

PRESIDENT'S MESSAGE

SUMMER 2005



Joe Jacobs, MD
ARS President

In 1954 Maurice Cottle organized the American Rhinologic Society "for the accumulation and dissemination of scientific knowledge in the field of Rhinology, and to engender original investigation and to stimulate interest in all phases of this branch of medicine." The American Rhinologic Society is now entering its 51st year following a successful 50th Anniversary meeting, September 18-20, 2004. I want to take this opportunity to thank the entire ARS

membership, executive committee, board and consultants for their support during my presidency year following last fall's anniversary meeting. My many years of prior service to the Society as consultant, committee chair and member of the board of directors have all been extremely rewarding and gratifying. Through the untiring efforts and hard work of many individuals we have succeeded in accomplishing many goals as well as laying a solid foundation for the future.

The ARS has achieved significant membership growth over the last decade due to a number of developments. A resurgence of interest in Rhinology occurred paralleling the development of endoscopic techniques, elucidation of the pathogenesis of rhinosinusitis, and the availability of CT scanning. The primary factor in the resurgence of Rhinology has been the spiraling growth of basic science data concerning the pathogenesis, etiology and treatment of chronic rhinosinusitis. Secondly, the development of sophisticated techniques has enhanced surgical therapies, often permitting less "traumatic" procedures and accomplishing desired results with diminished hospital stays. Our society has clearly demonstrated through scientific presentations and publications that we are presently in a position of leadership. Otolaryngologists recognize that membership in the ARS provides them with significant educational opportunities as well as individual and practice support within the present tangled medico-legal and insurance environment.

Our goal for the immediate future of the ARS is to increase both our national and international membership. The present membership includes many young, active, enthusiastic, superbly trained Rhinologists that are invigorating the society through basic science and clinical research. Simultaneously, these same individuals are all actively involved in the structural and support aspects of the ARS. In addition, the society has a secure and solid foundation of senior members that, through years of hard work and accomplishment, have brought the ARS to its present level of leadership within the Otolaryngologic as well as the entire medical community.

I am asking our entire membership to speak with your Otolaryngologic friends and associates who are not ARS members and provide these individuals with a foundation of

information concerning the benefits of membership. Please make them aware of our educational opportunities, support of patient advocacy issues, active committee involvement and most importantly, our fellowship. The society has two levels of membership categories available, Regular and Fellow, following resident and/or fellowship training. The ARS will, without question, support any of our members who might require practice guidance through direct communication to our Board and Committee Chairs. Any Otolaryngologists interested in the substantial benefits of ARS membership should contact Karen Fong, Membership Committee Chair.

The COSM 2005 meeting in Boca Raton was extremely successful. I want to congratulate the President Elect and Program Chair, Mike Sillers, as well as the entire program committee. Our next scientific meeting is scheduled for Saturday September 24 in Los Angeles prior to the AAOHNS meeting on Sunday September 25. We have arranged an in depth exciting scientific program including a breakfast and lunch symposium. A number of our corporate supporters will be exhibiting their latest products.

The ARS Board, consultants, and committee chairs met on the Thursday prior to the Friday COSMARS scientific program. The Board reviewed many issues and, most importantly, each committee was represented and reported to the Board. Committee action items were reviewed and included reports

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The American Rhinologic Society would like to thank Gyrus ENT for partnering with the ARS Newsletter for 2005

PRESIDENTS MESSAGE, CONT.

Joe Jacobs, MD, *President of ARS*

continued from pg. 1,

by; Allen Seiden-Awards, Martin Citardi-IT and Web Site, Karen Fong-Membership, Jim Palmer-ACCME, Mike Setzen-Patient Advocacy, Peter Hwang-Credentials, Rod Lusk-Pediatrics, Stil Kountakis-Audit, Kelvin Lee for Tom Tami-Research Grant, Todd Kingdom-Education, and Andy Lane for Bill Bolger-By Laws. The society is actively searching for members in good standing that are willing to devote their time to committee membership. Please email Wendi Perez (arsperez@optonline.net), our administrator, if you are interested.

The ARS promotes excellence in investigation and education within the field of Rhinology. The society is an ardent supporter of resident and fellowship education. Through unrestricted educational grants the ARS awards research funds through the CORE grant process. We are dedicated to providing communication and fellowship to our members through scientific, economic and social programs. Changes in the health care environment have only strengthened our commitment to our membership and our patients.

