



Otolaryngology – Head and Neck Surgery at Weill Cornell Medical College

Otology
Rhinology
Sinus Disorders
Plastic and Reconstructive Surgery
Hearing and Speech
Laryngology and Voice
and related disciplines

FOURTH EDITION



Focus
on Head
and Neck
Surgery



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Michael G. Stewart, MD, MPH Named Editor-in-Chief of *The Laryngoscope*

The American Laryngological, Rhinological and Otolaryngological Society (The Triological Society) has appointed Michael G. Stewart, MD, MPH, as the new Editor-in-Chief of *The Laryngoscope* – a prestigious academic journal that has been the forum for many groundbreaking advances in the specialty of otolaryngology – head and neck surgery. Published by Wiley-Blackwell, the journal, which was founded in 1896, presents an international exchange of knowledge, including basic and evidence-based clinical and research findings in the full spectrum of disorders of the head and neck and related structures.

Dr. Stewart is the Professor and Chairman of the Department of Otolaryngology – Head and Neck Surgery, and the E. Darracott Vaughan, Jr., MD, Senior Associate Dean for Clinical Affairs at Weill Cornell Medical College. He began his term as the journal's ninth Editor on October 1, 2011, succeeding Jonas T. Johnson, MD, who served in the position for eight years.

“The Executive Council of the Triological is very pleased that Dr. Stewart has accepted the position of Editor-in-Chief of *The Laryngoscope*, one of The Triological Society's most valuable assets and sources of pride,” the Society said in a statement. “The Society looks forward to the expertise and energy that Dr. Stewart will bring to *The Laryngoscope*.”

The Laryngoscope is also the official journal of the American Laryngological Association.

Dr. Stewart commented, “Since I was a medical student, I have always been amazed at how many classic and influential articles – as well as current, cutting-edge otolaryngology research topics – have been published in *The Laryngoscope*. I am honored to be appointed Editor of such an important journal, and I look forward to working with the Associate Editors and Editorial Board to maintain its high standards.”



Dr. Michael G. Stewart



Message from the Chair

We are pleased to bring you our latest brochure and update you on activities in the Department. First, the Medical College recently changed our name from the Department of Otorhinolaryngology to the Department of Otolaryngology – Head and Neck Surgery, reflecting the contemporary name of the specialty. We are proud to have had full Departmental status at Weill Cornell since 1968. Since our last report, the Department has continued to thrive and grow. We have added new faculty, and we are planning to expand further when the Medical College opens a new Westside Manhattan office in 2012. The Center for the Performing Artist is flourishing, along with all our other programs, including Pediatric Otolaryngology, where we just welcomed our third fellow; Hearing and Speech; Head and Neck; Laryngology and Professional Voice; Allergy; Otology/Neurotology; and the cochlear implant program, among others. Our residency program, which is shared with Columbia University College of Physicians and Surgeons, is attracting its strongest applicants ever. Last year, all four graduating residents went on to fellowship training.

At the Medical College, there are many exciting developments. Our new Medical Research Building is rising quickly out of the ground on East 69th Street (we can watch the construction from our building), and we will begin to move in researchers in 2014. Also, after a spectacular 15-year tenure as Dean, during which time he raised more than \$2 billion in philanthropy and grew and improved countless research and clinical programs, Dr. Antonio Gotto is stepping down as Dean at the end of 2011. Dr. Laurie Glimcher from Harvard Medical School has been named the new Dean, effective January 2012. A member of the National Academy of Sciences, Dr. Glimcher is a renowned researcher who will bring new distinction to the Medical College's research programs while continuing to grow the clinical enterprise. Fortunately, Dr. Gotto is not retiring; he will stay involved as Co-chair of the Board of Overseers.

At NewYork-Presbyterian Hospital, after a national search, Dr. Steven Corwin has been named Chief Executive Officer of the Hospital, succeeding Dr. Herbert Pardes. Dr. Corwin previously served as Executive Vice President and Chief Operating Officer. Dr. Pardes is also staying on as Executive Vice Chairman of the Board of Trustees and will continue to provide his talents to assist with fundraising and governmental relations.

We hope you enjoy our brochure, and thank you for your interest in Weill Cornell.



Michael G. Stewart, MD, MPH
Professor and Chairman
Department of Otolaryngology – Head and Neck Surgery



The new Medical Research Building scheduled to open in 2014

Welcome to New Physicians

Marc A. Cohen, MD

Head and Neck Surgery has expanded with the appointment of Marc A. Cohen, MD. Dr. Cohen specializes in the management of benign and malignant tumors of the head and neck, including abnormalities of the upper aerodigestive tract, thyroid and parathyroid, salivary glands, and skin.

