Expanding our reach: leading the way at home and abroad.

SEVENTH EDITION | APRIL 2017
We are pleased to bring you the latest brochure from our Department. Since our last report, we have celebrated several significant events. We have moved into beautiful new space for the Sean Parker Institute for the Voice, which has become our fifth practice site in Manhattan. Similarly, the Weill Cornell/NewYork-Presbyterian Center for the Performing Artist, which is based in our Department, continues to grow. The Center was host for the Annual Meeting of the Performing Arts Medicine Association in 2016, which was held in New York City for the first time – at our Upper East Side campus. The meeting was their best-attended to date, and included a large international contingent.

Our faculty and programs also continue to expand. In addition to the programs featured in this brochure, our programs in cochlear implantation and implantable hearing devices, robotic surgery, salivary sialendoscopy, skull base surgery, and pediatric otolaryngology all continue to thrive and expand.

Our Hospital, the NewYork-Presbyterian Hospital, continues to be the top Hospital in New York City and one of the best in the USA, and our large new outpatient center – the David H. Koch Center – is nearing completion on our campus. When it opens we are projected to be the busiest Department in the Ambulatory Surgery Center. NewYork-Presbyterian’s Regional Hospital Network is also maturing, as noted inside.

Our unique residency program, based at the Weill Cornell and Columbia University Medical Centers of NewYork-Presbyterian Hospital and including rotations at Memorial Sloan-Kettering Cancer Center, Lincoln Hospital, and the Bronx VA Hospital, continues to attract outstanding residents and fellows.

Thanks again for your interest in our Department, and we hope you enjoy the brochure.

Sincerely,

Michael G. Stewart, MD, MPH
Professor and Chairman
Vice Dean of the Medical College
Contents

11th Annual Otolaryngology Update 2
Expanding our reach: leading the way at home and abroad 3
A Good Night’s Sleep 6
Brush With Success 9
In The Spotlight: The Center for the Performing Artist 10
Taking Voice Care to a New Level 12
It’s About Form and Function 14
National Leadership Update 16
Faculty Publications 18
Department Faculty 20
New Physician Appointment 22
Weill Cornell Network Faculty 23
Residency Update 24
Departmental Contact Information 25
SAVE THE DATE
October 26-27, 2017
2-day Comprehensive Otolaryngology Course

Course Co-Directors
Michael G. Stewart, MD
Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
Weill Cornell Medical College

Samuel H. Selesnick, MD
Professor and Vice-Chairman
Department of Otolaryngology-Head & Neck Surgery
Weill Cornell Medical College

Featuring distinguished local & national faculty

SAVE THE DATE
October 26-27, 2017
2-day Comprehensive Otolaryngology Course

Course Co-Directors
Michael G. Stewart, MD
Professor and Chairman
Department of Otolaryngology-Head & Neck Surgery
Weill Cornell Medical College

Samuel H. Selesnick, MD
Professor and Vice-Chairman
Department of Otolaryngology-Head & Neck Surgery
Weill Cornell Medical College

Featuring distinguished local & national faculty

11th Annual Symposium
Otolaryngology Update in NYC

Course Description
This 2-day course will provide the practicing Otolaryngologist-Head and Neck Surgeon with an update on the latest diagnostic and therapeutic techniques, including surgical management for the following subspecialties:

- Otology/Neurotology
- Head and Neck Surgery
- Rhinology and Sinus Surgery
- Pediatric Otolaryngology
- General Otolaryngology
- Facial Plastic & Reconstructive Surgery
- Laryngology and Dysphagia

Course Information
Marie M. Toussaint, Coordinator
tel: 212-746-2226
fax: 212-746-8128
email: mot2005@med.cornell.edu

Hotel Location
The New York Marriot Marquis
1535 Broadway
New York, NY 10036
Expanding our reach: leading the way at home and abroad

Weill Cornell Medicine has built a powerful network of partnerships across the City, Metropolitan Region and globe — from lab to classroom to exam room — to create a world-renowned academic medical institution that puts patients at the center of everything we do.

Dr. Augustine Choi,
Dean and Provost,
Weill Cornell Medicine

Geographical Expansion
Weill Cornell Medicine’s strategic expansion over the past two decades has touched every program area, positioning Weill Cornell Medical College, Weill Cornell Graduate School of Medical Sciences, and Weill Cornell Physician Organization to not only thrive in today’s evolving healthcare landscape, but also lead the way in shaping medicine for the future. This expansion has been in conjunction with our partner hospital NewYork-Presbyterian Hospital, which has also been expanding strategically. Its increased presence in the New York Metropolitan area, which includes new construction, facilities, as well as more locations, medical practices, personnel—including clinicians and scientists—has reshaped the institution. Further afield, Weill Cornell has established a medical school in Doha, Qatar, forged affiliations with Houston Methodist in Texas, Bugando Medical Centre and Weill Bugando University College of Health Sciences in Mwanza, Tanzania, and established clinical and research programs on every continent except Antarctica. To reflect all this change, in October 2016, the institution changed its name to Weill Cornell Medicine. The new name captures the full scope of the mission while communicating its position as a world-renowned institution and network of powerful partners combining ground-breaking research, top-tier education, and best-in-class care.

