american rhinologic society
nose news

ARS NOSE NEWS JUNE 2016

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SUMMER SINUS SYMPOSIUM 2016…RIGHT AROUND THE CORNER!

Rick Chandra, MD
Kevin Welch, MD

The Summer Sinus Symposium of the American Rhinologic Society will enjoy its final year of a 5-year cycle at the Westin Michigan Avenue, in Chicago.

The 2016 symposium will start by showcasing several satellite cadaveric dissection sessions on Thursday, July 14 hosted by our corporate sponsors including Medtronic, Acclarent and Olympus. Please remember to visit the expo to thank these and our other generous sponsors.

Friday, July 15 will feature a demonstration dissection by Dr. Rodney Schlosser and a keynote speech by Dr. David Kennedy on the state of frontal sinus surgery. The day will also highlight many frontier and controversial topics in rhinology and sinus surgery, mainly through an interactive panel format facilitated through the CrowdMics system. The evening will conclude with another memorable event at the Signature Room where picturesque views of Chicago and Lake Michigan can be enjoyed from the 95th story of the John Hancock Building, one of the world's tallest and most famous buildings.

Saturday, July 16 will include breakout sessions stratifying allergy and basic science, chronic rhinosinusitis and FESS, and niche

issues in rhinology and skull base surgery. We will also have unique breakout sessions for young rhinologists to receive mentorship from seasoned colleagues in the management of rhinologic and skull base pathologies.

We would also like to thank the program committee consisting of Drs. Amber Luong, Marc Dubin, and Raj Sindwani. See you in Chicago at the best sinus course in the world!

Register Now!

For more information, please visit the Summer Sinus Symposium Website. To become a member of the ARS, please fill out an application.

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ARS ANNUAL MEETING: A LOOK AHEAD

John DelGaudio, MD, FARS
President Elect and Program Chair

As the President Elect of the American Rhinologic Society, it is my pleasure to serve as the Program Chair for the 2016 meetings. This year the ARS will meet at the Manchester Grand Hyatt in San Diego on September 16-17, 2016 during the American Academy of Otolaryngology-Head and Neck Surgery Annual Fall Meeting. The program will provide one-and-a-half days of the highest quality educational content in Rhinology and Skull Base Surgery. The meeting will begin with an afternoon session on Friday September 16, and continue with a full day of content on Saturday September 17, including three breakout sessions in the afternoon.

Once again, I would like to thank the members of the program committee who will put in many hours of work to evaluate the large number of abstracts submitted. As in prior ARS meetings, the highest rated abstracts will be presented from the podium, and those that are not presented orally will be presented in poster form.

We are honored to have Ricardo Carrau, MD as the12th Annual David W. Kennedy lecturer. Dr. Carrau will present “Endoscopic Skull Base Surgery: State of the Art & Future Directions”. Dr. Carrau is an Otolaryngologist/Skull Base surgeon from Ohio State University, and has been a pioneer in the rapidly advancing field of endoscopic skull base surgery.

I am also pleased to have Patricia Hudgins, MD, Chief of Head and Neck Radiology at Emory University, who will present “Radiologic Imaging of CSF Leaks” and “Pitfalls in Radiologic Workup of the Sinuses and Skull Base”.

The ARS will continue the tradition of collaboration with the American Academy of Otolaryngic Allergy with a joint panel on “Pediatric Chronic Rhinosinusitis: Does it Really Exist?”

The following scheduled panels are guaranteed to be educational and controversial:

- The Socioeconomic Impact of CRS and FESS
- Skull Base Issues: When to Resect Skull Base and Orbit
- Are You Doing Appropriate ESS? Who Should Have Sinus Surgery?
- Timing of Sinus Surgery: How Quickly Should We Intervene?

- Sinus Disease and the Immunocompromised Patient
- The Minimal Disease Patient: Do I Operate and When?
- The Recurrent Nasal Polyp Patient: What Now?
- Sinus Surgery Mulligan: A Case I Would Now Do Differently

Back by popular demand will be the Film FESStival, a contest for the most interesting video case of sinus or skull base surgery.

The Residents and Fellows Program Luncheon will feature the panel discussion “Five mistakes I made so you don't have to: How to succeed in your early career and the ARS”. This is sure to be very informative for those who are early in their rhinology career.