Dr. Cohen's clinical and research interests address patient oncologic and functional outcomes following treatment for head and neck malignancy. His research focuses on minimally invasive and endoscopic techniques – particularly the use and investigation of Transoral Robotic Surgery (TORS) – for the treatment of head and neck cancer.

Dr. Cohen earned his medical degree at the University of Pennsylvania School of Medicine. He completed a residency in Otolaryngology – Head and Neck Surgery at the University of Pennsylvania Medical Center, followed by a fellowship in Head and Neck Surgical Oncology and Reconstruction at the Princess Margaret Cancer Center, University of Toronto.



Joshua I. Levinger, MD

Joshua I. Levinger, MD, joins the faculty after completing his medical degree from Weill Cornell Medical College and his residency in Otolaryngology – Head and Neck Surgery at NewYork-Presbyterian Hospital – Columbia and Cornell program. Dr. Levinger cares for both children and adults. His clinical interests include nasal sinus disorders, sleep apnea, allergic rhinitis, and salivary and thyroid disorders, with a focus on advanced endoscopic sinus surgery and image-guided surgery.

In addition to practicing at the main campus, Dr. Levinger is working to expand the Otolaryngology program at the New York Downtown Hospital in lower Manhattan, which is a member of the NewYork-Presbyterian Healthcare System and a Weill Cornell Medical College affiliate.



Kate E. McCarn, MD

Kate E. McCarn, MD, specializes in plastic and reconstructive surgery of the head and neck. Dr. McCarn's expertise in elective cosmetic procedures includes minimally invasive facial procedures, such as botulinum toxin and injectable fillers, rhinoplasty, facial contouring, browlift, and facelift. A member of the cleft and craniofacial team, Dr. McCarn also specializes in reconstructive procedures, including cleft lip and palate repair, reconstruction of defects of the head and neck resulting from skin cancer or other tumors and after facial trauma, microtia repair, and rehabilitation of facial nerve paralysis.

Dr. McCarn attended the University of Virginia School of Medicine, followed by a residency in Otolaryngology – Head and Neck Surgery at Oregon Health & Science University in Portland, and a fellowship in Facial Plastic and Reconstructive Surgery at the University of Minnesota.



Focus on Head and Neck Surgery

The Head and Neck Service in the Department of Otolaryngology – Head and Neck Surgery covers the entire spectrum of head and neck medical and surgical problems. With new technology, and new faculty, the Service continues to grow.

“We work closely with each other in the Department and with medical and surgical specialists throughout the Medical Center in order to achieve optimal results for our patients,” says William I. Kuhel, MD, Director of the Head and Neck Service. “For example, our colleagues in plastic surgery play a key role, while the oral and maxillo-facial surgeons guide the oral rehabilitation of these patients. And, of course, radiology, medical oncology, and radiation therapy are principal members of the dedicated group of people who focus in an interdisciplinary manner on the treatment of patients with difficult and complex problems.”

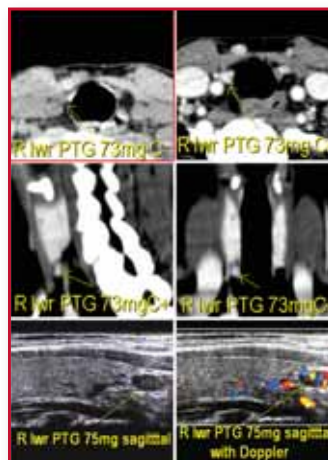
Dr. Kuhel’s major interest is in the treatment of patients with thyroid disease, thyroid cancer, and parathyroid disorders. “For patients who need surgery, our goal is to do the surgery using a very gentle technique and a small incision so that there is a minimal amount of discomfort afterward and a rapid recovery,” notes Dr. Kuhel. “For patients with thyroid cancer, we perform a meticulous and complete dissection in removing the lymph nodes that are at risk in order to avoid the need for additional procedures.”

For parathyroid surgery, Dr. Kuhel and his colleagues use a combination of “four-dimensional” computed tomography and ultrasonography to localize and understand the exact site of the abnormal parathyroid gland(s). Dr. Kuhel, along with head and neck surgeon David I. Kutler, MD, recently completed a retrospective study of their decade-long experience using modified 4-D CT in combination with ultrasonography to localize abnormal parathyroid glands in patients with primary hyperparathyroidism. Comparing results from preoperative localization studies with operative findings, pathologic data, and biochemical measurements, they assessed the sensitivity and specificity, as well as the positive and negative predictive values, of the combined

imaging technologies. “We found that 4-D CT with ultrasound provides an excellent approach for localizing abnormal parathyroid glands to the correct side and quadrant in patients with a single adenoma, and it correctly identifies many patients with multi-gland disease,” says Dr. Kuhel.