Departmental Growth
Certainly, this expansion has been evident in the Department of Otolaryngology – Head and Neck Surgery at Weill Cornell Medicine, which now has multiple locations where faculty physicians deliver outstanding patient care, conduct innovative research, and train tomorrow’s leaders. The Department has full-time faculty working in five sites in Manhattan — the main campus on York Avenue between 68th and 70th Street, a pediatric otolaryngology office on East 72nd Street, the Sean Parker Institute for the Voice on East 59th Street, the Upper West Side office on Broadway and 84th Street, a Lower Manhattan site at 156 William Street, as well as a location in Westchester’s Chappaqua, New York.

Plans are underway for expansions into the New York City boroughs of Queens and Brooklyn. Two major regional hospitals have been long-time affiliates of NewYork-Presbyterian Hospital and Weill Cornell Medicine: NewYork-Presbyterian/Queens, in Flushing, Queens, and NewYork-Presbyterian/Brooklyn Methodist Hospital in Park Slope. With these affiliations, Weill Cornell Medicine now has a presence in three boroughs with a population of several million people. As a result, the Weill Cornell Department of Otolaryngology faculty and programs will expand to reach these new communities and provide a full spectrum of modern Otolaryngologic care, from newborns to adults. This expansion will also provide new opportunities for groundbreaking clinical research, and potential settings for the education of future clinicians.
Expanding Our Reach

Facial Plastic Surgery Arrives in Westchester
High quality care in the full spectrum of plastic, reconstructive and aesthetic surgery of the head and neck is now offered at the Department’s Center for Facial Plastic Surgery in Chappaqua, (59 South Greeley Avenue; Chappaqua, NY) as well as our Manhattan location on the Upper East Side. The academically-based program includes facial plastic and reconstructive surgery and provides treatment for conditions and deformities related to trauma and cancer. A wide range of elective cosmetic procedures are also offered, including the revision of plastic, reconstructive and aesthetic surgery (rhinoplasty and other procedures) to improve function and appearance.

Allergy Program Expands to Lower Manhattan
Outpatient allergy services are now being offered at 156 William Street. At this location, we offer non-invasive, needle-free skin testing, as well as blood testing for airborne and food allergies. Every patient will get a personalized allergy plan, which may include counseling on avoidance, medications, or immunotherapy. Patients who would benefit from immunotherapy may choose from the traditional allergy injections, or sublingual immunotherapy, which is self-administered at home under the tongue.

Pediatric Otolaryngology Office
Pediatric Otolaryngology has its own primary location, custom-built with the pediatric patient and family in mind, on the Upper East Side two short blocks from the main campus (428 East 72nd Street, Oxford Building, Suite 100.) In addition, families in lower Manhattan and on the West Side can access pediatric subspecialty services at those Otolaryngology office locations. At all three offices, fellowship-trained pediatric otolaryngologists care for infants and children with common and complex disorders in the head and neck region.
Current Office Locations

At Weill Cornell Medicine our faculty members provide the full spectrum of modern care for all Ear, Nose & Throat issues, from newborns to adults. Hearing testing and hearing aid services are also available, except in our Chappaqua office. Our offices are all conveniently located and easily accessible via public transportation.

Upper East Side
1305 York Avenue, 5th Floor
at 70th Street
New York, NY 10021

Upper West Side
2315 Broadway, 3rd Floor
at West 84th Street
New York, NY 10024

Lower Manhattan
156 William Street, 12th floor
New York, NY 10038

Pediatric Otolaryngology
428 East 72nd Street
Oxford Building, Suite 100
New York, NY 10021

Sean Parker Institute for the Voice
240 East 59th Street, 2nd floor
New York, NY 10022

Facial & Reconstructive Surgery
59 South Greeley Avenue, Suite 4
Chappaqua, NY 10514
According to the National Sleep Foundation, at least 18 million Americans have Obstructive Sleep Apnea (OSA) and many are unaware and/or untreated. As we all know, OSA can be potentially life-threatening if left untreated.