I am excited and confident that this program will again provide excellent practical and scientific content for otolaryngologists and rhinologists regardless of the stage of your career. If you are not a member of the ARS, I invite you to join and take part in the best educational content available in Rhinology.

Thank you for the privilege of serving the members of the American Rhinologic Society as the Program Chair for the ARS at AAO meeting. I look forward to seeing you in San Diego.

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PRESIDENT'S REPORT

Peter Hwang, MD, FARS

As a resident attendee of the ARS meetings in the 1990s, I could never have imagined back then how the ARS meeting would evolve to a conference of such lofty caliber as it is today. We just enjoyed a brilliant display of the best and brightest talent in rhinology at the spring ARS meeting at COSM in Chicago. The breadth and depth of our field, as reflected in the original research contributions and expert panels, was breathtaking. My congratulations to John DelGaudio, Program Chair for the spring meeting, and the Program Committee for assembling an outstanding scientific program. This is a most exciting time to be a rhinologist.

In parallel with the rapid growth of our field, the ARS has also expanded its offerings as a society to better serve the growing needs of our diversifying membership. For example, over the past year, the ARS expanded its global reach with the international webcast of the first Virtual Rhinology Symposium — a huge success—in January, as well as the first global webcast of the ARS fall meeting last September. Our international colleagues are vital contributors to our society and to our scientific meetings, and we are fortunate to be able to close the geographic gap through technology. I am pleased to confirm that we will be again be offering a global webcast of the fall meeting in San Diego. Other exciting new initiatives, such as Women in Rhinology and the upcoming debut of the first Resident Sinus Course, reflect the growing importance of constituencies in whom lies the future of the society.

I am often asked by younger members how they can get more involved in the ARS. It is true that getting a foothold can seem like a daunting proposition, but there are many opportunities to get involved. Persistence is rewarded. Read every email from the ARS for opportunities to become involved, sign up for committees, and present your work at the meetings and in the journal. Join the Mentorship Program to meet senior members of the ARS who can share their experiences in getting involved. Brainstorm new ideas for programs and discuss your ideas with the leadership. We are always open to innovative, member-driven ways to fulfill the

unmet needs of the society; this is precisely how programs such as Women in Rhinology and the Mentorship Program came to be.It is wonderful to know that we have an energetic and enthusiastic base of younger members, and I would be more than happy to speak with any of you about your ideas and aspirations for making the ARS better. And for those of you who have not yet joined the ARS, please become a member! Visit https://www.american-rhinologic.org/membership for more information.

I would like to offer my personal gratitude to the many, many dedicated members of our society who, through hard work and the sacrifice of precious personal and family time, are the lifeblood of the ARS. It is your passion for rhinology and your service to the ARS that enable us to thrive.

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MEMBERSHIP COMMITTEE REPORT

Stacey Tutt Gray, MD

The ARS Membership Committee would like to thank our outgoing chair, Dr. Chris Melroy, as well as those members who recently completed their term of service for volunteering their time and commitment over the last several years. As the incoming chair, I welcome and thank all of the current members of the committee for all of their dedication and hard work. We are happy to report that we continue to have a very strong membership base with an increasing number of residents and medical students interested in joining our society. This year, the membership committee intends to review and improve the way we maintain our membership. This includes streamlining our membership application process and increasing communication around dues payments. For those of you interested in joining the ARS, I encourage you to fill out an application at http://www.american-rhinologic.org/membership_application. Remember, membership entities you to free registration to the Summer Sinus Symposium and a complimentary subscription to the International Forum of Allergy and Rhinology, among many other benefits.

For this issue of Nose News, we would like to highlight a special membership category, the Fellow of the American Rhinologic Society. The FARS category of membership recognizes members that have shown significant service and dedication to the field of rhinology and the society. Please vist the website, http://www.american-rhinologic.org/membership_categories, to determine if you are a candidate for FARS membership. A separate application for this category is required and includes submitting a curriculum vitae, a rhinologic case log and sponsorship from two ARS members. Currently there are over 200 FARS members in our society, and we would like our entire membership to be aware of this special distinction. FARS membership is necessary for those that would like to become committee chairmen or hold office in ARS. We will have more information about becoming a FARS member at the registration booth at the Fall meeting in 2016. We hope to see you

there.

