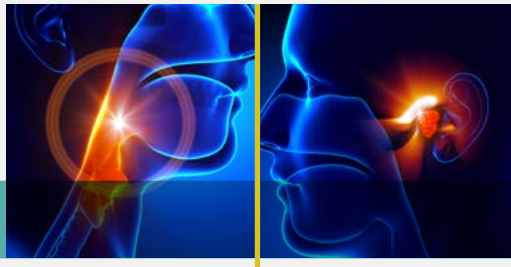
Baylor College of Medicine

BOBBY R. ALFORD DEPARTMENT OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

OTOLARYNGOLOGY NEWS



AUGUST 2016 | VOL 4

HEARING & BALANCE

ALEX D. SWEENEY, MD
Assistant Professor and Dorothy L. McGee Endowed Chair of Otolaryngology
Reprinted TMC News | February 3, 2016

Alex Sweeney, M.D., assistant professor of otolaryngology–head and neck surgery at Baylor College of Medicine, met with William F. McKeon, executive vice president and chief strategy and operating officer of the Texas Medical Center, to discuss the incredible advances in the field of otolaryngology over the past 40 years and how science has helped restore hearing for even those suffering from total hearing loss.

Q **Tell us about your formative years.**

A I was born in Baltimore and raised in the Houston area. My mother and father are both physicians in the Texas Medical Center, and I grew up with two brothers and a sister. My siblings and I graduated from William P. Clements High School, and, coincidentally, we all left Texas for college, we all played a varsity collegiate sport, and we've all been lucky enough to return to Houston. During that process, we've had the good fortune to be united with a wonderful stepmother, stepfather, five new sisters and a new brother.

Q **Coming from two parents who were physicians, was that path determined for you?**

A It was anything but predetermined. My interest in medicine actually grew from a variety of sports-related injuries and from time spent doing gene therapy research in college. However, there's no question that my parents were the primary reason that I was able to find a career that I love. No matter the task, they encouraged hard work and excellence. I can't imagine having more wonderful parents, and my gratitude to them for their guidance is endless.

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MESSAGE FROM THE CHAIR

DONALD T. DONOVAN, MD, FACS

Greetings.

Forty years ago The Neurosensory Center (NSC) of Houston became a reality. Jointly owned by Baylor College of Medicine and Houston Methodist Hospital (HMH) physicians and scientists housed in the NSC have been dedicated to the understanding and treatment of disorders that affect eyes, ears, nose, throat, brain and nervous systems. Over the years numerous discoveries have been made by researchers in department laboratories, to name a few:

- Characterized ion channel mechanisms underlying the production of electrical signals by sensory cells in balance organs of the inner ear. (Which in turn drive central nervous system reflexes that control posture and gaze.)

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NEW LABORATORY SPACE IS PITCH-PERFECT FOR HEARING RESEARCH

As of April 2016, BCM facilities completed a gut renovation of 2516 SF wet lab space to house the Department of Otolaryngology Biophysics Laboratory. This new laboratory was designed to meet the research needs of William Brownell, Ph.D. and Brenda Farrell, Ph.D., and offers "conventional" laboratory amenities such as lab benches and tissue culture facilities, as well as unique tools such as rooms dedicated to a patch clamping apparatus and a full-size audiology booth. The Biophysics Laboratory also supports research needs of additional investigators including Dr. Frederick Pereira, Ph.D. (whose primary appointment is in the Huffington Institute for Aging, with a secondary appointment in Otolaryngology) who utilizes the sound booth to do hearing tests on mice. In addition to hearing research, Dr. Farrell also performs research into the mechanical properties of cancer cells at the Biophysics Laboratory utilizing the optical forceps, located in a separate facility. The new Biophysics Laboratory is the latest development in the Department of Otolaryngology hearing and vestibular research program, which includes NIH-funded investigators Farrell, Brownell, Pereira, and Dr. Helen Cohen. ■

BIOPHYSICS LAB

WILLIAM E. BROWNELL, PHD
Professor
Jake and Nina Kamin Chair of Otorhinolaryngology and Communicative Sciences