In the Department of Otolaryngology – Head and Neck Surgery at Weill Cornell Medicine, our physician team works with a multidisciplinary group to advance the care of patients suffering from sleep apnea, providing a range of nonsurgical and surgical options that are tailored to the needs of the individual. We work closely with the Weill Cornell Adult Sleep Center (itself shared between Pulmonary Medicine and Neurology), the Pediatric Sleep Center, and other Departments and Divisions.

“Treatment is determined by first understanding the severity of the sleep apnea. This always begins with a thorough patient interview and then for at-risk patients, we recommend a sleep study,” explains Dr. Joshua Levinger, Assistant Professor of Otolaryngology. The sleep study can take place at one of Weill Cornell Medicine’s specialized Sleep Centers or at home using a home monitor. Of course, patients often prefer the ease of a home sleep study; they can perhaps more easily replicate a normal sleep routine and can also be tested over the course of a few days.

Physical examination including awake fiberoptic laryngoscopy is a routine part of our assessment. For patients being considered for surgery, we also frequently perform drug-induced sleep endoscopy and we are collecting those findings prospectively for future study. And for some patients, we work with our colleague’s in Oral and Maxillofacial Surgery who perform lateral cephalometric evaluation to assess airway size, as well as the bone and soft tissue anatomy for those patients who also might need skeletal surgery.
Mild to Moderate OSA

If the patient has obstructive sleep apnea, “there are a range of treatments available for patients depending on the severity of the condition,” explains Dr. Ashutosh Kacker, Professor of Clinical Otolaryngology. In addition to lifestyle changes, “sometimes wearing an EPAP device while sleeping, (nasal expiratory positive airway pressure) can improve the condition, and another option is the mandibular advancement device (MAD), which is a dental appliance,” reports Dr. Kacker.

Surgical Options

We always recommend a trial of CPAP, which is the first line of therapy. However, for patients who are unable to successfully use CPAP, our Department offers a wide array of surgical treatments. More important than performing the surgery however, is selecting the correct combination of procedures based on the patient’s anatomy. We use some combination of tonsil and adenoid surgery, uvulopalatopharyngoplasty, base of tongue/lingual tonsil reduction, tongue suspension, and hyoid suspension, as well as genioglossus advancement, and maxillomandibular advancement. We perform many of these procedures with our colleagues from the Weill Cornell Medicine Oral and Maxillofacial team – with us performing the soft tissue portion, and them performing the bony advancements. Nasal surgery is also an option. There is evidence, according to Dr. Michael Stewart, Professor and Chairman of Otolaryngology, that OSA patients with nasal obstruction will experience subjectively better sleep, less sleepiness, and improved quality of life following corrective nasal surgery. Also, there is evidence that nasal surgery can improve CPAP compliance, if that is a goal.

New Treatment – Implantable Stimulation Device

Since late 2014, patients at Weill Cornell Medicine who are CPAP-intolerant have access to a revolutionary new treatment: an implantable hypoglossal nerve stimulator. This state-of-the-art device is a potential breakthrough in addressing OSA and is the first of its kind that is approved by the U.S. Food and Drug Administration. Weill Cornell was the first site in New York City to offer the device, and its implementation was led by Dr. Maria Suurna, who is double Board-certified in Otolaryngology and in Sleep Medicine.

The implant, manufactured by Inspire Medical Systems, works with a person’s natural breathing process.

Continued on page 8
"The implantable hypoglossal nerve stimulation device is a very exciting alternative therapy for patients who have struggled with traditional treatments for years to effectively manage their OSA," says Dr. Suurna, Assistant Professor of Otolaryngology. "Now, we can implant this small neuro-stimulation device in the outpatient setting." Like the initial multicenter study published in the New England Journal of Medicine, our initial results have been excellent with many patients cured by PSG criteria. Technically, the pulse generator is inserted under the skin in the upper chest, with a breathing sensor lead placed in the intercostal space, and a stimulation lead attached to the hypoglossal nerve. The therapy works with a person's natural breathing process and delivers mild stimulation to key tongue muscles, keeping the airway open during sleep. The device is activated and titrated working the Sleep Center a few weeks postop. The patient then activates the device with an external remote control at night and can turn it off in the morning. "Patients don't feel the device, and they typically have no pain or discomfort," says Dr. Suurna.

This hypoglossal nerve stimulator is a welcome addition to the many different procedures already available for treating OSA, and for appropriately selected patients is perhaps more effective and less invasive than traditional surgical options.
Brush With Success

Novel Approach for Allergies

For the 50 million people in the U.S. suffering from allergies, antigen-specific immunotherapy in the form of subcutaneous injections or sublingual drops/tablets, is not always an easy solution. Immunotherapy, although effective, can be time-consuming, inconvenient, sometimes painful (especially for children) and over the required 3-5 years of treatment, even sublingual therapy presents long-term adherence problems for patients.