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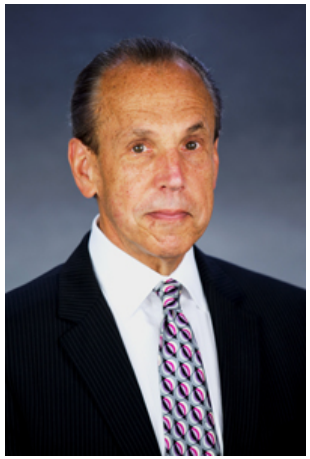
EXECUTIVE VICE PRESIDENT REPORT

Joseph B. Jacobs, MD



As the first appointed Executive Vice President of the American Rhinologic Society, I want to express my deep and sincere gratitude to all the members of our society for their confidence in me. Our society is dynamic, energetic, as well as vital. Together, as a team, we have brought our sub-specialty to new heights over the past decade. However, as our leaders quickly transition through the executive pipeline, our Board, Executive Committee, committees and membership increasingly require a position of long term continuity to stabilize our planning and development processes based on the increasing complexity of our platform. All of our physicians who serve do so as volunteers. Most have significant clinical, academic and family responsibilities leaving few precious hours for ARS business. Despite this fact, our society has thrived. However, in order to further enhance our agenda, in 2014 a decision was made by our Board to establish a 4-year Executive Vice President (EVP) position. The overall goal of creating this position is to foster and strengthen our educational program for both physicians and patients.

The strength of our society naturally begins within our general membership. This base of otolaryngologists with a keen interest in nasal and sinus disease has become a tremendous pool of active and outstanding talent from which the ARS has populated our committees as well as our Board. Simultaneously, our membership has taken leadership roles nationally and internationally as both educators and scientists within the ever evolving and vibrant field of rhinology. Our priority must be to continue to attract and energize our membership by providing a first class experience educationally, while simultaneously interjecting a sense of camaraderie and support, a quality much needed by our physician members in the face of a rapidly changing national medical landscape. We have succeeded and will continue to nurture our colleagues.

In order to achieve our lofty objectives the society requires dynamic committee activity to provide active and energetic leadership for the society. I have committed a significant amount of time and effort to enhance and expedite the goals of our committee chairs and members. I strongly believe these efforts have paid off as we survey the innumerable recent activities and programs of the ARS. Secondly, our resident members as well as our fellowship trained Rhinologists have been offered a number of distinct educational and social activities tailored to their needs. The society has recently completed our ARS Fellows Cadaver Dissection Workshop, which was extremely well received by all those in attendance.

I would like to personally thank all of the physicians and society staff that I have met and come to respect over the past decade. It

has been a great pleasure to work with all of you and during the next 30 months I will do everything possible to leave the ARS in a stronger position.

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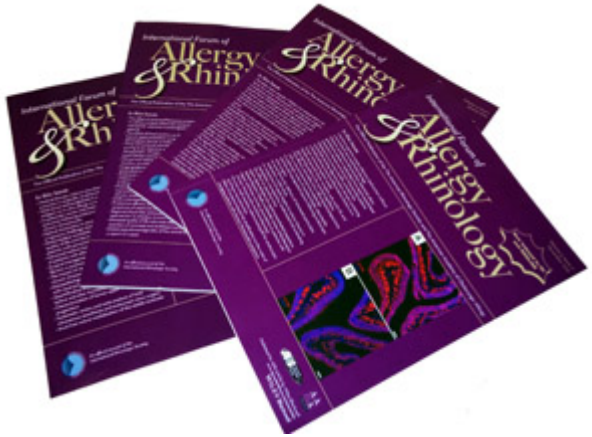
INTERNATIONAL CONSENSUS STATEMENT ON ALLERGY AND RHINOLOGY-RHINOSINUSITIS

Richard R. Orlandi, MD, FARS

Recently the International Consensus Statement on Allergy and Rhinology – Rhinosinusitis (ICAR-RS) was published in the International Forum of Allergy and Rhinology1. This consensus document is a compilation of evidence based reviews with recommendations for topics in all areas of rhinosinusitis (RS). ICAR-RS specifically addresses the evidence in RS definitions, the burden of RS, and diagnosis and management of acute RS, recurrent acute RS, chronic RS (CRS, both with and without polyps), acute exacerbation of RS, and pediatric RS. The document also reviews the evidence regarding surgery for CRS, including appropriate medical management prior to surgery and techniques and tools used during surgery.