You are walking the dog when you hear footsteps running toward you. The rapid detection and determination as to where the sound is coming from is the result of several very fast events in the auditory system. It required fast, precise coding of the sound by the inner ear and transmission of that information from the two ears for comparison by neurons in the brain. Our lab is investigating the mechanisms responsible for this remarkable ability. We are probing the contribution of membrane electromechanics to the processing of acoustic information by inner ear sensory cells and by neurons in the brain. The membranes of living cells convert changes in the electrical potential across them directly into mechanical energy. The process can occur at frequencies of greater than 100,000 times per second. We have been investigating membrane electromechanics in one of the cells in the inner ear for many years and have initiated exploration of neuronal membrane electromechanics. The mechanical energy generated by the membrane could serve to coordinate the activity of large molecules that regulate the movement of electrical charge across the membrane and greatly improve the ability of the auditory system to respond rapidly to the sound of those running feet. ■

> “As we age, it is important that we exercise. We need to eat right and take care of our health, including getting enough exercise because if we don’t use it, we lose it.”
>
> — Helen S. Cohen, EdD, ORT, FAOTA

WHAT IS AN OCCUPATIONAL THERAPIST?

HELEN S. COHEN, EDD, ORT, FAOTA
Professor

Occupational therapists focus on evaluating and improving patients’ everyday abilities. They provide customized therapy that helps improve their functional limitations.

Cohen primarily works with patients who have a disorder of the vestibular system, which is involved in controlling balance.

“I run the vestibular rehabilitation service, so patients who come in to see me usually have symptoms of vertigo or a balance problem,” said Cohen. “Their physician who suspects or knows the patient has a disorder of the vestibular system refers these patients to me. These are typically patients for whom medication or surgery is not a treatment option.”

Many patients who see Cohen have benign paroxysmal positional vertigo (BPPV) disorder. BPPV is defined as non-life threatening sudden spells that are triggered by certain head positions or movements that give a false sense of rotational movement.

REDUCING DISCOMFORT AND INCREASING INDEPENDENCE

Cohen focuses on educating patients on becoming safe and independent during daily home activities. Along with in-office treatments, she often gives patients exercises and tips that can be used at home.

“I talk to my patients about getting in and out of bed safely,” said Cohen. “I talk to them about getting up and out of a chair safely, using lights for safety, having an adequate seat, making sure their bathroom is adapted for safety with grab bars and a tub bench.”

Whether patients are looking to rehabilitate injuries or fix balance problems, their therapists provide advice to help make day-to-day activities easier. Most disorders are not reversible, but there are treatments available to reduce the discomfort and increase independence during daily activities.

Also, some preventative measures can be taken to help make life easier. “As we age, it is important that we exercise,” Cohen said. “We need to eat right and take care of our health, including getting enough exercise because if we don’t use it, we lose it.” ■

By Jeannette Jimenez posted on BCM Momentum Blog

Read more information on National Occupational Therapy Month.

OTOTOXICITY MONITORING PROGRAM

By Shirin Jivani, AuD, CCC-A, F-AAA

We have established an Ototoxicity Monitoring Program for patients receiving ototoxic agents, such as cisplatin and carboplatin. These agents have potential to damage auditory system, causing hearing loss and tinnitus. These agents may also damage vestibular (balance) system. Additionally, head and neck radiation may damage the auditory system. The primary objective of this program is early identification and prevention of ototoxic hearing loss. Using this close monitoring program, we can help patients to successfully complete treatment without interruption due to hearing loss and tinnitus. By developing a close relationship with oncologists, neurotologists, head and neck surgeons, radiologists, and related support staff, we can help cancer patients by providing aural rehabilitation with hearing aids, osseointegrated devices, cochlear implants, and counseling for tinnitus.

L to R Augiologists: Lauren Placke, Ross Tonini and Shirin Jivani

These types of treatments can have long-term effects, so it is important for patients to monitor hearing loss over time and have the means to provide the appropriate intervention.

