Dear Colleague,

We would like to take this opportunity to update you on some of the exciting clinical and research endeavors of the past year within the Otolaryngology – Head and Neck Surgery programs at NewYork-Presbyterian Hospital. The Hospital’s affiliations with Columbia University College of Physicians and Surgeons and Weill Cornell Medical College continue to provide our physicians and researchers with important opportunities for the development of new and innovative therapies for adult and pediatric patients.

**Faculty News**

Lawrence R. Lustig, MD, has been appointed Otolaryngologist-in-Chief at NewYork-Presbyterian/Columbia and Chair of Otolaryngology – Head and Neck Surgery at Columbia University College of Physicians and Surgeons, effective July 2014. Dr. Lustig, who is currently professor of otolaryngology/head and neck surgery at the University of California, San Francisco, treats the full spectrum of ear disorders in adults and children, as well as skull base disease. His specialties include skull base surgery, cochlear implants, the genetics of hearing loss, cochlear gene therapy, balance disorders, and hair cell physiology. Dr. Lustig has published more than 125 articles in peer-reviewed journals, as well as book chapters, and co-edited the textbook *Clinical Neurotology: Diagnosing and Managing Disorders of Hearing, Balance and the Facial Nerve*. His research focuses on the molecular biology of hearing, with specific interest in auditory hair cell function and the underlying genetics of certain forms of hearing loss.

Kevin D. Brown, MD, PhD, Department of Otolaryngology – Head and Neck Surgery at NewYork-Presbyterian/Weill Cornell, has been named to the Editorial Board of *Otology and Neurotology*.

Eli Grunstein, MD, Department of Otolaryngology – Head and Neck Surgery at NewYork-Presbyterian/Columbia, and Ashutosh Kacker, MBBS, and Lucian Sulica, MD, Department of Otolaryngology – Head and Neck Surgery at NewYork-Presbyterian/Weill Cornell, have been named to the Editorial Board of the *Laryngoscope*.

Samuel H. Selesnick, MD, Vice Chairman, Department of Otolaryngology – Head and Neck Surgery, NewYork-Presbyterian/Weill Cornell, received the Vice Presidential Citation by The Triological Society in recognition of outstanding contributions to the Society. Dr. Selesnick also serves on the Editorial Board of *Otolaryngology and Neurotology*.

Michael G. Stewart, MD, MPH, Chairman, and William R. Reisacher, MD, Department of Otolaryngology – Head and Neck Surgery at NewYork-Presbyterian/Weill Cornell, were honored for meritorious service to the American Academy of Otolaryngology – Head and Neck Surgery. Dr. Stewart was also elected to the Board of Directors of the American Academy of Otolaryngology – Head and Neck Surgery and the Board of Directors of the American Rhinologic Society. He continues to serve as Editor-in-Chief of *The Laryngoscope*.

**Program Highlights**

The *Sean Parker Institute for the Voice* opened in December 2013 at Weill Cornell Medical College under the direction of Lucian Sulica, MD, a nationally recognized laryngologist whose clinical expertise lies in the treatment of voice disorders, including care of the performing voice.

NewYork-Presbyterian/Weill Cornell’s *Center for the Performing Artist*, which is based in the Department of Otolaryngology – Head and Neck Surgery, offers comprehensive care for performers in a variety of fields. The Center, which provides diagnosis and treatment for disorders involving voice, swallowing, and upper airways of the performer and professional voice user, is now an official health care provider for the Metropolitan Opera and The Juilliard School. In 2013, the Center also became the official voice team for the cast of *Matilda the Musical* now playing on Broadway.