The statistics on ICAR-RS speak to the advance we hope it brings to our field:

- 76 principal authors and 46 contributing authors, representing 17 countries and 5 continents
- 181 pages
- 75 detailed evidence tables
- 1490 references

In putting the document together, a number of interesting findings and controversies emerged. A few of these stand out:

- General lack of high level evidence. One not so surprising finding was the relative paucity of high level evidence for many of the treatments in RS, especially CRS. One of the intents of putting the document together was to point out where we lacked robust evidence for our diagnostic and treatment approaches. In this sense, we hoped this would be a sort of gap analysis. It is hoped that as a worldwide rhinology community we can focus on filling these gaps going forward.
- Appropriate medical therapy prior to surgery for CRS. Creating an evidence-based recommendation for this topic was quite challenging, again due to the relative paucity of evidence. Who should receive surgery and when are questions that have little evidence to guide answers. The use of oral antibiotics in patients with CRS without polyps was a particularly thorny issue, due to lack of evidence in this area and the risks associated with antibiotic overuse. Considerable work needs to be done in order to raise the level of evidence in this very important area.
- Drug eluting implants. This topic was the only one in the entire document where the authors could not come to consensus. Unlike so many other areas in RS, this is one where there actually is high-level evidence, yet this fact is balanced by the

relatively small quantity of the evidence. Limited experience with technology in this field further made it hard to make a generalizable recommendation. Clearly this was a quality of evidence versus quantity of evidence issue. As more evidence emerges and experience is gained, we should be able to resolve this impasse.

ICAR-RS is a compilation of the best current evidence in RS. The robust methodology we employed maximized the influence of the published literature in the findings and recommendations. This same methodology minimized the impact of expert opinion, so that ICAR-RS differs from many other consensus documents. It should be clear also that ICAR-RS is not a clinical practice guideline (CPG). CPGs utilize high level evidence and go through additional review processes, creating a stronger statement about what may or may not be appropriate for managing a particular condition. For many areas of RS, the evidence is not yet strong enough to support creating a CPG.

Like a CPG, ICAR-RS is not a cookbook for managing RS. Practicing evidence-based medicine combines the best available evidence with an individual patient's condition and an individual clinician's experience and judgement. ICAR-RS provides general recommendations for populations, and should not be used to rigidly determine what is medically necessary or is prudent treatment in an individual patient. Nonetheless, ICAR-RS is a valuable resource for providers treating patients with RS and the recommendations will likely apply to the majority of patients.

ICAR-RS was published as a supplement to the February 2016 edition of International Forum of Allergy and Rhinology. An executive summary also accompanies the main document. In addition to the print version, the document is available as a free download at the IFAR website at www.wiley.com. A podcast discussion, hosted by Tim Smith, MD, explores some of the document's elements and controversies in more depth (www.scopeitoutpodcast.com).

I am deeply indebted to many individuals and to the ARS and AAOA leaderships for the success of this work. The co-authors on this document exhaustively reviewed the literature and diligently wrote and reviewed multiple versions of over 140 sections. Special thanks go to Drs. Todd Kingdom, Peter Hwang, and Tim Smith for their guidance and assistance and to Ms. Halley Langford who provided incredible administrative and organizational support. On behalf of all of my colleagues who were involved in this work, we hope that you and your patients will benefit from it.

Reference

1. Orlandi RR, Kingdom TK, Hwang PH, et al. International Consensus Statement on Allergy and Rhinology: Rhinosinusitis. Int Forum Allergy Rhinol. 2016 Feb;6 Suppl 1:S22-S209

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PAC CORNER: REVALUATION OF SINUS CODES

Seth M. Brown, MD, MBA and Peter Manes, MD

As most are aware, the family of sinus codes is currently being revaluated. This is a process that occurs on a regular basis and is accomplished through the American Medical Association Relative Update Committee. The process involves a panel of various physician specialty groups that includes members appointed by the Academy. Their job is to look at the codes in this group and analyze reimbursement, as well as whether codes should be combined. Codes are combined when two or more procedures are reported together more then 75% of the time based on Medicare claims data. Some common questions members may have about this process include:

Why is this happening?

