



From the Desk of the Secretary-Treasurer

Elizabeth H. Toh, MD, MBA

A MESSAGE FROM OUR LEADERS

Nikolas H. Blevins, MD, President & Bradley W. Kesser, MD, President-Elect



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Although these uncertain times require that we maintain our *physical* distance, our Society's commitment to social cohesion and unity in thought and actions has never been greater.



It is an honor to acknowledge the efforts of our members to provide essential care during the COVID-19 pandemic. Not only have our members continued to provide the highest in otologic and neurologic care, but many have been called to administer critical services well beyond the usual scope of our practices. We gratefully recognize these efforts, and are proud that these colleagues represent the highest ideals of our specialty and medicine. They exemplify the selfless commitment to what is most needed in times of considerable adversity – boundless dedication, competence, and compassion. In this newsletter, we are pleased to offer insights and reflections from some of our colleagues in the epicenter of the COVID-19 pandemic. We know that their experiences, and those from the many others working in similar circumstances around the world, will serve as inspiration as we all find ways to successfully navigate a challenging future.

Of course, we're all saddened not to have been able to meet in person for COSM in Atlanta. This opportunity to connect in-person with our community has always been a highlight on our academic calendars. Clearly though, the conditions we find ourselves in require flexibility and new approaches to advance our collective mission. We are therefore pleased that much of the academic content from the Spring Meeting is available in our Virtual Poster Session. This session is on-line through June 15, 2020 and will provide CME credits for content viewing from all participating societies free of charge. Please visit the session at <https://www.researchposters.com/> CODE: COSM2020 and share your thoughts and discussion over social media, <https://cosm.md/posters/>

As we all struggle with the loss of in-person meetings, the ANS will help to compile additional on-line educational resources provided by our colleagues. We have assembled a subcommittee to review and curate a list of high-quality resources intended to augment traditional neurologic education. We hope this will serve as an enduring and growing resource for our members, particularly our trainees who are most affected by the loss of traditional educational opportunities. Please visit americanneurologysociety.com/educational-resources, and let us know of additional educational resources you would like to nominate for inclusion in this list.

2020 Fall meeting

Although the format for the ANS Fall meeting remains a work in progress, we are planning a program that takes full advantage of educational technology to provide rich and diverse content, www.americanneurologysociety.com/2020-fall-meeting-super-saturday-boston-ma. In addition to the usual "Super Saturday" format scheduled for September 12, we will offer an additional joint session with the American Otological Society to present additional content initially intended for COSM 2020. This will include the William F. House Memorial Lecture presented by Paul Van De Heyning MD on "Cochlear Implantation for Single-Sided Deafness", as well as a diverse group of selected award-winning podium presentations.

This year's Super Saturday program welcomes a fourth study group – "Evaluation and Management of the Third Window" – to the usual lineup. With study group coordinators John Carey, MD and Gerry Gianoli, MD this study group promises to be an informative and lively review of third window cases with expert commentary. Study Group abstracts were accepted through June 1st. The WHCISG abstracts will be accepted thru July 17.

ANS EXECUTIVE COUNCIL 2020-2021

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PRESIDENT'S MESSAGE CONTINUED

The ANS has also issued a call for abstracts for a Saturday afternoon panel, "My Scariest Case." If you have (had) a patient that kept you up at night, please share what you learned with the group by submitting an abstract and, if selected, present at the Fall meeting. Please see page 10 for submission details. The afternoon session will also showcase a panel on Physician Wellness, a not-to-miss series of talks on physical, mental, emotional, and financial wellness.

Finally, the family of Dr. Noel Cohen has left a generous bequest to the ANS to establish the "Noel L. Cohen Award for Significant Contributions to Otology and Neurotology" in honor of Dr. Cohen. The first annual Noel Cohen Award will be awarded at the Fall meeting – you won't want to miss the big announcement!

Research grants

We are proud to announce the recipients of the 2020 ANS research awards, Dr. Douglas M. Bennion, & Dr. Megan J. Foggia, MD (co-P.I.'s); Dr. Tatiana Correa and Dr. Courtney C.J. Voelker. Please see page 9 to read more about these outstanding individuals. This is the first year in which we have increased to presenting three such awards, and it is a pleasure to be able to support a growing number of high-quality projects. Our heartfelt gratitude goes to Ronna Hertzano, MD, PhD (Chair) and her Research Committee for the effort in reviewing and selecting these recipients from a long list of quality submissions. Congratulations to our award recipients, and we look forward to hearing more about your work at future meetings.

New Members/ANS Leadership

We have a wonderful group of new ANS members for 2020! Please review the list of our 26 new inductees on page 7 & 8 and join us in extending a sincere welcome to our society. It is clear from the quality of our new members that the future of our society remains as promising as ever. We look forward to working with these individuals in the years to come.

As always, there are some changes to our ANS leadership team. We are pleased to announce that Hussam K. El-Kashlan, MD will be joining the Executive Council as a Member-at-Large. Craig Buchman, MD is returning to the Council as President-Elect, after having served as our Education Director from 2014-2019. We offer our deepest appreciation to departing members, Michael Ruckenstein MD, Member-at-Large, and Barry Hirsch MD, Immediate Past-President, and thank them for their leadership over the years. Our sincere appreciation also goes out to our administrative team, Kristen Bordignon and Ashley Eikenberry, who continue to be essential for everything we do – especially given the additional challenges of these turbulent times.

We wish everyone a safe and healthy summer and look forward to reconnecting in the Fall!