In October 2013, NewYork-Presbyterian/Weill Cornell hosted its *7th Annual Otolaryngology Symposium* in New York City. The two-day symposium featured distinguished faculty from Columbia and Weill Cornell, as well as national presenters, who provided an update on the latest diagnostic and therapeutic techniques in the full range of otolaryngology subspecialties.
Research Initiatives

NewYork-Presbyterian/Weill Cornell and NewYork-Presbyterian/Columbia faculty members participated in a joint retrospective study of factors contributing to cost in the performance of partial intracapsular and traditional total tonsillectomy. The study included the review of records of 289 pediatric patients who had a partial tonsillectomy and 289 patients who had a full tonsillectomy. While previous studies have shown equivalent effectiveness between these two procedures, the NewYork-Presbyterian study demonstrated statistically significant differences in favor of partial intracapsular tonsillectomies in surgical time, time in the operating room, PACU time, percent admitted postoperatively, number requiring PICU stay, number of readmissions after discharge, and number of postoperative ED visits separate from those requiring readmission. [The Laryngoscope. 2013 Nov;123(11):2868-72.]

At NewYork-Presbyterian/Columbia: Is Obesity Associated with Sensorineural Hearing Loss in Adolescents? A study by Anil K. Lalwani, MD, investigated the hypothesis that obese children are at increased risk of sensorineural hearing loss. Dr. Lalwani and colleagues examined data from 1,288 adolescents, 12 to 19, from the National Health and Nutrition Examination Survey (2005 to 2006). Obesity was found to be associated with higher hearing thresholds across all frequencies and an almost two-fold increase in the odds of having unilateral low-frequency hearing loss. [The Laryngoscope. 2013 Dec;123(12):3178-84.]

Is Sialendoscopy an Effective Treatment for Obstructive Salivary Gland Disease? The management of inflammatory salivary gland disease is undergoing a paradigm shift due to the use of sialendoscopy, which facilitates minimally invasive gland-sparing therapeutic procedures. Although sialadenectomy (salivary gland resection) continues to play an important role in the treatment of significant inflammatory salivary gland disorders, it is not without potential complications. In this study, Rahmatullah W. Rahmati, MD, evaluated the diagnostic and therapeutic outcomes of sialendoscopy as a single-treatment modality for obstructive salivary gland disease and also identified factors predictive of treatment success. [The Laryngoscope. 2013 Aug;123(8):1828-29.]

At NewYork-Presbyterian/Weill Cornell: Endoscopic Posterior Cricoid Split and Costal Cartilage Graft Placement in Children. Vikash K. Modi, MD, and colleagues at two other tertiary care medical centers reviewed a multi-institutional experience using endoscopic posterior cricoid split and costal cartilage graft placement in the management of pediatric bilateral vocal fold immobility, posterior glottic stenosis, and subglottic stenosis. Researchers studied 28 patients from age one to 15 years old, treated between 2004 and 2012, the largest study of its kind undertaken with the newer endoscopic technique. The study confirmed that the procedure can be safely performed with equal effectiveness and without increased surgical risk as the open technique. [Otolaryngology – Head and Neck Surgery. 2013 Mar;148(3):494-502.]

Detecting Local Immunoglobulin E from Mucosal Brush Biopsy of the Inferior Turbinates Using Microarray Analysis. Local, antigen-specific immunoglobulin E (IgE) can be detected using a standard in vitro assay of lysed epithelial cells in saline, harvested via nasal mucosal brush biopsy (MBB). However, compared to surgical biopsy or serum, smaller amounts of IgE are harvested using MBB, making detection much more difficult. Microarray analysis requires less IgE for detection, making this an attractive option for MBB. In this study, William R. Reisacher, MD, compared microarray analysis to a standard IgE assay for detecting antigen-specific IgE from MBB and to test the association between the presence of multiple positive components with specific IgE on standard assay and skin-prick testing grade. This study is the first demonstration that antigen-specific IgE in saline samples can be measured using microarray analysis, and its ability to measure smaller amounts of IgE, with similar accuracy, may give it a potential advantage for MBB analysis in the future. [International Forum of Allergy & Rhinology. 2013 May;3(5):399-403.]