This is a standard, ongoing process and the endoscopic sinus codes have not been revalued since they were created in the early

1990s.

Will there be new codes?
There will likely be combination codes (e.g. similar to a laryngectomy with neck dissection code) and possibly the creation of codes for newer procedures.

What can I do?
If asked to complete a survey by the Academy, please do your part by honestly completing this.

When will this occur?
It is anticipated that the survey will be released in late fall of this year. Revaluation would be applicable for 2018 payment.

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FRIENDS IN RESEARCH CAMPAIGN

We want to express our sincere thanks for the generous donations to the 2016 ARS Friends in Research Campaign.

With your support, we can continue to fund the studies that provide clinical insights valuable to the care of our patients. In the past, these efforts have helped to establish the ARS and its members as the leaders in rhinologic research. This work not only advances the care of our patients through scientific innovation, but also generates important data establishing the efficacy and cost effectiveness of our care. In the current financial landscape, this is equally important to ensure that our patients have access to the treatment necessary to address their complaints. If you are interested in donating to the ARS, please visit http://www.american-rhinologic.org/donate.

We thank you again for your help in this worthy endeavor.

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THE ARS ADVANCED SINUS AND SKULL BASE COURSE FOR RHINOLOGY FELLOWS

Joseph Han, MD

The eighth annual ARS Advanced Sinus and Skull Base Course for rhinology fellows was held in the beautiful city of Evanston on April 28-30, 2016. In previous years, the ARS Fellows Course was held in the sunny city of Los Angeles. However due to the growth in attendance and interest of the course, a new location had to be found. This year, there were twenty-five fellows who attended the Fellows Course.

I would like to thank the other Course Directors, Dr. Seth Brown and Dr. Joey Raviv, who have been instrumental in putting together a wonderful program for the rhinology fellows. I would like to acknowledge our local and national course faculty for volunteering their time and effort to teach our future rhinologists. I want to personally thank our ARS staff, Wendi Perez and Susan Arias, who have been key to organizing the logistics of the course. Finally, I would like to thank Karl Storz and Medtronic. Without their educational grants, the fellow's course would not have been possible.

The course starts off with a casual reception on Thursday night to allow the faculty and fellows to mix and mingle. After a full day of enlightening discussions, the fellows and faculty are then invited to stretch their legs during a delightful dinner. The course then transitions to a full day of interactive lectures and panel discussions as well as a second full day of cadaver dissection equipped with the state of the art surgical equipment. The topics on the first day include medical management of chronic sinusitis, detailed 3-D skull base anatomy as well as coding and contract negotiations to prepare the fellows for their future practice. The fellow's course not only provides an environment for learning medical and surgical education, but it creates an opportunity for fellows to develop a life long camaraderie among rhinology colleagues.

Every year the evaluation for the course has been outstanding and we plan to continue to improve the course every year with up to

date rhinology topics and surgical techniques. The fellow's course is a wonderful educational event, not just for the fellows but for the faculty as well.

CASE OF THE QUARTER: SINONASAL MUCOSAL MELANOMA

Zhong Zheng, MD and Anthony G. Del Signore, MD, PharmD

An otherwise healthy 77-year-old female with a past history of mucosal melanoma of the left nasal cavity s/p radiation therapy in 4/2015 was referred by an outside institution after persistence on surveillance PET/CT scan. She initially presented to our office with complaints of occasional left-sided epistaxis and bilateral rhinorrhea but denied any nasal obstruction or other rhinologic complaints. She denied any family history of malignancy and has a 10-pack year smoking history.

Review of imaging showed persistent low-level FDG avidity corresponding to the left inferior and middle turbinate (Figure 1).