“If we know the precise location of the abnormal parathyroid gland, we can make a very small incision and go directly to the tumor and take it out, usually under local anesthesia with sedation,” adds Dr. Kutler. “Prior to the availability of 4-D CT/ultrasound, the standard approach was a Sestamibi scan in which technetium-99 is injected into the bloodstream to locate the parathyroid glands. But the test is not very specific or sensitive. The 4-D CT scan enables us to look at the perfusion characteristics of the gland by injecting a contrast into the bloodstream. Depending on how the gland takes up the contrast, we can find the parathyroid gland with extremely good predictability.”

With the advent of robotic technology, the devastating disfigurement and significant reconstruction required to treat cancers of the tongue, larynx, and tonsil region can now be avoided in many patients. “Before robotics, there were basically two ways to treat these types of cancer in this region,” says Dr. Kutler. “In order to access these



A combination of 4-D CT scan and ultrasonography produces an image that localizes abnormal parathyroid glands.



The Service's three fellowship-trained head and neck surgeons (from left) Drs. William Kuhel, Marc Cohen, and David Kutler offer patients expert coverage for the entire breadth of disorders – from head and neck cancers to thyroid and parathyroid disease.

tumors, we would have to cut the jaw and do a very large surgery, requiring a flap reconstruction as well. Radiation and chemotherapy came next to treat these tumors. While successful, however, the patient was left with complications related to therapy.”

In light of the success that robotics had in the treatment of urological conditions, head and neck surgeons began to explore its application for head and neck – gaining access to the areas at the back of the throat by entering through the mouth using the robotic arm. “We began using this approach about a year ago,” notes Dr. Kutler. “The robotic arm is much smaller than our hands, allowing us to resect the tumor without performing a major surgery and limiting or eliminating radiation and chemotherapy.” According to Dr. Kutler, robotics is used to access small to medium-sized tumors in the tonsil, base of tongue, and laryngeal regions. Patients with

large tumors may still require adjuvant radiation and chemotherapy, but most of the time require a lower dose of radiation therapy.

Marc A. Cohen, MD, who recently joined the Head and Neck Service, brings to the Department expertise in transoral robotic surgery (TORS) for oropharyngeal carcinoma and research on patient oncologic and functional outcomes. “Oncologic outcomes with oropharyngeal squamous cell carcinoma are widely divergent,” says Dr. Cohen. “Currently, most studies are investigating various chemoradiation protocols. The TORS treatment regimen offers control of the disease and survival and safety commensurate with standard treatments, along with gastrostomy dependency rates that appear to be markedly lower than those reported with standard non-surgical therapies.”

Dr. Cohen notes that TORS, which was approved by the Food and Drug Administration in 2009, limits the morbidities associated with invasive surgeries previously required for certain malignancies of the head and neck. “The procedure often averts the need for chemotherapy, better preserves the ability to swallow, and is curative for many patients,” says Dr. Cohen.

Dr. Kuhel routinely uses lymphoscintigraphy to evaluate patients with early stage oral cancer who have negative neck. “Although the patient may not have any clinical or radiographic evidence of metastatic spread to the lymph nodes in the neck, we use this technique to look at the sentinel lymph nodes and



Drs. David Kutler (left) and Marc Cohen position the robotic arms to provide access to difficult-to-reach areas of the throat.



Weill Cornell's head and neck surgeons have to date (Fall 2011) operated successfully using robotics on more than 20 patients.

if they are negative we can avoid the need for an elective neck dissection,” says Dr. Kuhel.

The Head and Neck Service is also involved in a number of research investigations. Dr. Cohen has been studying the prevalence of human papilloma virus (HPV) positivity and cervical nodal metastases in patients with cancer of the oropharynx who undergo TORS and their outcomes related to HPV. “In the past 10 years, there has been evidence supporting an association between HPV serotypes and head and neck squamous cell carcinoma,” says Dr. Cohen. “With the increase in HPV in general in 35- to 40-year-olds who may be at risk for squamous cell carcinoma of the oropharynx, being able to treat these cancers with TORS often helps to prevent the development of long-term sequelae of chemoradiation.” Most recently, Dr. Cohen was a lead author on a study that showed that TORS as a primary surgical modality, followed by adjuvant therapy as indicated, offers disease control in both HPV-negative and HPV-positive groups.