For Dr. William Reisacher, Otolaryngic Allergist, Associate Professor of Otolaryngology and the Director of Allergy Services within the Department of Otolaryngology, the challenge was to find a way to increase use of this proven immunotherapy with a more effective and easier way to deliver it to patients suffering with allergic rhinitis.

Patients with allergies pertaining to the head and neck coming to Dr. Reisacher benefit from seeing someone with advanced training in sinus and airway problems, because they can be treated both medically and surgically if needed. “It’s important not to leap to conclusions. I sit down with patients, ask them what’s bothering them and listen. Many problems that they come in with are very straightforward and have nothing to do with allergies. But it is something I always keep in mind.”

“Many patients believe that there’s nothing they can do for allergies, and it’s just a nuisance they have to learn to live with. Or they didn’t want to go through the effort of immunotherapy. I wanted to find a way to help.” A 2013 position paper of the World Allergy Organization recognized the potential of the mucosal tissues in the oral vestibule and gingiva to induce an enhanced level of immune tolerance. Further investigation by Dr. Reisacher revealed a study showing that the immune cells most responsible for desensitization were in the highest density in the lining of the cheeks and gums. As Dr. Reisacher pondered this one morning while brushing his teeth, inspiration struck. With the help of a toothpaste formulation expert and compounding pharmacy, Dr. Reisacher developed a commercial-grade fluoride toothpaste – Allerdent – which could incorporate and stabilize the liquid extracts of common airborne allergens and the first oral mucosal immunotherapy toothpaste was created.

The custom-made toothpaste is mixed with the exact extracts to which a person is allergic. The patient applies the toothpaste to his or her brush using the product’s metered delivery system and brushes twice a day. The toothpaste can be created with or without fluoride, it cleans teeth, prevents tarter buildup, and comes in several flavors including mint and berry.
The Center for the Performing Artist at NewYork-Presbyterian Hospital/Weill Cornell Medicine continues to lead the way in both caring for the special needs of performers as well educating those who are providing care. Two distinguished names in performing arts education, Manhattan School of Music and Marymount Manhattan College, were added to the Center’s already distinguished roster of performing arts organizations, which includes the Juilliard School and the Metropolitan Opera.

The Center’s multidisciplinary team of experts, each of whom is a recognized leader in his or her field of otolaryngology, neurology, gastroenterology, pulmonary, rheumatology – among many other specialties – is experienced in caring for and sensitive to the unique needs of the performer and how the very high-demand conditions of their work makes them vulnerable to ailments and injuries.

Since opening in 2008, the Center has grown yearly, and has now scheduled thousands of patient visits. “Patients receive comprehensive and integrated care tailored to their specific performance needs and levels, all within the context of their overall physical and mental health and well-being,” says Nancy Amigron, the Center’s Program Manager. Ms. Amigron who has many years of experience with finding the right specialist and facilitating the multi-disciplinary care of artists, sometimes just hours before curtain time. “Our new offices on the West Side make it very convenient for the many musicians, dancers and other performing artists coming to us for care, whether it’s a violinist with a strained pinky, a singer with a paralyzed vocal cord or a dancer with tendinitis. The Center’s language translation services also make visits to our Center physicians seamless for performers from outside the U.S,” informs Ms. Amigron. In addition to performance related issues, the center also focuses on general health concerns and wellness for its patients.

IN THE SPOTLIGHT
The Center for the Performing Artist

“Thank you so much for all the work you have done for me. I wish there were more resources in New York City to help actors and artists in situations like this. We really don’t have very many people “in our corner,” other than the union. And sometimes even that is questionable. So, thank you so much for helping me.”

Jane, a professional actress

Thank you so much for all the work you have done for me. I wish there were more resources in New York City to help actors and artists in situations like this. We really don’t have very many people “in our corner,” other than the union. And sometimes even that is questionable. So, thank you so much for helping me.
Weill Cornell Hosts Performing Artists Medicine Association (PAMA)

In July of 2016, the NewYork-Presbyterian/Weill Cornell Center for the Performing Artist took centerstage when it hosted the Performing Arts Medicine Association (PAMA) International Symposium at NYP/Weill Cornell Medicine’s Upper East Side campus. The 4-day event, which has traditionally been held in Colorado, took place in New York City for the first time, in several locations on the Weill Cornell Medicine/NewYork-Presbyterian Hospital campus, where 300 physicians, therapists, educators, artistic directors, and athletic trainers with the common goal of improving the health care of the performing artist gathered from all over the U.S. and world.