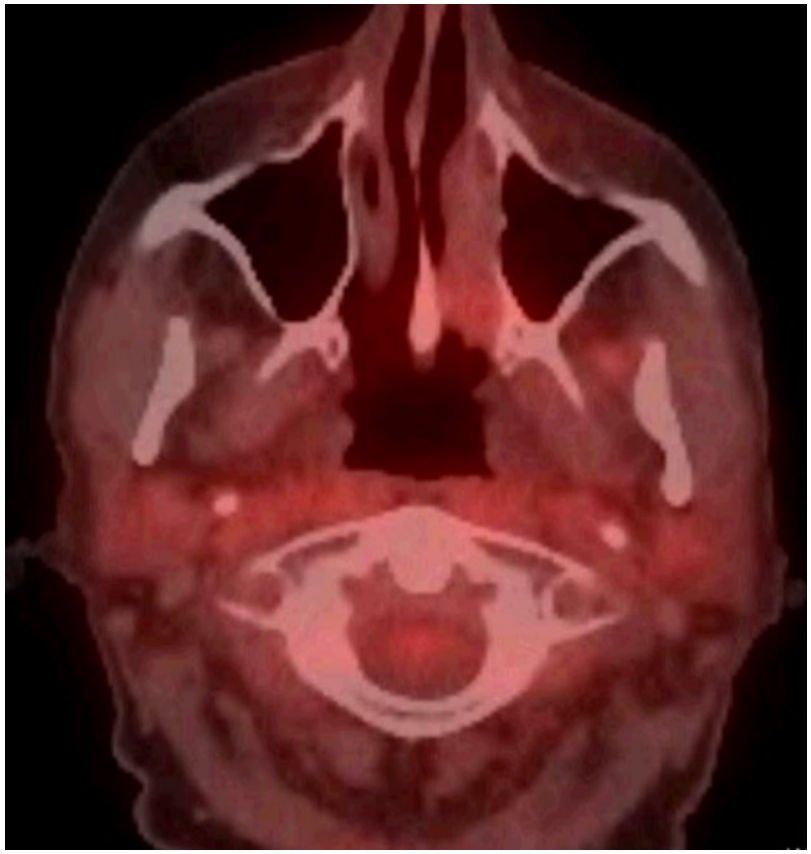

Figure 1: PET / CT scan demonstrating the subtle low level FDG avidity of the left inferior turbinate..

No evidence of regional nodal disease or distant metastasis. Nasal endoscopy revealed pigmented lesions along the floor of the left nasal cavity, middle turbinate and the middle meatus (Figure 2).