In closing, I want to thank all ARS members, the Executive Committee, Board, Consultants, Committee Chairs and members for their support of our Society. Please feel free to contact me directly if you have any questions or concerns, joseph.jacobs@med.nyu.edu.

Correction: The Spring 2005 issue of Nose News incorrectly reported on the leadership of the ARS Pediatric Committee. The correct chair is Rodney Lusk, MD.

JOIN THE AMERICAN RHINOLOGICAL SOCIETY TODAY!

Karen Fong, MD, *Chair, Membership Committee*



Benefits of membership include:

- reduced registration fees to ARS meetings
- access to the "Members only" section of the website
- a subscription to the American Journal of Rhinology, the official publication of the ARS, or the international journal, Rhinology.

Regular Membership

is open to all board-certified otolaryngologists but several categories of membership are available. Details and applications can be found on the website: <http://www.american-rhinologic.com> The ARS is dedicated to promoting excellence in clinical care, investigation and education in the field of rhinology. Our society provides professional camaraderie, educational, research and socioeconomic benefits for its membership. The society seeks to be proactive in patient advocacy issues confronting rhinologists in our current healthcare climate. For more information, see "Membership Info" on the website, or contact the membership committee chair, Karen Fong, MD, at fongka@ohsu.edu

Upcoming Events and Deadlines:

September 15, 2005
Registration Deadline, ARS Fall Meeting

September 24, 2005
ARS Fall Meeting, Westin Bonaventure Hotel, Los Angeles

December 15, 2005
Deadline for Letters of Intent, ARS CORE Research Grants

January 15, 2006
Deadline for Grant Submission, ARS CORE Research Grants

TREASURERS REPORT

David W. Kennedy, MD, *President of ARS*



The American Rhinologic Society continues to be run on a tight budget with a large degree of volunteerism and tight fiscal responsibility. As a result of this, and a very successful 50th Anniversary Meeting in New York, the operating fund has increased by approximately \$40,000 from that of one year ago to a total of \$305,000 in April 2005. Considering that, as part of our \$240 dues payments, the Society subscribes on our behalf to one of two the leading Journal options within the sub-specialty, I am sure that you can understand that this is indeed a tightly fiscally managed organization.

A separate ARS Corporate Research Fund account is used entirely to support the research grants provided by the American Rhinologic Society through the Academy's CORE grant process, and this fund also demonstrated a slight increase, primarily because of reduced grant awards. This fund, provided entirely by the largess of our Corporate Supporters, essentially pays out in grants what is received each year, and has been kept separate from any funds used for ongoing society operations. This separation allows corporate donors to know that their donations are being used entirely in the support of research within the field of rhinology, either peer reviewed projects for residents or for junior faculty.

A significant unbudgeted expenditure this year has been a number of legal expenses associated with proposed coding issues and, to a smaller extent, a trip to CMS in Baltimore. However, the leadership recognizes the importance of prompt action on issues of this type for its membership. The Society continues to be active on behalf of both its members and our patients in this regard and was successful in securing shared support from the Academy for the project.

A number of years ago, the ARS moved its funds to join the Combined Otolaryngology Investment Group (COIN), joining most of the other otolaryngological societies in a Mellon investment fund. Although the early performance of this investment vehicle was very good, it has been less good in recent years. As a result, the Triological Society and the Academy, along with a couple of the other smaller societies, have decided to move their investments to an Omaha based investment group. This movement of a significant proportion of the funds in Mellon will effectively eliminate the concept of COIN, particularly since a number of societies either do not have sufficient funds to qualify for the new investment vehicle or have decided to remain with Mellon. An ad hoc committee of the Society leadership has been convened by the President to evaluate the best option among several different investment possibilities for the ARS at this point in time. This committee will advise with regard to the most appropriate vehicle for the Society's funds. Although the ARS is in the fortunate position of having sufficient funds to join the Academy and Triological Society with the Omaha based group, there are clearly additional potential risks in an investment vehicle of this type, for a society with more limited funds and this may make it a less advisable option for the Society. The ad hoc committee is currently evaluating the potential options and will submit its recommendation shortly.

Overall therefore, I continue to believe that the Society is financially stable and represents a well run, lean and effective organization. It has been able to fulfill its educational mission and its efforts on behalf of the membership effectively. It is very important that we, in the coming year, each work to increase our membership by encouraging our friends and partners to join. This will help the Society to continue to operate without significant increases in our very reasonable annual dues, and to remain effective in furthering this very important part of our specialty.

Make plans now to attend the ARS
Fall Meeting in Los Angeles!