Dr. Kutler is participating in a nationwide clinical trial of Actos in patients with leukoplakia – dysplastic lesions in the oral cavity. “Originally used to treat Type 2 diabetes,” explains Dr. Kutler, “the drug has



Dr. Marc Cohen at the controls and command center of the robotic surgery system from which surgery will be performed.

been found to have some benefit in patients who have pre-cancerous lesions in the oral cavity. What’s exciting about this study is that currently the only way to treat these lesions is with surgery.”

Dr. Kutler is also involved in a large translational study evaluating head and neck carcinogenesis in patients with Fanconi anemia. Dr. Kutler and his collaborators identified that Fanconi anemia patients, who have a genetic DNA repair defect, have an exceedingly high rate of head and neck cancer development. “By using Fanconi anemia as a genetic model for head and neck carcinogenesis, we may be able to identify important genes involved in the development of head and neck cancer in the general population,” says Dr. Kutler.

Cholesteatoma: Characterizing Growth Patterns

Middle ear cholesteatomas (trapped epithelial cells and tissue) will usually continue to grow if not surgically removed, leading to ossicular destruction in the middle ear with the potential for long-term significant effects, including hearing loss and problems with balance.

“Cholesteatomas also cause chronic ear drainage, in addition to damaging and eroding through critical middle ear structures,” says Alison Maresh, MD, fifth-year resident. “The condition is always a possibility in any patient with chronic ear infections.”

Dr. Maresh, along with Samuel H. Selesnick, MD, Vice Chair of the Department of Otolaryngology – Head and Neck Surgery, recently completed a study looking at growth patterns of how cholesteatomas have been described in detail by many people. “But a system of communication among otolaryngologists to describe how they affect the ossicles did not exist,” notes Dr. Maresh.

“Previous assessments of ossicular destruction by cholesteatomas were largely created for staging purposes and to guide surgical reconstruction,” says Dr. Selesnick, senior author on the study. “The goal of our study was to describe and quantify growth patterns of cholesteatomas within the middle ear using a scaled rating system that characterizes patterns of ossicular erosion.”

Through a retrospective case review, the researchers looked at 157 ears of 152 patients who underwent first-time surgery for primary and secondary acquired cholesteatomas between 1992 and 2009 and

used surgical observations of ossicular erosion patterns to characterize cholesteatoma growth.

Dr. Selesnick, who performed all of the surgeries, conducted intraoperative microscopic evaluations of ossicular status. Says Dr. Selesnick, “We



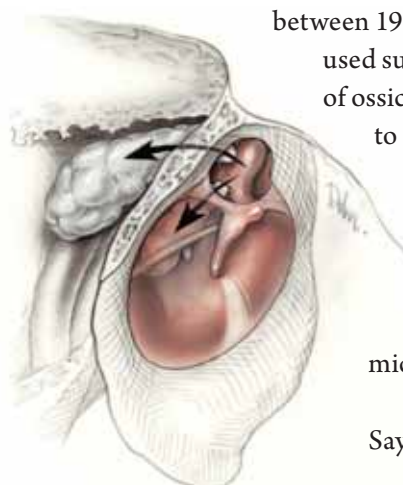
Drs. Alison Maresh and Samuel Selesnick

assigned ranks to each ossicle as follows: 1 when it was completely normal; 2 when it was abutting the cholesteatoma but intact; 3 when it was partially eroded by cholesteatoma; and 4 when it was completely absent. In the case of the stapes, a rank of 4 indicated complete erosion of the stapes suprastructure, with or without an intact footplate.”

A complete picture of ossicular erosion was created for each patient using a 3-digit numerical representation that combined the ranks of each ossicle in the order of malleus-incus-stapes. Common erosion patterns were grouped together and quantified, and trends in the distributions of the different ossicle patterns, as well as differences in the distributions between primary and secondary acquired cholesteatomas, were evaluated.

“The patterns that we found not only demonstrated statistical significance,” says Dr. Maresh, “they also correlated with the patterns that we had known and understood about how cholesteatomas grow. It’s a novel system that’s very easy to use and provides for easy communication regarding the clinical findings of ossicular erosion patterns. It is also a good starting point for anyone who wants to correlate clinical findings, symptoms, and audiology studies with ossicular status.”

To read the study in full: *Otology and Neurotology*. 2011 Oct;32(8):1239-42.



News and Notes

By Invitation Only

Faculty of the Department of Otolaryngology – Head and Neck Surgery are frequently invited around the world to be keynote speakers at meetings held by professional societies and organizations. Following are a selection of some recent speaking engagements – here and abroad.