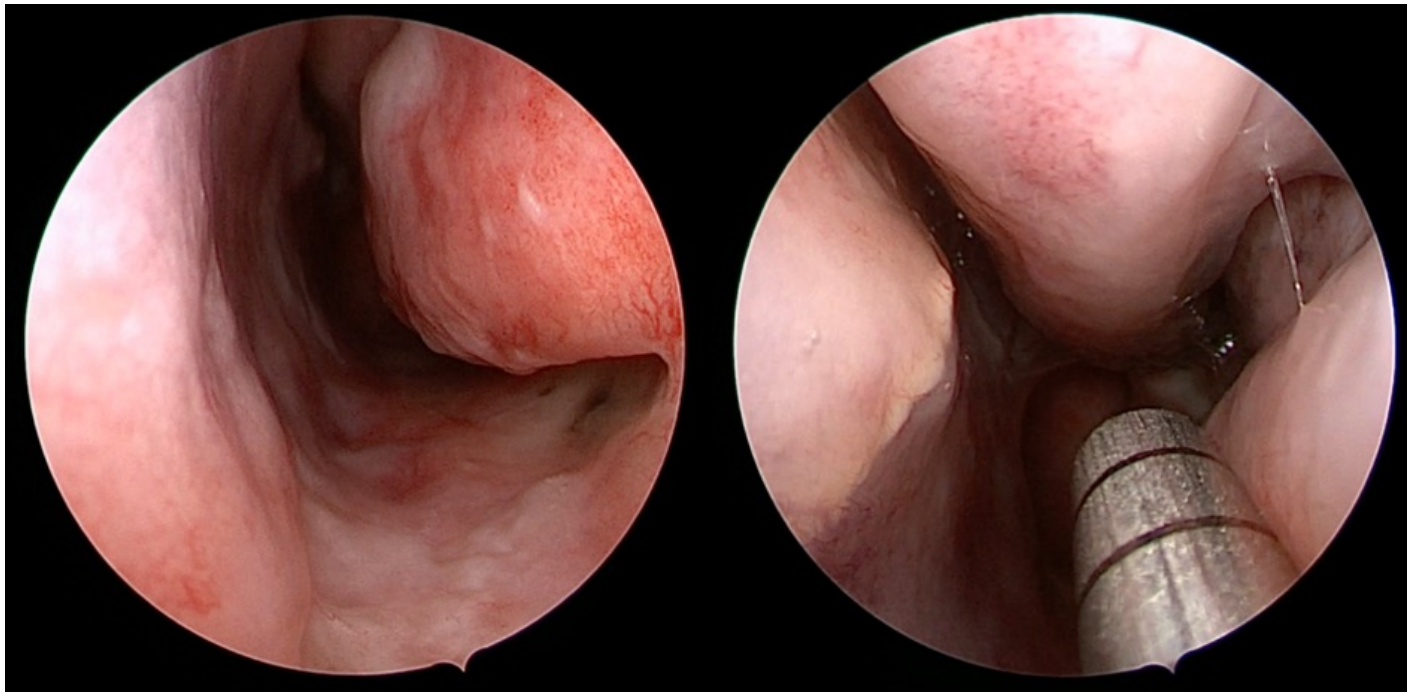

Figure 2: Nasal endoscopy showing pigmentation of the nasal cavity floor and middle meatus.

She was presented at our multidisciplinary head and neck tumor board. Given her prior history of radiation treatment and unwillingness to proceed with chemotherapy, the consensus was to proceed with surgical excision. She was brought to the OR and was found to have a diffuse pigmented mucosal lesion covering the lateral surface of the inferior turbinate (Figure 3), inferolateral surface of the middle turbinate and the middle meatus. She underwent an endoscopic-assisted medial maxillectomy, middle turbinectomy and left-sided endoscopic sinus surgery. Circumferential mucosal margins were obtained. Final pathology was consistent with mucosal melanoma of the inferior turbinate, middle turbinate, floor of the nasal cavity and mucosa along the medial maxillary sinus wall. All mucosal margins were negative for melanoma. Histologic evaluation revealed sheets of cells with high nuclear cytoplasmic ratio, large nuclei with prominent nucleoli. Tumor cells were strongly positive for PANMEL, HMB45 and Vimentin, but were C-KIT negative.

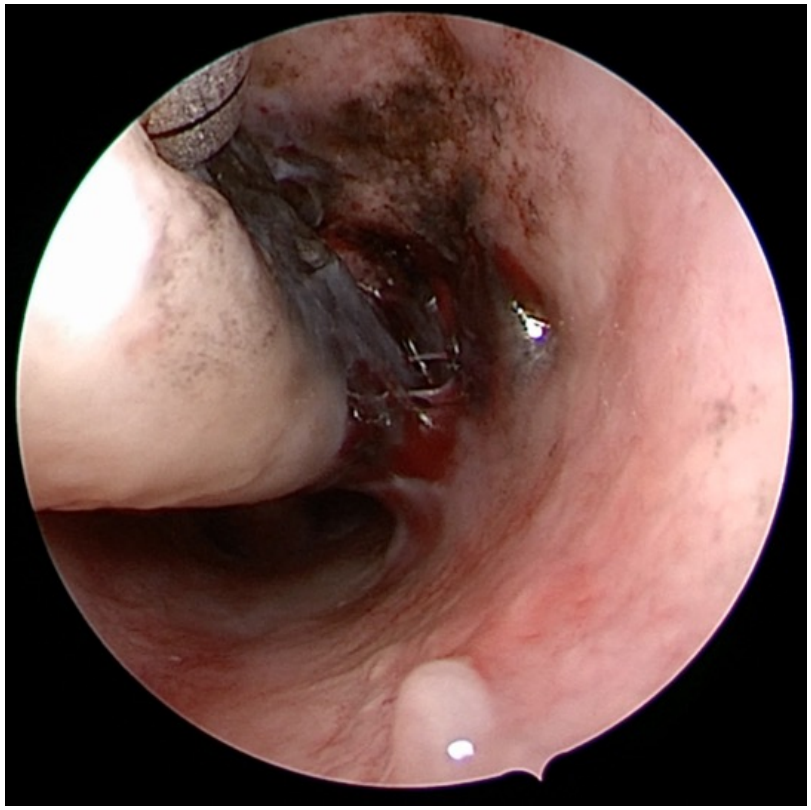

Figure 3: Intraoperative view of the lateral surface of the inferior turbinate with pigmented lesions covering the entire extent to its attachment point. Freer elevator is pictured assisting with medialization.