ARS American
Rhinologic
Society

The fall meeting for the American Rhinologic Society is scheduled for September 24, 2005, the day before the annual AAO-HNS meeting. If you will be attending the Academy meeting, make plans to arrive one day in advance and attend the ARS scientific session. The Program Committee consisting of Drs. Stilianos Kountakis, Todd Kingdom, Ron Swain, Kelvin Lee, Peter Doble, Jim Palmer, John DelGaudio, Peter Hwang, Todd Loehrl, Richard Orlandi, and Joseph Han have worked hard to put together an outstanding program. The program consists of free papers focusing on the clinical care of the rhinology patient as well as on the basic science behind the various pathologies encountered in our



patients. The meeting will be highlighted by the David Kennedy lecture, which was established by the ARS in his honor. The meeting will also be marked by the presentation of the Cottle Award, made by the Awards Committee chairman Dr. Allen Seiden. Finally, there will be a panel sponsored by the Patient Advocacy Committee, chaired by Dr. Michael Setzen and will include discussion from Mary LeGrand of Karen Zupko and Associates. The ARS will also sponsor a poster session featuring more than 30 posters. The ARS scientific sessions continue to grow and serve our members with the latest advances in rhinology that ultimately lead to improved patient care. Please make plans to attend



Martin J. Citardi,
MD, ARS Information
Technology Officer

Note: This article presents a guide for navigating the ARS web site. Members are encouraged to review the article while navigating the ARS web site.

The past 18 months have seen significant improvements to the ARS public web site as well as on-line ARS Member Services. As part of the 2004 updates, a new interface for web site navigation was introduced, and the strategy for the web site's organization was revised to reflect the growth of the entire web site.

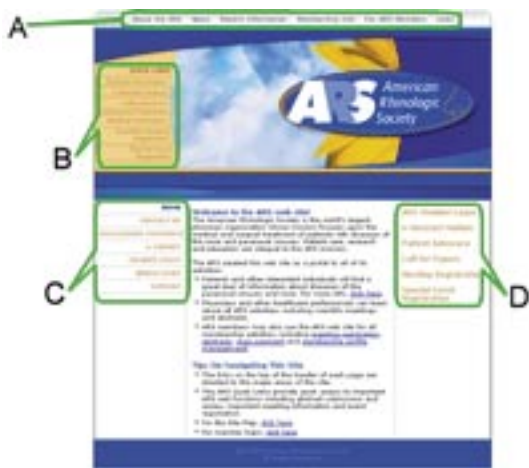


Figure 1

Both the public web site and the password-protected Member Services portal may be accessed through a common URL:

www.american-rhinologic.org

A quick view of the ARS home page illustrates the new navigation interface (Figure 1). Last year, the public web site was reorganized into these categories:

- About the ARS (information about the history of the ARS, its officers and its committees)
- News (archive of news articles from the NoseNews and its predecessor publication)

- Patient Information (information designed to answer common questions from patients)
- Membership Info (details on how to join the ARS)
- For ARS Members (information about ARS Meetings and Special Events, ARS Awards, ARS-sponsored Research, Patient Advocacy, and other ARS activities)
- Links (links to other web sites)

On the ARS home page, these basic categories are at the top of the header (labeled A, in Figure 1).

In addition, links for popular pages have been designed as Quick Links (labeled B, in Figure 1):

- Abstract Submission
- e-Abstract Module
- Instructions for Presenters & Authors
- Meeting Information
- Scientific Meeting Registration
- Special Event Registration

These links allow the user to jump directly to these specific web pages, without navigating down the hierarchy of the web site.

Two additional navigation menus are present on the home page. On the left side, this menu (labeled C in Figure 1) highlights important pages:

- Contact Us
- Disclosure Statement
- e-Survey Module
- Member Login
- Quick Links
- Site Map

Note the location of the Member Login link in this menu.

On the right side of the home page, this menu (labeled D in Figure 1) presents direct links to other popular web pages. It is anticipated that the content of this menu will be adjusted to highlight specific web pages.

At the center of the home page is introductory material and contains links to specific areas of interest.