This year’s symposium themed, “Make it! Not Break it! Creating the Resilient Performing Artist Athlete,” featured presentations in performance and voice, laryngology, rehabilitation, psychology, nutrition, dance, instruments, sports medicine, health education, musculoskeletal, neurology and physical fitness. In addition to hosting the meeting, Weill Cornell Medicine physicians were honored to be invited to give keynote speeches, and moderate panels and programs. The New York location helped to attract a larger audience and more international attendees than ever before.
Taking Voice Care to a New Level
State-of-Art Facility Opens

A ribbon-cutting ceremony in November marked the grand opening of a much anticipated, new state-of-the-art facility for the Sean Parker Institute for the Voice, which exists under the umbrella of the Weill Cornell Medicine, Department of Otolaryngology – Head and Neck Surgery. Established in 2013, with a generous gift from the new media entrepreneur and philanthropist Sean Parker, the Institute’s goal is to develop and provide rational, evidence-driven care for patients with voice disorders, which affect more than 20 million people in the United States.

The centrally-located facility on East 59th Street and Second Avenue and near the 4, 5, 6 and Q subway lines, takes care of the voice to an entirely new level. Patients have comprehensive access to resources and specialists in one convenient location. The facility features the latest evaluation and treatment technologies to permit top-notch care as well integrated data collection to support the Institute’s clinical research. Procedure suites are equipped for the entire range of newly-developed office voice procedures, many of them pioneered and taught by Parker Institute physicians nationally. The entire physical plant has been designed to limit noise interference, including triple-pane glass and treatment rooms outfitted with specially sealed doors and special soundproofing.

“The mission of the Sean Parker Institute is to take excellent care of patients and at the same time to push the boundaries forward in the care of voice and laryngeal disorders. This space is custom-built to optimize those goals, and distinguishes us from virtually every other facility for voice care in the New York Metropolitan Area and up and down the East Coast,” says Institute Director Lucian Sulica, MD, who is also the Sean Parker Professor of Otolaryngology at Weill Cornell Medicine.

A nationally renowned researcher, clinician, and educator in the field of laryngology and voice disorders, Dr. Sulica has built the Sean Parker Institute into a thriving program that has served countless
performers and non-performers with voice problems, and routinely generates research that informs clinical care. He is joined by Babak Sadoughi, MD, an Assistant Professor of Otolaryngology with expertise in minimally invasive laryngeal surgery. Dr. Sadoughi is a graduate of the fellowship program run by the Sean Parker Institute and has now returned to help transform it into an international center of excellence in laryngology. Dr. Sadoughi is also a 2016 Triological Society Research Career Development Award recipient.

“The opening of the Sean Parker Institute for the Voice represents a major advance in Weill Cornell Medicine’s mission to care, discover and teach,” said Dr. Sulica. “Now we have a dedicated space to ensure that our patients receive top-notch care in an extremely important, but often overlooked, area of medicine.”

To complement the clinical and research mission of the Institute, the Parker Foundation has recently made a very generous additional gift to create the Sean Parker Fellowship in Laryngology. This will allow the Institute to train fellows in the field with special preparation for clinical and translational research, which is expected to contribute to increasing the quality of laryngological research as the field evolves.

Sean Parker Institute for the Voice patient Daniel Rosenfield shares his perspective on the importance of care and research for voice disorders at the institute’s ribbon cutting ceremony on Nov. 3.

From left: Drs. Lucian Sulica, Augustine M.K. Choi and Babak Sadoughi
“The goal for a rhinoplasty should be that the outside looks as good as the inside functions. You need to know the structure, the form, and the physiology of the nose,” explains Dr. Anthony P. Sclafani, otolaryngologist and Director of Facial Plastic and Reconstructive Surgery in the Weill Cornell Medicine Department of Otolaryngology – Head and Neck Surgery. “Not infrequently, a patient may present having had a poorly performed surgery elsewhere and while the nose may look okay, it doesn’t work.”

As an otolaryngologist trained in facial, plastic, and reconstructive surgery, Dr. Sclafani, who sees patients in the Department’s Manhattan office on the Upper East Side as well as in its Westchester office, in Chappaqua, New York, believes that otolaryngologists’ understanding of the complex anatomy, physiology, and pathology of the entire head and neck makes them uniquely skilled to perform procedures affecting the whole face. Since beginning his practice in the 1990s, Dr. Sclafani has seen a great change in patients’ attitudes. “Early on, patients were skeptical about an otolaryngologist performing rhinoplasty; now, patients are grateful to have a qualified otolaryngologist as their rhinoplasty surgeon because they now better appreciate the complexity of the procedure and the need for excellent form and function.”

