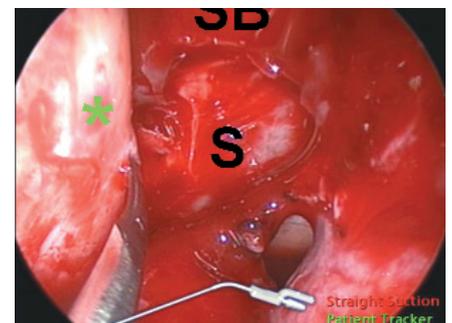


Fig 1b Intraoperative endoscopic view. The posterior portion of the lamina papyracea overlying the orbital apex has been resected, and the periorbital (*) is being incised to gain access into the orbit for biopsy of the lesion (S - sphenoid face, SB - skull base).

References

- 1) Kent, Jerrod S. MD, Larry H. Allen MD, FRCSC, and Brian W. Rotenberg MD, MPH, FRCSC. Image-Guided Transnasal Endoscopic Techniques in the Management of Orbital Disease. *Orbit*, 29(6), 328-333, 2010.
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- 3) Robinson, Dan BIT, BCom, FRACS, Geoff Wilcsek, MD BS, FRANZCO, and Raymond Sacks, MBBCh, FCS (SA) ORL, FRACS, Mmed (ORL). Orbit and Orbital Apex. *Otolaryngology Clinics of North America* 44 (2011) 903-922.
- 4) Sethi, Dharambir S. F.R.C.S., F.A.M.S., and David P.C. Lau, F.R.C.S. Endoscopic Management of Orbital Apex Lesions. *American Journal of Rhinology*. Nov-Dec 1997, Vol. 11, No. 6. 449-455.



Audit Committee Update

Subinoy Das, MD

Subinoy Das, MD

Our Audit committee has seen increased growth and responsibility as the American Rhinologic Society has grown and the complexity of federal regulations governing physician trade organizations and non-profit organizations has also increased. Under the previous leadership of Dr. Roy Casiano, our organization successfully underwent an external audit, and Dr. Casiano's leadership has laid the groundwork for the future role of our Audit Committee.

In the upcoming years, the Audit Committee will be focused on developing internal budgeting and accounting to assist the Board of Directors in maintaining compliance with the changing legal and regulatory landscape. We also hope to clarify the future role of the audit committee particularly in regards to computer security, compliance with federal laws such as HIPPA and the Physician Payment Sunshine Act, and other new laws governing the management of non-profit organizations.

The Audit committee will be reviewing our by-laws and policies to continue to adjust the committee's scope and mission as our society continues to grow. For any questions or concerns specifically related to the audit functions of the American Rhinologic Society, please contact Wendi Perez at wendi.perez@gmail.com or Subinoy Das at subinoy.das@osumc.edu.

2012 ARS GRANT WINNERS

ARS NI Recipient Ben Bleier

ARS RRG Recipients Adrienne Laury and Henry Barham



Ameet Singh, MD

Endoscopic Management of Sinonasal Malignancies: A Change in Paradigm?

Ameet Singh, MD

Sinonasal malignancies are a rare, heterogeneous group of tumors comprising less than 3% of all head and neck malignancies. Their histologic diversity and proximity to the brain and orbit make management of these lesions particularly challenging. The gold standard for surgical extirpation of sinonasal malignancies has been the open anterior craniofacial resection (CFR) with emphasis on 'en bloc' resection with negative margins.

Although, this open approach is responsible for improving the oncologic outcomes over the past half century, it has not done so without significant morbidity and mortality.

Advances in endoscopic instrumentation and techniques have improved our ability to address increasingly complex sinonasal and skull base pathology. Endoscopic management of sinonasal malignancies was criticized in the past for 'piecemeal' resection and inability to obtain negative margins. In addition, early series were small, had short follow-up, and had an inherent selection bias for T1 and T2 tumors thereby making survival data uncertain.

Despite the criticism, endoscopic data suggests that 'piece meal' resection of malignant tumors does not alter survival compared to larger open CFR series. This is bolstered by data from 'piecemeal' techniques such as transoral laryngeal surgery for head and neck tumors and Moh's surgery for skin cancer. Recent series utilizing a purely endoscopic approach or combined approach for anterior skull base malignancies reported a positive microscopic margin rate of 15 to 26%^{1,2,3} similar to a 30% rate reported by a large international collaborative study of pooled data of patients undergoing open CFR⁴. This illustrates the difficulty in obtaining negative margins for these tumors given their proximity of critical structures, regardless of technique.

Purely endoscopic or combined endoscopic series to date have reported disease free survival rates of 68 to 85%^{1,2,3}, which compare favorably to a 48% disease free survival from pooled open CFR⁴. However, caution must be exercised in interpreting this data given the differences in tumor characteristics (histology, T stage) between series in this inherently small group of patients. Nonetheless, survival and negative margin data from our largest endoscopic series treating sinonasal malignancies suggest that adoption of these techniques has resulted in acceptable outcomes with low complications.