It is important for our audiologists to provide the best standard of care and help with early identification and intervention for hearing loss and tinnitus. ■

SPECIAL OLYMPICS HEALTHY HEARING PROGRAM IN SOUTHEAST TEXAS

By Lauren Placke, AuD, CCC-A, F-AAA

The Baylor College of Medicine Audiologists in The Center for Hearing and Balance, will be participating in the Special Olympics Healthy Hearing program in Southeast Texas to provide athletes with access to hearing healthcare at no cost to them. Healthy Hearing is a part of the International Special Olympics Healthy Athletes Program, whose mission is to improve the health, fitness, and general well-being of athletes so that they can perform better during training and competitions, as wells as in their daily lives. The international program relies on professional and nonprofessional volunteers to provide audiological screenings to the participants of the Special Olympics. The next screening event will take place at the Fall Classic which is scheduled for October 13th through the 15th, 2016 and will be led by Lauren Placke, AuD, Healthy Hearing Clinical Director and BCM Audiologist. ■

HEARING LOSS IN MUSICIANS, NOT JUST ROCK AND ROLLERS

by Jeannette Jimenez www.bcm.edu/news

HOUSTON – (May, 13 2016) Picture a rock and roll concert, with music blaring out of giant speakers on stage. Now imagine a sophisticated symphony performance. Which group of musicians would be more likely to suffer hearing loss? Surprisingly, it's classical musicians who may be most at risk, according to an expert at Baylor College of Medicine.

"We don't generally think of musicians as being at risk for hearing loss," said Dr. Ross Tonini, an audiologist at Baylor. "Generally, it's assumed that rock and rollers are at greater risk for hearing loss, but it's actually classical musicians that have higher rates of noise-induced hearing loss."

Whether musicians are in a symphonic orchestra or a marching band, trained musicians over time may begin to suffer from noise-induced hearing loss caused by close proximity to loud instruments. Loud music from almost any part of the orchestra or brass band can cause hearing loss. Increased tinnitus, or ringing in the ears, which may be associated with hearing loss, is reported as a significant occupational hazard for professional musicians.

'The thing that destroys our hearing is prolonged exposure to loud sound," said Tonini. "As musicians, if we can separate our loud, bring-down-the-house music and intersperse it with softer music in rehearsals, we can give our ears a rest."

Hearing protection such as ear plugs especially made for musicians are recommended for those who participate in a band or symphony. "These ear plugs filter sound so that musicians are able to hear their music without damage," said Tonini. "They protect their ears and make the music a little softer so that they can get their ears out of that danger zone, down to a level that is safer for their ears."

Hearing loss can start in musicians in middle-school and high school who participate in band or orchestra. Tonini suggests that directors and teaching professionals should be more aware of their musician's hearing risks and have their musician's hearing screened.

"From an audiology point of view we need to be more involved in working with the public schools to provide awareness," he said. "And musicians must be mindful that they are at risk for hearing loss," said Tonini. "Noise induced hearing loss from music is something that is completely preventable. No musician wants to lose their ability to make music because they have lost the ability to hear the music." ■

The Houston Symphony

> "Generally, it's assumed that rock and rollers are at greater risk for hearing loss, but it's actually classical musicians that have higher rates of noise-induced hearing loss."
>
> — Ross Tonini, MD

Q When did you know that you wanted to go to medical school?

A I started thinking seriously about medicine when I was in college. I had my fair share of injuries as a football player, and the time I spent around doctor's offices made me realize how gratifying a medical career could be. I started volunteering in the emergency room at the Hospital of the University of Pennsylvania and the Children's Hospital of Philadelphia after the football season ended during my freshman year, and I made some great friends who were taking pre-med classes. It wasn't long before I felt like I had found my place in the world.

Q What led you to the field of ENT (ear, nose and throat)?

A I'm not sure that I really knew much about otolaryngology–head and neck surgery or my particular subspecialty (otology/neurotology and skull base surgery) when I was a medical student. My experiences as an athlete and the desire to have the 'ball in my hands' made me interested in surgery, and once I saw the remarkable breadth of practice encompassed in the world of otolaryngology—otology/neurotology and skull base surgery, head and neck oncologic and endocrine surgery, facial plastic and reconstructive surgery, rhinology and sinus surgery, laryngology and care for the professional voice—I was hooked. The mentorship I had from the experts here in the Texas Medical Center sealed the deal.

Q What was the focus of your otolaryngology residency?