She is currently 10 weeks from surgery. She has undergone serial sinonasal debridements and uses routine nasal saline irrigations. She has had no other post operative issues. She is awaiting a follow-up appointment with her oncologist to discuss the potential role of adjuvant therapy.

Mucosal melanoma is an exceedingly uncommon malignancy, with the entity comprising only 1.3% of all melanomas. More than half of all mucosal melanomas arise in the head and neck with the most common site affecting the nasal cavity followed by the maxillary sinus.[1] Incidence rates have been quoted at 0.05 per 100,000 with a slightly higher predilection in Caucasian females. This typically occurs in the 5th to 8th decade of life.[2]

Mucosal melanomas are thought to originate from melanocytes that have migrated in the endodermal or ectodermal mucosa. Risk factors have yet to be defined clearly, but inhaled / ingested carcinogens, smoking history, family history, pre-existing lesions and genetic abnormalities have shown some association. Specifically, several genetic abnormalities have shown great promise and include c-KIT (CD117) and BRAF.[3]

Treatment, if localized, typically involves complete surgical resection with a goal of clear and wide margins. Frozen section can be used intraoperatively to guide the resection as there appears to be a strong correlation to final pathology.[4] Unfortunately, if local control is not achieved, rates of distant disease increase from 14% to 71% with a significantly decreased overall survival.[5] Elective neck dissections are typically not performed, as the incidence of nodal disease at the time of presentation tends to be relatively

low. Radiotherapy has grown in acceptance as a treatment modality for both definitive and adjuvant settings, given new techniques producing lower rate of radiation toxicity and increased therapeutic efficacy. For advanced or distant disease, combinations of cytotoxic chemotherapy with immunomodulatory agents and targeted antibodies to identified genetic targets have resulted in high response rates. [6]

Despite the treatment modality selected, overall and long term survival for mucosal melanoma of the paranasal sinus continues to be poor, with 5-year overall survival less than 30%.[3] Factors driving survival in mucosal melanoma includes clinical stage, surgical margin status, tumor thickness greater than 5 mm, and vascular invasion.

References:
1. Chang AE, Karnell LH, Menck HR. The National Cancer Data Base report on cutaneous and noncutaneous melanoma: a summary of 84,836 cases from the past decade. The American College of Surgeons Commission on Cancer and the American Cancer Society. Cancer 1998; 83:1664-1678.
2. Gal, T. J., Silver, N. and Huang, B. (2011), Demographics and treatment trends in sinonasal mucosal melanoma. The Laryngoscope, 121: 2026–2033.
3. López, F., Rodrigo, J. P., Cardesa, A., Triantafyllou, A., Devaney, K. O., Mendenhall, W. M., Haigentz, M., Strojan, P., Pellitteri, P. K., Bradford, C. R., Shaha, A. R., Hunt, J. L., de Bree, R., Takes, R. P., Rinaldo, A., Ferlito, A. (2016), Update on primary head and neck mucosal melanoma. Head Neck, 38: 147–155.
4. Tajudeen BA, Vorasubin N, Palma-Diaz MF, Suh JD, et al. SInonasal mucosal melanoma: 20 year experience at a tertiary referral center. Int Forum Allergy Rhinol, 2014;4:592-597.
5. Lee SP, Shimizu KT, Tran LM, Juillard G, Calcaterra TC. Mucosal melanoma of the head and neck: the impact of local control on survival. Laryngoscocpe 1994;104;121-126.
6. Bartell HL, Bedikian AY, Papadopoulos NE, et al. Biochemotherapy in patients with advanced head and neck mucosal melanoma. Head Neck 2008:30:1592-1598.

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CORPORATE SUPPORTERS: THANK YOU

The American Rhinologic Society would like to express our deepest thanks and appreciation to the participants of our Corporate Partners Program. Our corporate partnerships have been invaluable in their support of ARS initiatives to promote excellence in rhinology and skull base surgery. Through our ongoing collaborative relationships, we hope to continue to mutually develop exciting and lasting opportunities for our members to enhance education, investigation, clinical care, and patient advocacy in the future.

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