2005 ARS CORPORATE AFFILIATES

Platinum (\$10,000)

Aventis
Gyrus ENT

Gold (\$5,000)

Karl Storz Endoscopy America
Abbott Laboratories



Friend (\$500)

Brainlab

Silver (\$2,500)

Priority Healthcare
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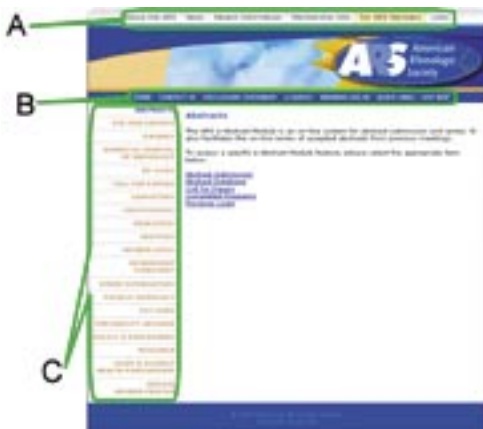


Figure 2

From the ARS home page, users may access each category within the public web site, by clicking on the appropriate button with the header (labeled A in Figure 1). This action will then open a new page specific to that category of information.

Each of these pages shares a similar organization and contains a variety of subheadings. In Figure 2, the introductory page (known as a landing page) for the category, For ARS Members, is presented. The basic categories of information are again presented in the page header (labeled A, in Figure 2)—so that navigation to other areas of the web site is easy. The navigation menu from the left side of the ARS home page (labeled B in Figure 1) appears as a horizontal bar on other public web pages (labeled B in Figure 2). The menu on the left side of web page (labeled C in Figure 2) is a list of subheadings; these subheadings are context-specific. In this example, the subheadings reflect pages that fall within the section designated as For ARS Members.

Members may access password-protected areas of the ARS web page from any page on the public web site. Links for the Member Login page are present on the home page as well as all other public web site pages. The page for Member Login is also listed under Quick Links.



PATIENT ADVOCACY CORNER

Michael Setzen, MD, FACS, *Chair, Patient Advocacy Committee*

This month I wish to highlight the Patient Advocacy web page as a resource for the ARS membership to use in all reimbursement and coding related issues. I encourage you to review this web page, which deals with handling of claim denials, responding to EOB's, turbinate-related coding issues, appropriate documentation, and the need to show medical necessity when using CPT codes 31237 and 61795.

Please read this web page and use it as you see necessary. The committee is continually reviewing this web page and will be updating this page in the coming months. These updates will be highlighted in upcoming issues of the Nose News.

The Member Login page appears in Figure 3. If a member cannot recall his login and password information, clicking the button for I forgot my user name/password will access a web tool that will selectively release this information.



Figure 3

After a successful login, members can access the ARS Member Services, a web-based portal for a variety of critical functions, including on-line dues payment. This portal for members is presented in Figure 4. Note the menu on the left (labeled A in Figure 4). This menu is defined by the privileges assigned to each member. For instance, an individual who is assigned to an abstract review committee will see a button that will permit abstract review.



Figure 4

In this example, the basic level of privileges is presented:

- Abstract submission (online abstract submission)
- My Member Profile (tool for updating a member profile and paying dues)
- e-Abstract Module (link to the public page for the Abstract Module)
- Meeting Registration (tool for registering for meetings on-line)
- CME Tool (new feature that will summarize CME credits earned at ARS-sponsored meetings)
- Sign Out

It should be noted that registration for ARS Scientific Meetings and Special Events can be started from the public web site (ARS home page and Quick links) as well as from the Member Services portal. Members can qualify for on-line discounts through either pathway; however, it is necessary to indicate "ARS member" and supply a valid login/password, when accessing the pathway from the public web site.

This brief guide has presented introductory information about the ARS web presence. Members are encouraged to explore the entire web site.

If you have any questions, please contact us at: arsinfo@american-rhinologic.org

CASE OF THE QUARTER: Endoscopic Resection of a Transcranial

Esthesioneuroblastoma, Brad Woodworth, MD, M. Boyd Gillespie, MD, Sunil J. Patel, MD, Rodney J. Schlosser, MD

A 54 year old male presented with a history of left-sided nasal blockage and swelling of the nasal dorsum/medial canthal region. His neurological examination was normal, but anterior rhinoscopy revealed a large mass filling the left nasal vestibule. Endoscopic biopsy confirmed an esthesioneuroblastoma.

MRI demonstrated a mass in the left nasal cavity and ethmoid sinus that measured over 8 cm (anteroposterior dimension) by 6 cm (craniocaudal dimension). It demonstrated significant intracranial extension with displacement of the left frontal lobe, filled the nasopharynx, and extended into the left orbit, maxillary, and sphenoid sinus. (Figure 1)

Due to the extension through the lacrimal fossa, it was felt that a Lynch type incision would be required for the anterior extension of the tumor. We discussed with the patient the possibility of avoiding a coronal flap and bifrontal craniotomy by removing the remainder of the tumor, to include the intracranial portion, endoscopically. The patient consented to possible craniotomy if endoscopic removal was not feasible.