**Reconstruction Following Skin Cancer**

In collaboration with a range of dermatologists, Dr. Sclafani’s reconstructive skills are frequently sought out in the treatment of defects after facial, especially nasal, skin cancer excision. “Mohs surgery can be a highly effective means of clearing skin cancer margins, especially in cosmetically important areas such as the nose. Working collaboratively with dermatologists allows them to do whatever they need to do to remove the cancer, regardless of the defect left behind,” explains Dr. Sclafani. “Because of this, the cure rate is somewhere between ninety-nine to one hundred percent. The reconstructive surgeon is then free to utilize all techniques to reconstruct the nose without worry about residual tumor. This is really the best of
both worlds. With understanding the structure and function of the internal nose and sinuses and a comprehensive knowledge of nasal form, the otolaryngologist-facial plastic surgeon can apply rhinologic principles and rhinoplasty techniques to nasal reconstruction.”

**Speeding Healing with PRP**

In addition to tried-and-true otolaryngologic and facial plastic surgery techniques, Dr. Sclafani is encouraged by improved devices and technologies based on understanding of facial physiology to treating patients. In instances of non-healing wounds, Dr. Sclafani is optimistic about the use of Platelet Rich Plasma (PRP) to speed healing. “I recently treated with PRP a previously-irradiated patient with a wound that had been open for several months; that wound had almost entirely closed on its own within 2 weeks.” A recently FDA-approved nasal valve implant, Latera, may be able solve nasal valve problems with a simple injection, according to Dr. Sclafani.

**Complex Reconstructive Surgery**

Dr. Sclafani feels board certification in both otolaryngology and facial plastic surgery provides him with an expertise key to rebuilding facial structures. Both cosmetic and reconstructive facial plastic surgery may be appropriate for patients of all ages, 8 weeks to 88 years old. Dr. Sclafani feels that otolaryngology’s focus on plastic surgery of the head and neck allows the surgeon to fully understand the dynamics of the face. For example, lip reconstructions are better because of the surgeon’s experience in lip augmentation and rejuvenation; rhinoplasty results are better because of the facial plastic surgeon’s expertise in nasal reconstruction. “Cosmetic facial surgery and facial reconstruction are really two sides of the same coin. Experience with one provides a unique perspective to the other.”

Dr. Sclafani performs a range of facial plastic and aesthetic surgeries of the head and neck as well as a wide range of elective procedures to improve or change the shape and appearance of the face or a facial feature. “Ultimately, we are physicians and listening to patients is essential. I spend time listening to learn exactly what patients want to achieve. They may not know specifically what they need in terms of procedure, but they do know what effect they want. I try to help them define these goals and then create a treatment plan uniquely for them.”

---

**Ultimately, we are physicians and listening to patients is essential.**

Dr. Sclafani
National Leadership Update

Physicians at Weill Cornell Medicine Department of Otolaryngology are leaders in their field setting standards for clinical care, research, and education, and many occupy significant positions of national responsibility.

Congratulations to Babak Sadoughi, MD, recipient of a 2016 Research Career Development Grant Award from the American Laryngological, Rhinological and Otological Society, a.k.a. “The Triological Society.” This research project, which includes interdepartmental collaboration with Weill Cornell neurologist, Bridget T. Carey, M.D., will study the mechanisms of motor nerve function in the human larynx. The study will use magnetic stimulation of the brain’s cortex to trigger response signals in the vocal folds and laryngeal musculature, which will be further characterized and studied. Nerve conduction patterns in normal controls and patients with vocal cord paresis and paralysis will be studied and compared. This innovative study design is expected to improve our understanding of laryngeal innervation and signal conduction patterns, with the goal of improving the management of patients suffering from vocal fold paresis and paralysis. “In issues of mobility of the vocal cords such as paralysis or partial paralysis (paresis) we have ways to clinically suspect these diagnoses but we don’t have a good gold standard to study and verify,” explains Dr. Sadoughi. “So, we rely on descriptive indicators to affirm, with a variable degree of certainty, whether that pathology is occurring. There’s a lot of speculation and assumption about causes of paralysis or paresis in a patient as well as how to treat it. The eventual goal for this project is to come up with an evidence-based technique to study motor disorders of the larynx.”

Samuel Selesnick, MD, has been named President of the American Otological Society. Dr. Selesnick is Professor and Vice Chairman of the Department of Otolaryngology and Professor of Otolaryngology in Neurological Surgery at the Weill Cornell Medical College, and is a member of the Department of Neurological Surgery at Memorial Sloan Kettering Cancer Center. Dr. Selesnick is also a Past-President of the American Neurotology Society. He has lectured across the United States and in 18 different countries, across Europe, the Middle East, and Asia. He is also a past Member of the Board of Directors of the American Academy of Otolaryngology - Head and Neck Surgery and recipient of the Honor Award from the Academy.