A A well-trained otolaryngologist can be an expert in the science and art of 'communication,' whether verbal, auditory or visual, and that idea caught my attention. As time went on, I became increasingly fascinated with the anatomy, physiology and pathology found in the base of the skull, and I was lucky to have Jeffrey Vrabec, Robert Williamson, Paul Gidley and William Brownell as examples of how my interests could be channeled into a comprehensive specialty.

Following residency, I completed a two-year fellowship with the otology group of Vanderbilt, under the mentorship of David Haynes, Michael Glasscock, George Wanna, Marc Bennett, Alejandro Rivas, Robert Labadie and Reid Thompson, during which I was able to focus on complex surgeries of the ear, facial nerve and skull base, as well as the science behind our understanding of auditory function and the natural history of skull base tumors. It was a wonderful experience.

Q Tell us about cochlear implants and the advancements that excite you the most?

A Cochlear implants represent one of the greatest recent technological breakthroughs within our field. In essence, we are able to rehabilitate one of the major ways people interact with the world—through speech and sound. In fact, hearing is the only one of the five senses that we can reliably restore after a complete loss. Over time, the field of cochlear implantation has only become more exciting. I firmly believe that the present and future are bright for patients who suffer from hearing loss.

Q

There have been some intriguing advancements in the field of lateral skull base surgery in recent years, as well.

A The most common tumors treated are vestibular schwannomas, which are also called acoustic neuromas. These are generally non-cancerous tumors that grow on the hearing and balance nerve between the brain and the inner ear. More than ever, research is exploring the factors that drive quality of life in patients with these tumors.

At different times in the history of vestibular schwannoma treatment, it has been thought that either surgery or radiation was the best option for every patient. However, tumor management is becoming much more patient-centric, and with the emergence of multidisciplinary care teams that specialize in the management of skull base tumors, it's becoming easier to tailor-make treatment plans that optimize outcomes. I feel very fortunate to be a part of such a team, made up of skilled neurosurgeons, neurologists, audiologists, speech pathologists, voice and swallowing specialists, balance therapists, and plastic and reconstructive surgeons, among others. The collective expertise of this group allows us to provide very comprehensive care for patients with skull base tumors as well as those with advanced hearing loss.

SWEENEY
CONTD FROM PAGE 6

Q **Looking forward, what excites you about the future of this field?**

A In one word, 'potential.' There have been some remarkable discoveries regarding hearing loss and skull base tumor management, but there is so much left yet to discover. With a growing emphasis on translational research and multidisciplinary approaches to complex problems, I feel like we are knocking on the door of a revolution in the ways we diagnose and treat skull base tumors as well as hearing, facial nerve and balance disorders.

Q **Do you imagine a day when we will be able to implant devices that will provide quality hearing for the remainder of someone's life?**

A I think that day has already come, and the newest research makes me very excited for the future. This fall, I participated in an international cochlear implant conference in which scientists and surgeons from around the world came together to discuss the newest developments. The current rate of innovation is absolutely breathtaking. Both the surgical techniques and the devices have changed quite a bit in the past decade, and there's no telling what we'll be able to achieve in the near future.

Q **Any closing thoughts?**

A I am honored to have the chance to do what I do. Working as an otologist, neurotologist and skull base surgeon in Houston is a dream come true for me. I don't know of another place in the world where there are as many brilliant minds and excellent institutions so close to each other. Through collaborative relationships, I think we can solve some of the perplexing issues that have plagued human health for centuries. It is a very exciting time to be in Houston and the Texas Medical Center. ■

MESSAGE FROM THE CHAIR
CONTD FROM PAGE 1

- Discovered and characterized the cellular mechanisms responsible for exquisite hearing sensitivity.
- Discovered that a gene for otosclerosis, the most common cause of hearing loss in Caucasian adults, was localized to human chromosome 6.
- Discovered a new genetic syndrome with hearing loss and skin and mucous membrane involvement.
- Discovered audiological attributes of hearing changes associated with retrocochlear lesions.

In addition, BCM faculty working in the Neurosensory Center performed numerous firsts locally and nationally. Among them:

- Restore voice function for patients with vocal cord paralysis using synthetic materials.
- Use Botulium Toxin (BOTOX) in the larynx for treatment of adductor spasmodic dysphonia (SD), a debilitating voice disorder.
- Use evoked response audiometry for diagnosis of hearing disorders.
- Determine effects of very low frequency high intensity sound on hearing function during human space flight.