Max M. April, MD, was an invited speaker at “Dialogues in Pediatric Otolaryngology” in Champéry, Switzerland.

Kevin D. Brown, MD, PhD, spoke at the European Symposium on Pediatric Cochlear Implantation in Athens, Greece, and gave Grand Rounds at the Department of Otolaryngology at the University of Medicine and Dentistry of New Jersey.

Ashutosh Kacker, MB, BS, was invited to participate in panel discussions on difficult sinus cases at both the American Rhinologic Society and The Triological Society Annual Meetings in Chicago.

David I. Kutler, MD, and **Michael G. Stewart, MD, MPH**, were invited speakers at an Otolaryngology Seminar at Pavlov State University in St. Petersburg, Russia.

Joseph J. Montano, EdD, was an invited participant at an international symposium on hearing loss and rehabilitation at the Ida Institute in Copenhagen, Denmark.

Thomas Murry, PhD, was an invited speaker at the 4th International Course on Laryngostroboscopy in Bologna, Italy; the 15th International Workshop on Laser Voice Surgery and Voice Care in Paris; the 18th Annual Dysphagia Society meeting in San Diego; and the National Association of Teachers of Singing Meeting in Atlanta.

Aaron N. Pearlman, MD, **Kevin D. Brown, MD, PhD**, **David I. Kutler, MD**, and **Michael G. Stewart, MD, MPH**, served as faculty at the Salzburg Otolaryngology Seminar in March 2011.

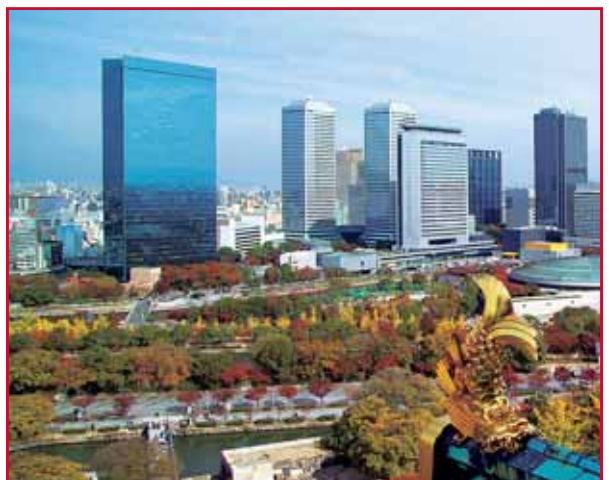
William R. Reisacher, MD, was an invited speaker for the Department of Otolaryngology at SUNY-Downstate, and gave instructional courses and a mini-seminar at the American Academy of Otolaryngic Allergy Annual Meeting and the American Academy of Otolaryngology – Head and Neck Surgery Annual Meeting in Boston.



Schloss Arenberg Center, Salzburg, Austria



Ida Institute, Copenhagen, Denmark



Osaka, Japan

Samuel H. Selesnick, MD, was an invited speaker at the Japan Otological Society in Matsuyama, Japan; the Osaka Otological Society; and the Congreso Nacional de la Sociedad Espanola de Otorrinolaringologia in Valencia, Spain.

Michael G. Stewart, MD, MPH, gave an invited keynote address, “Two Decades of Outcomes Research in Rhinology: What Have We Learned?” at the American Rhinologic Society meeting in Chicago; was visiting professor at the meeting of the Paul Ward Society and resident graduation at the University of California, Los Angeles; and was visiting professor at resident research day and resident graduation at Baylor College of Medicine.

Lucian Sulica, MD, was an invited speaker at the 6th Annual Advanced Practices in Voice & Dysphagia meeting in Las Vegas; at “Contemporary Voice Care: A Practical Approach” in Santa Monica; and at “Neuromuscular Directions 2011” at Hospital for Special Surgery. Dr. Sulica also gave Grand Rounds at Lenox Hill Hospital and at the Medical College of Georgia.

Robert F. Ward, MD, and **Vikash K. Modi, MD**, were invited participants at the European Society of Pediatric Otolaryngology meeting in Pamplona, Spain. Drs. Ward and Modi taught an instructional course on airway reconstruction, and Dr. Ward participated in a panel discussion on difficult airway cases.

Erich P. Voigt, MD, was an invited speaker at the 11th Annual Sports Medicine for the Young Athlete Conference, and also gave Grand Rounds at SUNY-Downstate.



Pamplona, Spain

Honors and Awards

Max M. April, MD, received a Distinguished Service Award from the American Academy of Otolaryngology – Head and Neck Surgery.