Michael G. Stewart, MD, MPH, serves as President of the American Board of Otolaryngology. After several years as a Director, Dr. Stewart was elected President of the Board for 2017-18. He also remains the Editor-in-Chief of The Laryngoscope journal, and serves on the Council of the Triological Society.
Joseph Montano, EdD, CCC-A has been named to the Board of Directors American Speech-Language-Hearing Association (ASHA) and Vice President for Standards and Ethics in Audiology.

Dr. Joseph Montano, Director of Hearing and Speech at Weill Cornell Medicine, is also Associate Professor of Audiology in Clinical Otolaryngology. He is a past-president of the Academy of Rehabilitative Audiology and the New York State Speech Language and Hearing Association and serves on the Advisory Boards of the Ida Institute, Hearing Rehabilitation Foundation (HRF), and Hearing Education and Awareness for Rockers (HEAR). His service to ASHA includes past member of the Board of Ethics, Convention co-chair, twice coordinator of Special Interest Group 7 (Aural Rehabilitation and Its Instrumentation), past member of the Scientific and Professional Education Board, Audiology Advisory Council, Legislative Council, and participation on the Convention planning committee as both member and topic coordinator. Dr. Montano holds memberships in: ASHA, the American Academy of Audiology, Academy of Rehabilitative Audiology, American Society on Aging and the New York State Speech language and Hearing Association. He was named Fellow of the American Speech Language Hearing Association, and holds Honors of the New York State Speech Language Hearing Association (NYSSLHA). He is the recipient of the ASHA New York State Clinical Achievement Award, the NYSSLHA Distinguished Service Award, and the Nitchie Award for Adult Aural Rehabilitation from the League for the Hard of Hearing.

Anthony Sclafani, MD serves as Editor-in-Chief for North America; Facial Plastic Surgery.

This quarterly journal has published topic-specific issues covering areas of aesthetic and reconstructive plastic surgery since its debut in 1984. Topic focuses include scar revision, mid-face rejuvenation, facial trauma, facial implants, neck reconstruction, cleft palate, facelifts, as well as other procedures and information regarding state-of-the-art technology, as well as new treatments. The ever-expanding journal has grown to encompass a full range of surgical procedures for the face and neck. Dr. Sclafani is Director of Facial Plastic and Reconstructive Surgery in the Department of Otolaryngology - Head and Neck Surgery at Weill Cornell Medicine, and is a Professor of Otolaryngology. Dr. Sclafani has lectured at regional, national, and international surgical meetings and has published extensively in the field of facial plastic surgery.

Lucian Sulica, MD, serves as Secretary of the American Laryngological Association. A member of the Council of the organization since 2014, Dr. Sulica will serve a four-year term as secretary until 2020. Dr. Sulica is the Sean Parker Professor of Otolaryngology and the Director of the Department’s Sean Parker Institute for the Voice.


Michael G. Stewart, MD, MPH  
Chairman and Otolaryngologist-in-Chief  
Professor of Otolaryngology and Public Health  
Senior Associate Dean for Clinical Affairs  
Vice Dean of the Medical College  
(646) 962-6673

Samuel Selesnick, MD  
Vice Chairman, Otolaryngology  
Professor, Otolaryngology  
(646) 962-3277

George Alexiades, MD  
Associate Professor, Otolaryngology  
Otology  
(646) 962-2032

Victoria Banuchi, MD, MPH  
Assistant Professor, Otolaryngology  
Head and Neck Surgery  
(646) 962-2363

Ashutosh Kacker, MD  
Professor, Clinical Otolaryngology  
(646) 962-5097

William Kuhel, MD  
Professor, Clinical Otolaryngology  
(646) 962-6325

David Kutler, MD  
Associate Professor, Otolaryngology  
(646) 962-4323

Joshua Levinger, MD  
Assistant Professor, Otolaryngology  
(646) 962-4451

Alison Maresh, MD  
Assistant Professor, Otolaryngology  
(646) 962-2225

Vikash Modi, MD  
Chief, Pediatric Otolaryngology  
Associate Professor, Otolaryngology  
(646) 962-3017

Joseph Montano, EdD  
Chief of Audiology and Speech Language Pathology  
Associate Professor, Audiology in Clinical Otolaryngology  
(646) 962-2231
New Physician Appointment