Although many of the clinical services in the NSC (operating rooms, audiology, hearing, vestibular and balance programs) have moved to newer, larger facilities within HMH and BCM facilities in the Texas Medical Center, major renovation of the research facilities in NSC over the past two years has reinvigorated the scientific inquiry and innovation for which the Neurosensory Center became famous. This issue of the newsletter highlights some of the people who are contributing to discovery and innovation in the areas of otology and neurotology. ■

With all good wishes,

DONOVAN T. DONOVAN, M.D. FACS

RESIDENT UPDATE

CHRISTIAN A. CORBITT, MD
Private Practice
Southeast Texas Ear,
Nose & Throat, LLP
Beaumont, TX

DAVID W. CUTHBERTSON, MD
Private Practice
ENT Associates of Lubbock
Lubbock, TX

AMY L. DIMACHKIEH, MD
Fellowship Pediatric
Otolaryngology
Children's Hospital Colorado
University of Colorado School of
Medicine

JOHN CALEB SIMMONS, MD
Assistant Professor
UT Health Otolaryngology-Head
& Heck Surgery
Pearland, TX

ASHLEY E. WENAAS, MD
Private Practice
Texas ENT Specialist – North
Cypress Location
Houston, TX

OTOLOGY/NEUROTOLOGY FELLOW UPDATE

JOSEPH T. BREEN, MD
Assistant Professor
University of Cincinnati College of
Medicine
Cincinnati, OH

"I'm very grateful for all the surgeons, residents, and staff who I have worked with. I've learned from all of you, particularly from my mentors and teachers - Drs. Vrabec, Williamson, Sweeney, and Gidley. I will miss you all and will miss Houston!"

PEDIATRIC OTOLARYNGOLOGY FELLOWS UPDATE

KATHERINE F. DUNSKY, MD
Assistant Professor
Washington University School of Medicine
St. Louis, MO

NOÉMIE ROUILLARD-BAZINET, MD, FRCSC
Assistant Professor
Centre Hospitalier Universitaire Sainte-Justine,
Université de Montréal
Montréal, Canada

RECENTLY AWARDED RESEARCH FUNDING

PI	PROJECT TITLE	DONOR
PI: Chris Durst, PhD **Co-I: Frederick A. Pereira, PhD**	Nanoparticle prophylaxis for protection against chemotherapy ototoxicity	Cancer Prevention Research Institution of Texas (CPRIT) High Impact Reward Research Proposal
Karina T. Canadas, MD	Airway Intubation Requirement Wristband (AIR Band) To Improve Patient Safety in Pediatric Patients with Difficult Airways	Texas Children's Hospital Seed Grant Award

PEER REVIEWED PUBLICATIONS

Wang J, Peng L, Zhang R, **Sikora AG,** et al. 5-Fluorouracil targets thymidylate synthase in the selective suppression of TH17 cell differentiation. Oncotarget. March 2016. doi:10.18632/oncotarget.8344. PMID: 27027355

Liao KS, Gitomer SA, Altman KW. A Case of Diffuse Calcified Airway Nodules. JAMA Otolaryngol Head Neck Surg. 2016;142(5):501-502. doi:10.1001/jamaoto.2015.3952. PMID: 27010912

Vinh D, Haley SL, **Ongkasuwan J.** A laryngeal lesion. JAMA Otolaryngol Head Neck Surg. 2016;142(4):399-400. doi:10.1001/jamaoto.2015.3782.

Sweeney AD, Osetinsky LM, Hunter JB, Haynes DS, Carlson ML. Cholesterol Granuloma Development following Temporal Bone Surgery. Otolaryngol Head Neck Surg. 2016;154(6):1115-1120. doi:10.1177/0194599816630954. PMID: 26932968

Varier I, Keeley BR, **Krupar R, Sikora AG**, et al. Clinical characteristics and outcomes of oropharyngeal carcinoma related to high-risk non-human papillomavirus16 viral subtypes. Head Neck. April 2016. doi:10.1002/hed.24442. PMID: 27080140

Khaja SF, **Lambert EM**, Manaligod JM. Congenital Neck Mass. JAMA Otolaryngol Head Neck Surg. March 2016. doi:10.1001/jamaoto.2016.0007. PMID: 27010992