Ashutosh Kacker, MB, BS, won the first place award for his poster presentation at The Triological Society meeting in Chicago.

Thomas Murry, PhD, was awarded the Honors of the Association, the highest award given by the American Speech Language Hearing Association, in recognition of his distinguished and outstanding contributions to the field.

W. Shain Schley, MD, was awarded the Austrian Cross of Honor for Science and Art First Class by Ambassador Christian Prosl, the Austrian Ambassador to the United States, for many years of dedicated service to the American Austrian Foundation and the Salzburg Medical Seminars.

New Leadership and Editorial Appointments

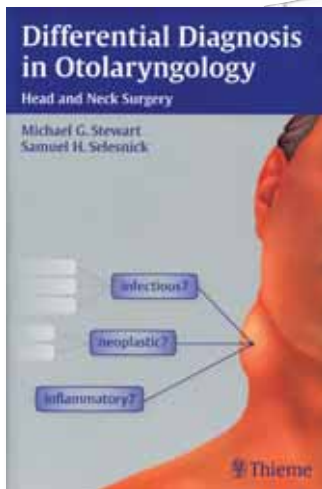
David I. Kutler, MD
President-Elect,
New York Head and Neck Society

Samuel H. Selesnick, MD
Chair-Elect, Subspecialty Advisory Council,
American Academy of Otolaryngology –
Head and Neck Surgery
Editorial Board, *Skull Base:*
An Interdisciplinary Approach

Michael G. Stewart, MD, MPH
Board of Directors, American Academy of
Otolaryngology – Head and Neck Surgery
Vice President, Eastern Section of
The Triological Society
Consultant, Board of Directors,
American Rhinologic Society
Editor-in-Chief, *The Laryngoscope*

Selected Publications – 2010-2011

Textbooks



Publication Date: October 4, 2010 | Edition: 1

Designed as a practical resource for rapid and accurate diagnosis in otolaryngology – head and neck surgery and facial plastic surgery, this comprehensive manual uses an innovative format that simulates what physicians experience in daily practice. Each symptom-based chapter opens with the patient's presentation followed by an easily accessible list of potential diagnoses and supplementary data on the features of the different diseases to help the user correctly identify the problem.

Peer-Reviewed Articles

(Residents, Fellows, and Faculty in bold)

Ang AH, Modi VK, Raithatha R, April MM, Ward RF. A pilot study of balloon dilation in an animal model resulting in cricoid cartilage fracture: implications for the stenotic pediatric airway. *The Laryngoscope.* 2010 Oct;120(10):2094-7.

Angelos PC, **McCarn KE**, Winn SR, Ghanem T, Kaurin DS, Holland J, Wax MK. Development of an irradiated rodent model to study flap revascularization. *Archives of Facial Plastic Surgery.* 2010 Mar-Apr;12(2):119-22.

Chao JW, Cohen BD, Rohde CH, **Kutler DI**, Spector JA. Free fibular flap reconstruction of the mandible in a patient with Fanconi anemia. *Plastic and Reconstructive Surgery.* 2010 Feb;125(2):61e-63e.

Cohen HS, **Stewart MG**, Brissett AE, Olson KL, Takashima M, Sangi-Haghpeykar H. Frequency of sinus disease in normal subjects and patients with benign paroxysmal positional vertigo. *ORL: Journal of Otorhinolaryngology and its Related Specialties.* 2010;72(1):63-7.

Cohen MA, Kuroiwa MA, Berkowitz RG. Acquired cholesteatoma in children following congenital cholesteatoma surgery. *International Journal of Pediatric Otorhinolaryngology.* 2011 Jan;75(1):43-8.

Cohen MA, Weinstein GS, O'Malley BW Jr, Feldman M, Quon H. Transoral robotic surgery and human papillomavirus status: Oncologic results. *Head & Neck.* 2011 Apr;33(4):573-80.

Diercks GR, **Rosow DE**, **Prasad M**, **Kuhel WI**. A case of preoperative "first-bite syndrome" associated with mucoepidermoid carcinoma of the parotid gland. *The Laryngoscope.* 2011 Apr;121(4):760-2.