References:

1. Nicolai et. al. Endoscopic surgery for malignant tumors of the sinonasal tract and adjacent skull base: a 10 year experience. *Am J Rhinol* 2008; 22: 308-316.
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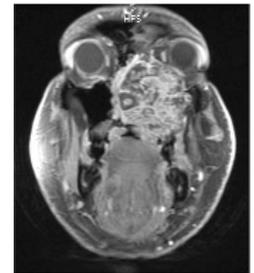


Fig 1A Large adenoid cystic carcinoma of the anterior skull base involving the pterygopalatine and infratemporal fossae.

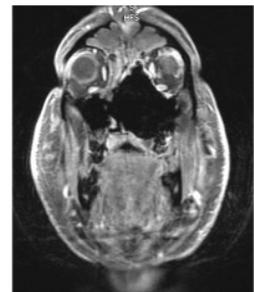


Fig B Post-resection

Presidential Goals 2011-12 REWARDS

**R-Research
E-Education
W-Website**

A-Advocacy

R-memberShip

D-Development

S-mission Statement



R. Peter Manes, MD

COSM 2012

R. Peter Manes, MD

The ARS recently held its 2012 spring meeting at COSM in San Diego, California. 40 oral presentations and over 120 posters were presented as part of the scientific session over three half-day sessions.

Presentations covered a wide variety of topics, from medical management of chronic rhinosinusitis to outcomes of endoscopic skull base surgery. The quality of research presented cannot be overstated, with many presentations summarizing meta-analyses and systematic reviews examining why we do so many of the things we do in routine clinical practice.

In addition to the oral research presentations, three leaders in the field of rhinology presented both interesting and thought-provoking topics. Dr. Martin Citardi discussed the past, present and future of image guidance, providing a unique perspective on where we have been and where we may be going. Dr. Richard Orlandi spoke on innovation in rhinology, not just in terms of technology, but also in terms of the evolution of the thinking within our field. Dr. Noam Cohen highlighted his research on the role of cilia in microbial detection and clearance, providing a glimpse into some of the basic science research that is vital to the advancement of our specialty.

The spring meeting also allowed for spirited discussion on a variety of subjects via many expert panels. A panel in conjunction with the AAFPRS discussed functional rhinoplasty and the delicate balance between function and form. The role of allergy evaluation and treatment in chronic rhinosinusitis, was debated, laying bare many current attitudes regarding its importance. While current evidence may not favor the need for allergy evaluation, what is clear is the need for further research and discussion on this topic. The place of endoscopic skull base surgery in 2012 was discussed in a separate panel, allowing for both interesting case presentations and elaboration on the latest techniques and post-operative treatments for patients with skull base malignancies. As sleep medicine continues to evolve as a subspecialty, so should our knowledge base. A panel entitled Sleep and the Nose allowed for discussion about these common, and often linked, clinical conditions. The composition of the information presented continues to set the bar higher and higher in our specialty, and allows us to recognize the excellent clinical and basic science work being performed across the country by medical students, residents, academic and private practice physicians. Dr. Todd Kingdom and the Program Committee should be commended on an excellent job in developing the meeting program. We look forward to the annual fall meeting September 8 in Washington D.C. and the first ever Summer Sinus Symposium in Chicago, IL on July 13 and 14.



David Kennedy, MD

International Forum of Allergy and Rhinology: A Journal Rapidly Matures

David Kennedy, MD

The official journal of the American Rhinologic Society and the American Academy of Otolaryngologic Allergy has now been in print for nearly 18 months, and has rapidly evolved into the journal within our subspecialty. **The Journal received listing from Medline in record time (less than one year) and is now fully indexed, along with all the previously published articles.** In addition to ARS and AAOA, the International Rhinologic Society and the International Symposium of Infection and Allergy (ISIAN) have also both adopted the Journal as the official journal for their organizations. Moreover, the Journal has also been successful in garnering significant advertising, even during a period of difficult economic times. Accordingly, I believe that the Society can be very proud of this venture.

However, the print version of the Journal only tells part of the story. Many articles are published online prior to print publication, and can viewed on the Journal website. This enables authors to get their work published early and provides an exceptional opportunity for the readership to access the current literature on rhinologic topics without waiting for the article to appear in print. Please don't hesitate to utilize this option by accessing the journal home page and going to 'early view' or accessing directly [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2042-6984/earlyview](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2042-6984/earlyview). Moving forwards, we are working with Wiley to provide additional educational content on line, which we believe will be very valuable in maintenance of certification (MOC). To this end, Kevin Welch has been appointed as an Associate Editor with primary responsibility for developing internet content.

The Journal would not have been the success that it has been without the hard work of the Associate Editors, Editorial Board and reviewers.

Unquestionably it is their hard work and solid editorial standards that enabled us to be indexed so quickly. I would particularly like to thank Tim Smith for taking on the task of organizing a number of evidence based reviews using an online iterative development process. This is a significant undertaking, requiring considerable editorial oversight, but promises to produce a series of articles which will be both of importance to rhinology and allergy, and also broadly referenced. At this time, we do not receive many 'Letters to the Editor'. However, I would welcome your input and ideas on the Journal, so that it is a dynamic resource for the society and its members, and so that we can continue to build on its initial success.

Thank you for your support of this exciting venture for the society.

American Rhinologic Society
Wendi Perez
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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

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Please Print Clearly:

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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? _____