Sadraei NH, **Sikora AG**, Brizel DM. Immunotherapy and Checkpoint Inhibitors in Recurrent and Metastatic Head and Neck Cancer. Am Soc Clin Oncol Educ Book. 2016;35:e277-282. doi:10.14694/EDBK_157801. PMID: 27249733

Sweeney AD, Glasgow AE, Link MJ, Habermann EB, Carlson ML. Influence of Marital Status on Vestibular Schwannoma in the United States. Otol Neurotol. May 2016. doi:10.1097/MAO.0000000000001075. PMID: 27203845

Schuster D, **Sweeney AD**, Stavas MJ, et al. Initial radiographic tumor control is similar following single or multi-fractionated stereotactic radiosurgery for jugular paragangliomas. Am J Otolaryngol. 2016;37(3):255-258. doi:10.1016/j.amjoto.2016.01.002. PMID: 27178519

Saini AT, Parasher AK, Kass JI, **Altman KW**, Miles BA. Intraoral midline mandibulotomy improves laryngeal access for transoral resection of laryngeal cancer. Am J Otolaryngol. 2016;37(2):95-98. doi:10.1016/j.amjoto.2015.10.005. PMID: 26954859

Ongkasuwan J, Ocampo E, Tran B. Laryngeal ultrasound and vocal fold movement in the pediatric cardiovascular intensive care unit. Laryngoscope. April 2016. doi:10.1002/lary.26051. PMID: 27107409

Richter AL, Ongkasuwan J, Ocampo EC. Long-term follow-up of vocal fold movement impairment and feeding after neonatal cardiac surgery. Int J Pediatr Otorhinolaryngol. 2016;83:211-214. doi:10.1016/j.ijporl.2016.02.014. PMID: 26968079

Kwak PE, Tritter AG, **Donovan DT, Ongkasuwan J**. Long-term Voice Outcomes of Early Thyroplasty for Unilateral Vocal Fold Paralysis Following Aortic Arch Surgery. Ann Otol Rhinol Laryngol. 2016;125(7):559-563. doi:10.1177/0003489416636127. PMID: 26969453

CONTINUED ON PAGE 10

Liu Y-CC, Chhabra N, Houser SM. Novel treatment of a septal ulceration using an extracellular matrix scaffold (septal ulceration treatment using ECM). Am J Otolaryngol. 2016;37(3):195-198. doi:10.1016/j.amjoto.2016.01.013. PMID: 27178506

Kass JI, Giraldez L, Gooding W, **Sikora AG**, et al. Oncologic outcomes of surgically treated early-stage oropharyngeal squamous cell carcinoma. Head Neck. April 2016. doi:10.1002/hed.24456. PMID: 27080244

Gitomer SA, Giannoni CM, Cañadas KT. Pediatric lymphedema caused by diffuse cervical lymphadenopathy: A case report and review of the literature. International Journal of Pediatric Otorhinolaryngology. 2016;87:67-70. doi:10.1016/j.ijporl.2016.05.028.

Kwak PE, Stasney CR, Hathway JR, Guffey D, Minard CG, **Ongkasuwan J**. Physiologic and Acoustic Effects of Opera Performance. J Voice. May 2016. doi:10.1016/j.jvoice.2016.03.004. PMID: 27208902

Carlson ML, Marston AP, Glasgow AE, **Sweeney AD**, et al. Racial differences in vestibular schwannoma. Laryngoscope. February 2016. doi:10.1002/lary.25892. PMID: 26917495

Transmastoid Repair Of Tegmen Defects by **Alex D. Sweeney** | CSurgeries. https://www.csurgeries.com/video/Transmastoid-Repair-Of-Tegmen-Defects/een3r8rx9j. Accessed June 3, 2016.

BOOK CHAPTER

Vilela RJ, "Nasal Soft Tissue Infections." In: Infectious Diseases in Pediatric Otolaryngology: A Practical Guide. Valdez TA, Vallejo JG. (Switzerland: Springer International Publishing, 2015) 85-91.

AWARDS AND HONORS

Kenneth W. Altman, MD, PhD – Elected President, American Laryngological Association

Kenneth W. Altman, MD, PhD – Received Presidential Citation from the American Laryngological Association, at COSM; June 18, 2016.