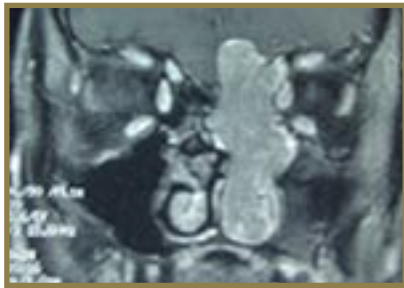


Figure 1

AT1-weighted coronal MRI demonstrates the large intracranial component of the stage C esthesioneuroblastoma.

The external portion of the procedure was performed first to reflect tumor off the medial orbital wall, perform a medial maxillectomy, and clear the lacrimal sac and medial canthal region. The remainder of the procedure was performed endoscopically. The skull base was completely exposed on the right side by performing middle and superior turbinectomies, total sphenoidotomy, maxillary antrostomy, and frontal sinusotomy. The septectomy was made approximately two centimeters below the tumor and carried back through the intersinus septum of the sphenoid sinus. A left sphenoidotomy was performed through the right nasal cavity, followed by a left frontal sinusotomy that was connected to the right frontal using an endoscopic modified Lothrop. Skull base cuts were performed with the 15-degree diamond burr to remove bone, yet leave dura intact. Starting the posterior cut at the face of the sphenoid, the bony skull base resection was carried forward along the right ethmoid roof and crossed medially in the anterior cribriform plate just behind the posterior table of the frontal sinus. Dura was incised circumferentially and the tumor dissected easily from normal brain parenchyma. Multiple intraoperative frozen sections were sent to ensure clear margins.

The bony defect extended from the posterior table of both frontal sinuses back to the planum sphenoidale and from the

left orbital roof to the ethmoid roof on the right. Duragen™ was placed into the subdural space then covered with a fascia graft tucked between the normal dura and remaining bone of the skull base. Another layer of cadaveric fascia was placed as an overlay graft followed by Gelfoam and telfa packs for additional support. A lumbar drain was placed for one week, and the patient was discharged on postoperative day eight.

The patient received 6 weeks of postoperative, adjuvant external beam radiotherapy. After 7 months of follow-up, the skull base defect is well healed with no CSF leak, encephalocele, or recurrent tumor on endoscopic examination.

Discussion

For the past quarter century, the surgical treatment of esthesioneuroblastoma consisted of craniofacial resection with postoperative irradiation. Although this is considered the gold standard in the treatment of these tumors, transnasal endoscopic resection with postoperative radiation for early stage lesions (Kadish A or B) has had comparable short-term results to craniofacial resection.¹ The development of nasal endoscopy and improved instrumentation has allowed experienced rhinologists to perform endoscopic resection of small tumors and endoscopic-assisted craniofacial resection without facial incisions for larger tumors or those eroding into the skull base.^{2,3} Still, a craniotomy and pericranial flap to seal the skull base defect leaves the patient with anosmia and is also associated with intracranial hemorrhage or edema, epilepsy, and/or frontal lobe dysfunction with memory and concentration deficits.⁴

Esthesioneuroblastomas arise in the nasal cavity and paranasal sinuses in proximity to the orbit, brain, cranial nerves, and carotid arteries. Minimally invasive techniques permit complex tumor removal and skull base reconstruction adjacent to these structures resulting in functional improvement when compared to earlier techniques. Careful radiologic and endoscopic surveillance throughout the follow-up period are mandatory. We recommend that skull base tumors be approached in a multi-disciplinary fashion by experienced endoscopic surgeons, head and neck surgeons, and neurosurgeons. Clinical trials with long-term follow-up are necessary to ensure that locoregional control, survival, morbidity, and mortality related to endoscopic removal of transcranial tumors is equivalent to more traditional techniques that use a frontal craniotomy.

References

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AMERICAN RHINOLOGICAL SOCIETY RESEARCH GRANTS

Kelvin Lee, MD, Timothy Smith, MD, MPH

What the heck is a CORE grant? --A sometimes common and fair question from our membership. Continuing investigation into pathophysiology and new treatment modalities in rhinologic disease is critical to the advancement of our specialty. Your ARS supports this mission through an organized research grant mechanism. This is an expense and investment and some might ask whether this is the right direction and culture for our Society? There are several reasons to think it is. Not only does it allow us to offer our patients critical advancements in therapy and technology, clinical and basic research are essential to the continued growth of our specialty and support our central role in the care of patients with rhinologic disease. In the era of evidence based medicine, research is more critical than ever to safeguard our unique role in the management of rhinologic disease.