Andrew Tassler, MD

We are pleased to welcome Andrew Tassler, MD to the Department of Otolaryngology – Head and Neck Surgery. Dr. Tassler serves as Assistant Professor in the Department of Otolaryngology - Head and Neck Surgery at Weill Cornell Medicine. Dr. Tassler was born and raised in Washington, DC. He attended Amherst College and graduated magna cum laude with a degree in Political Science. He then received his medical degree from Georgetown University School of Medicine. He completed an internship in General Surgery at New York Hospital/Weill Cornell Medical Center followed by residency in Otolaryngology – Head and Neck Surgery at Georgetown University Hospital. While at Georgetown, he received the Hugh O. DeFries Award for Lifetime Learning. After residency, Dr. Tassler completed a fellowship in Advanced Oncologic Head and Neck Surgery and Endoscopic Skull Base Surgery at the University of Pittsburgh. Prior to joining the faculty at Weill Cornell, Dr. Tassler practiced for five years at Montefiore Medical Center where he was Assistant Professor of Otorhinolaryngology at Albert Einstein College of Medicine. While at Montefiore, Dr. Tassler was awarded for outstanding resident teaching and was selected three times as a Super Doctors “Rising Star” by his colleagues. Dr. Tassler is a member of the American Academy of Otolaryngology - Head and Neck Surgery, the American Head and Neck Society, the New York Head and Neck Society, and the North American Skull Base Society. He is also an active fellow of the American College of Surgeons. Dr. Tassler is a specialist in all aspects of head and neck cancer surgery. His expertise lies in the diagnosis and treatment of benign and malignant tumors of the head and neck, including salivary glands, thyroid and parathyroid, tongue, lips and oral cavity, larynx, pharynx, sinuses, skull base and skin. He also has a particular interest in minimally invasive techniques in head and neck surgery including transoral laser (TLM) and robotic surgery (TORS) as well as endoscopic skull base surgery.
Weill Cornell Network Faculty

Sheila Apicella, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Scott Gold, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Corinne E. Horn, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Amanda Silver-Karcigolu, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Lane D. Krevitt, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Robert L. Pincus, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575

Neil M. Sperling, MD
Affiliate Assistant Professor of Clinical Otolaryngology
(212) 889-8575
Residency Update

Combining the resources of Weill Cornell Medical College and Columbia University College of Physicians and Surgeons, the joint Otolaryngology – Head and Neck Surgery Residency Training Program provides outstanding opportunities in clinical care, research, and academic medicine.

2015 – 2016 Weill Cornell OTO Graduates

Luke Donatelli, MD  
Hardik Doshi, MD  
Yuna Larrabee, MD  
Brian Stater, MD

2016 – 2017 Weill Cornell OTO Interns

Wesley Davidson, MD  
Madeleine Drusin, MD  
Ade Obayemi Jr, MD  
Chetan Safi, MD

VISIT: http://cornellent.org/residency/
Department of Otolaryngology
Head and Neck Surgery

Chairman’s Office
Michael G. Stewart, MD, MPH
(646) 962-4777

Weill Greenberg Center
1305 York Avenue, 5th Floor
New York, NY 10021
(646) 962-3681
http://cornellent.org/

Center for the Performing Artist
http://weill.cornell.edu/centerperformingartist/
(646) 962-2787

Sean Parker Institute for the Voice
(646) 962-7464
https://voice.weill.cornell.edu/

Hearing and Speech Center
(646) 962-2231
http://cornellent.org/healthcare_services/hearing_and_speech_center.html

West Side Practice
2315 Broadway, 3rd Floor
New York, NY 10024
http://cornellent.org/westside.html

Lower Manhattan Practice
156 William Street, 12th floor
New York, NY 10038
http://cornellent.org/downtown.html

Chappaqua Practice
59 South Greeley Avenue, Suite 4
Chappaqua, NY 10514
http://cornellent.org/chappaqua.html

Weill Cornell Medical College, Cornell University’s medical school located in New York City, is committed to excellence in research, teaching, patient care, and the advancement of the art and science of medicine, locally nationally, and globally. Physicians and scientists of Weill Cornell Medical College are engaged in cutting-edge research from bench to bedside, aimed at unlocking mysteries of the human body in health and sickness and toward developing new treatments and prevention strategies. In its commitment to global health and education, Weill Cornell has a strong presence in places such as Qatar, Tanzania, Haiti, Brazil, Austria, and Turkey. Through the historic Weill Cornell Medical College in Qatar, the Medical College is the first in the U.S. to offer its MD degree overseas. Weill Cornell is the birthplace of many medical advances — including the development of the Pap test for cervical cancer, the synthesis of penicillin, the first successful embryo-biopsy pregnancy and birth in the U.S., the first clinical trial of gene therapy for Parkinson’s disease, and, most recently, the world’s first successful use of deep brain stimulation to treat a minimally conscious, brain-injured patient. Weill Cornell Medical College is affiliated with NewYork-Presbyterian Hospital, where its faculty provides comprehensive patient care at NewYork-Presbyterian/Weill Cornell Medical Center. The Medical College is also affiliated with The Methodist Hospital in Houston, Texas.

For more information, visit weill.cornell.edu.