Kenneth W. Altman, MD, PhD – Chair, Program Committee for the ALA at COSM, June 18-19, 2016.

Alex D. Sweeney, MD – Accepted into the American Neurotology Society; inducted at the Combined Otolaryngology Spring Meetings (COSM); May, 2016.

PRESENTATIONS

Altman KW, Carter FL. 'Swallow Now" dysphagia therapy for Parkinson's disease: A concept proposal. Presentation at 96 Annual Meeting of the American Broncho-Esophagological Assocation; Chicago, IL; May 18-19, 2016.

Altman KW. What's new in chronic cough? Invited faculty to present at 2016 American Academy of Allergy, Asthma & Immunology Annual Meeting; Los Angeles, CA; March 4-7, 2016.

Ashe-Lambert EM. Tracheostomy after Pediatric Cardiac Surgery. Presentation at American Society of Pediatric Otolaryngology; May 20, 2016; Chicago, IL.

Ashe-Lambert EM. Aspiration in the Pediatric Child. Presented at Surgery Physician's Assembly; Texas Children's Hospital.

Ashe-Lambert EM. Pediatric Trachestomy and Cardiac Surgery. Presented at Pediatric Anesthseiology Lecture Series; Texas Children's Hospital.

Carlson ML, Marston AP, Glasgow AE, Habermann EB, **Sweeney AD**, Link MJ, Wanna GB. Racial differences in vestibular schwannoma. Poster at The Triological Society Annual Spring Meeting; May 20-21, 2016; Chicago, IL.

Chelius, DC. Hughes, CA. Creating a Culture of Communication in Regionally Expanding Academic Departments. Poster at American Society of Pediatric Otolaryngology; May 2016; Chicago, IL.

Choi J, **Victores A, Wenaas A, Ongkasuwan J.** Chondrosarcoma of the Epiglottis: A Case Report and Literature Review. Poster presentation for the Annual Meeting of the Triological Society; May, 2016; Chicago, IL.

Dang J, Liou E, Ongkasuwan J. Anticoagulation and Antiplatelet Therapy in Awake Transcervical Injection Laryngoplasty. Poster presentation at the American Laryngological Association Annual Meeting; May, 2016; Chicago, IL.

Dunsky K, Van Whye R, **Mehta D, Canadas KT**. Comfort Level With The Pediatric Airway: A Survey of First

CONTINUED ON PAGE 11

Responders. Presented at American Society of Pediatric Otolaryngology National Conference; May 20-22, 2016; Chicago, IL.

Dunsky K, Van Whye R, **Mehta D, Canadas KT.** Comfort Level With The Pediatric Airway: A Survey of First Responders. Presented at Texas Children's Surgical Research Day; May 6, 2016; Houston, TX.

Dunsky K, Ongkasuwan, J. Hospital Admission for Tracheitis in Patients with Tracheotomies. Poster presentation for the Annual Meeting of the American Society of Pediatric Otolaryngology; May, 2016; Chicago, IL.

Farrell B. Cell membranes their motors and transducers. Presented at Talk at Membrane Biophysics Conference of Gulf Coast Consortia Rice University; May 6, 2016; Houston, TX.

Fox D. The Role of Rigid Endoscopy in Hospitalized Croup. Poster at Combined Otolaryngology Spring Meetings (COSM); May, 2016; Chicago, IL.

Fox D, Ongkasuwan J. Safety and Utility of Direct Laryngoscopy and Bronchoscopy in Hospitalized Croup. Poster presentation for the Annual Meeting of the Triological Society; May, 2016; Chicago, IL.

Hughes, CA. Pediatric Trans-oral Submandibular Gland Excision: A Safe and Effective Technique Acute Pediatric Supraglottitis. Presented at European Society of Pediatric Otolaryngology (Invited Speaker/Panelist); June 2016; Lisbon, Portugal.

Hughes, CA. How to Write a Business Plan. Invited Speaker/Panelist at the American Academy of Otolaryngology 2016 Leadership Forum & BOG Spring Meeting; March 2016; Alexandria, VA.