Freeman E, Woo P, Saxman JH, **Murry T**. A comparison of sung and spoken phonation onset gestures using high-speed digital imaging. *Journal of Voice.* 2011 Jan 20. [Epub ahead of print]

Gluth MB, **Cohen MA**, Friedland PL, Atlas MD. Surgical anatomy of the anterior supralabyrinthine air cell tract. *The Journal of Laryngology & Otology.* 2011 Jun 14:1-5. [Epub ahead of print]

Hassan SM, Malki KH, Mesallam TA, Farahat M, Bukhari M, **Murry T**. The effect of cochlear implantation and postoperative rehabilitation on acoustic voice analysis in post-lingual hearing impaired adults. *European Archives of Oto-Rhino-Laryngology.* 2011 Feb 18. [Epub ahead of print]

Jourdy DN, **Donatelli LA**, Victor JD, **Selesnick SH**. Assessment of variation throughout the year in the incidence of idiopathic sudden sensorineural hearing loss. *Otology & Neurotology.* 2010 Jan;31(1):53-7.

Kutler DI, Crummey AD, **Kuhel WI**. Routine central compartment lymph node dissection for patients with papillary thyroid carcinoma. *Head & Neck.* 2011 Mar 17. [Epub ahead of print]

Kutler DI, Moquete R, Kazam E, **Kuhel WI**. Parathyroid localization with modified 4D-computed tomography and ultrasonography for patients with primary hyperparathyroidism. *The Laryngoscope.* 2011 Jun;121(6):1219-24.

Leibowitz JM, Smith LP, **Cohen MA**, Dunham BP, Guttenberg M, Elden LM. Diagnosis and treatment of pediatric vallecular cysts and pseudocysts. *International Journal of Pediatric Otorhinolaryngology.* 2011 Jul;75(7):899-904.

Malki KH, Mesallam TA, Farahat M, Bukhari M, **Murry T**. Validation and cultural modification of Arabic voice handicap index. *European Archives of Oto-Rhino-Laryngology.* 2010 Nov;267(11):1743-51.

Maresh A, **Kutler DI**, **Kacker A**. Sialoendoscopy in the diagnosis and management of obstructive sialadenitis. *The Laryngoscope.* 2011 Mar;121(3):495-500.

Maresh A, **Lando T**, Phillips CD, **April MM**. A novel case of a pediatric patient with a solitary median mandibular central incisor and a midline neck mass. *The Laryngoscope.* 2010;120 Suppl 4:S224.

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- McCarn KE, Weber SM.** Ultrasonography for rapid detection of pneumothorax after costal cartilage harvest. *Archives of Facial Plastic Surgery*. 2011 Jan-Feb;13(1):57-9.
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- Rosow DE, Stewart MG.** Is nasal surgery an effective treatment for obstructive sleep apnea? *The Laryngoscope*. 2010 Aug;120(8):1496-7.
- Stewart MG, Liotta DR.** Is partial tonsillectomy equivalent to total tonsillectomy for obstructive symptoms? *The Laryngoscope*. 2011 Jan;121(1):6-7.
- Tabaee A, **Nyquist G, Anand VK, Singh A, Kacker A, Schwartz TH.** Palliative endoscopic surgery in advanced sinonasal and anterior skull base neoplasms. *Otolaryngology – Head and Neck Surgery*. 2010 Jan;142(1):126-8.
- Virbalas JM, Ransom ER, **Kacker A.** Radiology quiz case 1. Diagnosis: Parathyroid cyst (PC). *Archives of Otolaryngology – Head and Neck Surgery*. 2010 Sep;136(9):924, 926-7.
- Weaver EM, Woodson BT, Yueh B, Smith T, **Stewart MG, Hannley M, Schulz K, Patel MM, Witsell D; SLEEP Study Investigators.** Studying life effects and effectiveness of palatopharyngoplasty (SLEEP) study: Subjective outcomes of isolated uvulopalatopharyngoplasty. *Otolaryngology – Head and Neck Surgery*. 2011 Apr;144(4):623-31.
- Weinstein GS, O'Malley BW Jr, **Cohen MA, Quon H.** Transoral robotic surgery for advanced oropharyngeal carcinoma. *Archives of Otolaryngology – Head and Neck Surgery*. 2010 Nov;136(11):1079-85.
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Book Chapters

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- Gantz BJ, **Brown KD, Balkany TJ.** Medical and Surgical Considerations in Cochlear Implantation. In: *Cummings Otolaryngology – Head and Neck Surgery*. 5th Edition. Elsevier Mosby, Philadelphia, PA 2010.
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Professional Education Highlights

Throughout the year, the Department of Otolaryngology – Head and Neck Surgery sponsors several CME courses. Recent courses include:

- 5th Annual Otolaryngology Update
- Medicine for the Performing Arts Course
- 2nd Annual Allergy Management Course for the Practicing Clinician
- Advanced Endoscopic Sinus Surgery
- Care of the Professional Voice
- Update on Diagnosis and Management of Adult Sleep Apnea

In addition, Dr. Samuel Selesnick is a member of the organizing committee and presenter for the annual ENT congress – The Best of ORL – held each year at the American Hospital in Paris.