In an effort to strengthen research support in all areas of otolaryngology, the AAO-HNSF has joined forces with several senior societies, including the ARS, to broaden research opportunities and to streamline and enhance the research grant application and review process. The Centralized Otolaryngology Research Efforts (CORE) serves as a central clearinghouse and facilitator for otolaryngology-head and neck surgery research programs. The ARS, AAO-HNSF, AHNS, Triological Society, ALA, ASPO, AAFPRS, AAOA, ANS, and the American Hearing Research Foundation offer several funding mechanisms for one-year and two-year, non-renewable grants. Additional grants or new grants programs may be announced as more resources become available. Funding is also subject to the receipt of sufficiently meritorious applications. Through a rigorous centralized research grant application, review, and administration process, a uniform level of scientific rigor can be attained to achieve three objectives: 1) provide support for the most meritorious research in otolaryngology and head and neck surgery; 2) educate young investigators to prepare competitive grant applications; and 3) prepare more surgeon-scientists to serve as peer reviewers for NIH and other research agencies. The CORE program also brings greater scale and less fragmentation to otolaryngology

and head and neck research opportunities, reduces the aggregate administrative costs of the individual grant programs, and enables a comprehensive overview of the spectrum of promising otolaryngology and head and neck surgery research/researchers to promote to the NIH and other agencies. In order for our specialty to thrive, we must have a seat at the table with these important agencies.

CORE Research Grant Program: Application Deadline – January 15th, 2006. Applications are being accepted for the 2006 ARS CORE Research Grants. Letters of intent are due December 15th, 2005; applications are due January 15th, 2006. For more information, please visit <http://www.entlink.net/research>.

American Rhinologic Society “CORE” Grant Opportunities



ARS Resident Grant - Open to otolaryngology residents in accredited U.S. or Canadian training program to support research and research training in any topic related to rhinology, paranasal sinus disease, and allergy. Requires ARS member in good standing as Co-investigator. One year, non-renewable, \$8,000, two grants available annually.



ARS New Investigator Award - Open to fellows and junior faculty who are members of the ARS to support research in rhinology, paranasal sinus disease, and allergy. Up to two years, \$25,000 maximum, non-renewable, 1 grant available annually.

ARS CORE Grants Recipients 2005

ARS NEW INVESTIGATOR AWARD

Rodney Schlosser, MD
Medical University of South Carolina
“Surfactant Proteins A and D in Chronic Sinusitis”

ARS RESIDENT RESEARCH AWARD

Luc G. T. Morris, MD
New York University School of Medicine
“Nasal Airway Physiology During Stages Of Sleep”

Murugappan Ramanathan Jr., MD
Johns Hopkins University School of Medicine
“The Role Of Toll-Like Receptors In Chronic Sinusitis”

ARS CORE Grants Recipients 2004

ARS NEW INVESTIGATOR AWARD

James Palmer, MD
University of Pennsylvania
“Assesment of Bacterial Biofilms in Sinusitis”

ARS RESIDENT RESEARCH AWARD

Joseph Raviv, MD
Northwestern University
“Electrical Olfactory Responses after Axotomy in Mice”

Michele St. Martin, MD, MBA
University of Minnesota
“Aerosol Deposition Efficiency in the Paranasal Sinuses”

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UPCOMING RHINOLOGY MEETINGS

Mid-South Multi-Institutional Sinus Dissection Course
University of Tennessee, Memphis, Tennessee
Contact: Juanita Keys, phone: 901-448-5886

October 8, 2005

Southern States Sinus Course,
Georgia Nasal and Sinus Institute, Savannah, Georgia
Contact: Shirley Johnson, R.N., phone: 912-350-7365

October 20-22, 2005

Advanced Rhinology Concepts,
The Cleveland Clinic, Cleveland, Ohio
Phone: 216-444-4969

November 10-12, 2005

5th Annual New York Rhinology Update
New York University & Albert Einstein College of Medicine
New York City, New York, www.med.nyu.edu/cme

April 21 - 23, 2006

Western States Rhinology Course
University of Colorado, University of Utah, & Stanford University, Sonoma, California
Contact: Susan Morrison, phone: 303-372-9050

October 26-28, 2006

If you would like to 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 Rhinological Society.**

American Rhinologic Society Newsletter
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