Liu YC, Varier I, Ongkasuwan J. The Use of Cry Volume Decibel as an Assessment of Vocal Fold Movement Impairment in the Pediatric Population. Podium presentation for the Annual Meeting of the American Society of Pediatric Otolaryngology; May, 2016; Chicago, IL.

Liu YC, Yim M, Ongkasuwan J. A Review of Acute Postoperative Sialadenitis and Airway Management in a Tertiary Care Center. Poster presentation at the American Bronchoesophagological Association Annual Meeting; May, 2016; Chicago, IL.

O'Connell BP, Hunter JB, **Sweeney AD**, Thompson RC, Chambless LB, Wanna GB, Rivas A. Outcomes of the suture "pull-through" technique after repair of lateral skull base CSF fistula and encephaloceles. Poster at American Neurotology Society Annual Spring Meeting; May, 2016; Chicago, IL.

Ongkasuwan J, Devore D, Hollas S. Transoral Rigid 70 Degree Laryngeal Stroboscopy in a Pediatric Voice Clinic. Poster presentation for the Annual Meeting of the American Society of Pediatric Otolaryngology; May, 2016; Chicago.

Ongkasuwan J., Devore D, Hollas S, Tran B. Using Laryngeal Ultrasound for the Identification of Pediatric Vocal Fold Nodules. Poster presentation at the American Laryngological Association Annual Meeting; May, 2016; Chicago, IL.

Regone R. Toxoplasmosis Presenting as Cervical Lymphadenopathy in a Pediatric Renal Transplant Patient. Poster presented at: ASPO; May 20, 2016; Chicago, IL.

Sikora AG. Optimal Neoadjuvant and Adjuvant Integration of Immune Checkpoint Inhibitors in Surgical Head and Neck Cancer. Presented at American Society of Clinical Oncology (ASCO; June 6, 2016; Chicago, IL.

Snow M, Buchanan EP, Khechoyan DY, Monson LA, **Canadas KT**. Mandibular Distraction Osteogenesis for Neonates with Pierre Robin Sequence Improves Cormack-Lehane Airway Grade. Presented at American Society of Pediatric Otolaryngology National Conference; May 6, 2016; Houston, TX.

Sweeney AD. Complex Issues in Acoustic Neuroma II. Invited panelist at 38th George A Sisson International Workshop, Vanderbilt Otolaryngology Symposium; February, 2016; Vail, CO.

Sweeney AD. Medical and Surgical Management of Labyrinthine Disorders. Invited panelist at 38th George A Sisson International Workshop, Vanderbilt Otolaryngology Symposium; February, 2016; Vail, CO.

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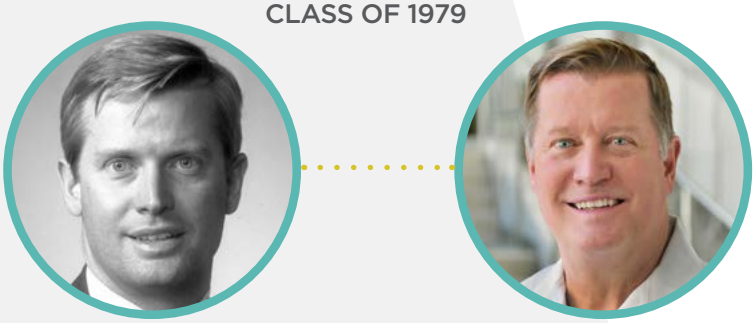

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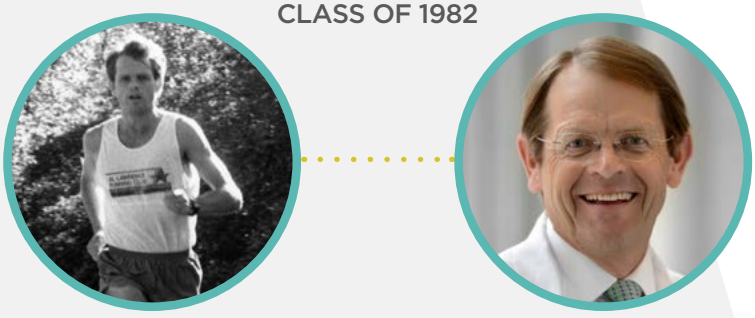

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