From the Podium

The Department also hosts distinguished physicians who come to Weill Cornell to share their expertise through our named lecture programs. These include:

Moore Lecture

2009: Mark S. Courey, MD

2011: John K. Niparko, MD

Nemours/Jefferson/Weill Cornell International Pediatric Otolaryngology Lecture

2010: Jean-Michel Triglia, MD

2011: John Russell, MD

Selfe Lecture

2010: Dean M. Toriumi, MD

2011: Gerald S. Berke, MD

Joint Residency Training Program

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.

2010 -11 Teaching Awards

The Maxwell Abramson

Teaching and Service Award

Salvatore M. Caruana, MD
Columbia University College of Physicians and Surgeons

The Malcolm Schvey Clinical Teaching Award

Kevin D. Brown, MD, PhD
Weill Cornell Medical College

The W. Shain Schley Resident Teaching Award

Manikandan Sugumaran, MD
PGY-5

2011 Resident Graduates



Amy Hsu, MD



Deya Jourdy, MD



Dara Liotta, MD



Manikandan Sugumaran, MD

Amy Hsu, MD – Facial Plastic and Reconstructive Surgery, Lasky Clinic, Beverly Hills, CA

Deya Jourdy, MD – Rhinology and Skull Base Surgery, Miami Medical Group, Miami, FL

Dara Liotta, MD – Facial Plastic and Reconstructive Surgery, Lenox Hill Hospital, New York, NY

Manikandan Sugumaran, MD – Laryngology, Mount Sinai Medical Center, New York, NY

2011-2012 New Residents



Luke Donatelli, MD



Hardik Doshi, MD



Yuna Larrabee, MD



Brian Stater, MD

Luke Donatelli, MD

Weill Cornell Medical College

Hardik Doshi, MD

The School of Medicine at
Stony Brook University

Yuna Larrabee, MD

Columbia University College of
Physicians and Surgeons

Brian Stater, MD

Columbia University College of
Physicians and Surgeons

Major Symposium Marks Fifth Year



2011 marks the fifth anniversary of the Annual Otolaryngology Update, a comprehensive 15-credit CME course launched in October 2007 by the Department of Otolaryngology – Head and Neck Surgery of Weill Cornell Medical College in collaboration with the Department of Otolaryngology – Head and Neck Surgery at Columbia University College of Physicians and Surgeons. The symposium grew out of the vision of Dr. Michael G. Stewart, who sought to develop a comprehensive update on all aspects of Otolaryngology in a single course for physicians and surgeons around the country. The program has garnered much attention and grown steadily with more than 100 participants now attending the New York City-based symposium. Planning for the program alternates each year between Weill Cornell and Columbia.

The 2011 program, co-directed by Drs. Stewart and Samuel Selesnick, addressed evidence-based medicine and best practices, and the latest advances in the treatment of hearing loss, nasal polyposis and chronic sinusitis, tonsil and adenoid disease, hoarseness and voice disorders, and head and neck cancer, as well as different approaches to rhinoplasty and facial plastic surgery. Each year, the program brings in a prestigious group of faculty from Weill Cornell, Columbia, Memorial Sloan-Kettering Cancer Center, and invited guests, which in 2011 included Andrew N. Goldberg, MD, University of California, San Francisco; John H. Krouse, MD, PhD, Temple University School of Medicine; Rodney P. Lusk, MD, President, American Academy of Otolaryngology – Head and Neck Surgery; Simon Parisier, MD, New York Eye & Ear Infirmary; Peak Woo, MD; and Michael Setzen, MD.



11th Annual Residents Research Day

First Prize

Alison Maresh, MD

PGY-4

Using Surgical Observations of Ossicular Erosion Patterns to Characterize Cholesteatoma Growth

Second Prize

Emily Z. Stucken, MD

PGY-3

Localization of Small Parathyroid Adenomas Using Modified 4-D Computed Tomography/Ultrasound

Third Prize

Victoria B. Crespo, MD

PGY-3

Frequent Mutation of the Drosophila Tumor Suppressor Ortholog FAT1 in Multiple Human Malignancies Leads to Aberrant Wnt Activation

Micah Berman, MD

PGY-2

Genome-wide Copy Number Analysis in Nonsyndromic Bilateral Sensorineural Hearing Loss Using a Novel Analysis Software (PECONPI)

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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 Hospital/Weill Cornell Medical Center. The Medical College is also affiliated with The Methodist Hospital in Houston, Texas. For more information, visit weill.cornell.edu.

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