Nik Blevins & Brad Kesser

ANS COMMITTEE APPOINTMENTS

The ANS has several standing committees and other opportunities for our members to get more involved in the Society. In an effort to involve as many members as possible, Dr. Bradley Kesser has created a NEW ANS Committee application. If you have interest in serving on a particular Committee, please complete the brief application which can be found on the website under [ANS Committees](#) and return to the ANS Administrative Office. Typically Committee terms are three years.

STANDING COMMITTEES

Audit Committee
 Constitution & Bylaws Committee
 Continuing Education Committee
 (Educational Resources Subcommittee)
 Diversity/Inclusion Committee
 Fellowship Committee
 Membership & Credentials Committee
 Research Committee
 Scientific Program Committee
 Social Media Committee
 Socio-Economic Committee
 Young Member Committee

OTHER OPPORTUNITIES

Neurotology Bootcamp
 Neurotology Reading List
 O&N Board Directors
 Video Repository
 Reviewer for O&N
 Reviewer for AAO CPG
 Liaison to AAO-HNSF BOG ANS Governor
 Liaison to AAO-HNSF BOG (Alternate)
 Executive Council

ANS PRESIDENTIAL CITATIONS 2020

One of the great privileges associated with ANS presidency is the opportunity to officially recognize individuals with ANS Presidential Citations at our Spring Meeting. This distinction is intended for individuals who have made fundamental and enduring contributions to our specialty, in addition to being personal mentors and role-models for the current president. I have long anticipated the chance to publicly recognize these leaders and thank them for their contributions and tireless efforts. Although I would certainly have preferred to present these citations in person at COSM, it remains a highlight of my time as president to recognize them here. It is a distinct honor for me to present these remarkable individuals with the American Neurotology Presidential Citation.



Robert K. Jackler, MD

Dr. Jackler is the Sewell Professor and Chair of Otolaryngology – Head and Neck Surgery at Stanford. It is no exaggeration to say that he is one of the architects of our modern concept of “Neurotology”. His texts, including the defining works *Neurotology*, *Tumors of the Skull Base*, and *Atlas of Skull Base Surgery and Neurotology*, are among the fundamental cornerstones on which our specialty is built. Innumerable students, residents, fellows, and practitioners have benefited from his insight, experience, and mentorship. There are a multitude of accomplishments that will stand as an enduring legacy of his efforts, including: A lineage of leaders in academic medicine; a world-class otolaryngology department; a rigorous and systematic framework of neurotologic knowledge; and the countless grateful patients who have benefitted from his energy, compassion, and technical mastery.

I first met Rob as a third-year medical student during my ENT elective at the University of California, San Francisco. I can clearly trace my commitment to a career in neurotology directly to that moment. Now, after a few years have passed (including residency and fellowship under his guidance), I have the privilege of serving in his department at Stanford. He has been an enduring friend, colleague, and mentor, for which I am deeply grateful.



Lloyd B. Minor, MD

There are very few individuals in any specialty whose careers achieve the pinnacle of clinical care, scientific discovery, and leadership. We are fortunate that our specialty has just such an individual in Lloyd Minor MD. Dr. Minor is the Carl and Elizabeth Naumann Dean of Stanford University School of Medicine. Previously, his illustrious career included being the Chair of Otolaryngology – Head and Neck Surgery, and Provost at Johns Hopkins University. His research best known to members of our society has focused on the rigorous examination of the vestibular system, including his original description of superior canal dehiscence syndrome and the elucidation of the vestibulo-ocular reflex. His work has brought clarity and insights into the foundation of both vestibular function and its disorders. In addition, Dr. Minor has pioneered the transformative medical initiative described in his recent text *Discovering Precision Health*, through which health benefits can be maximized through targeted care. As Dean, Dr. Minor has established models for developing the next generation of medical leaders, which will yield benefits well into the future.

I have had the privilege to be the beneficiary of Lloyd’s leadership at Stanford, and witness his influence on academic medicine on a local, regional, and global scale. He has been a personal friend, colleague, and source of inspiration as the consummate surgeon-scientist.

We are all indeed very fortunate to have both Dr. Jackler and Dr. Minor as members of the American Neurotology Society. Both have had a powerful impact advancing otology-neurotology, while also exemplifying the potential of quality leadership in diverse and far-reaching areas.

Thank you,

Nik

Nikolas H. Blevins, MD
ANS President 2019-2020

AN UP CLOSE LOOK AT COVID-19 FROM THREE ANS MEMBERS IN THE EPICENTER NEW YORK CITY, NY



For all of us, the phrase “Hindsight is 20/20” has taken on new- or more nuanced- meaning during this Spring of 2020. In New York City, the US epicenter of the COVID19 pandemic, the rapidity of change often meant that hindsight was just a few days- or in some cases even a few hours- earlier. Information about the disease itself, as well as the local, state or institutional response, was constantly evolving.

As with all NYC hospitals, Mount Sinai Health System experienced a surge of COVID patients; during the April peak Mt Sinai had more than 10 consecutive days with > 2,000 COVID positive inpatients. Charting unprecedented waters, our otolaryngology department responded in a variety of ways, including running a temporary intensive care unit at Elmhurst hospital (see recent AAO-HNS podcast #14 with our residents), a difficult airway response team and an ENT-run inpatient COVID medicine unit for patients with mild to moderate disease.

During my first night shift running the inpatient COVID ward, my own hindsight was focused 17 years prior: on my surgical internship. It was the last time I could remember functioning as anything but an otolaryngologist. With the acute clarity of hindsight, I recognized the anxious anticipation that accompanied an unfamiliar rotation, the weight and fullness of recently acquired knowledge, and the luring desire to help. This time around, however, the anxiety was nuanced- perhaps buoyed by the keen recognition of “knowing what I didn’t know” and how far I was from the temporal bone. It was also more personal: as a mother with an otolaryngology husband working in a COVID ICU in another NYC borough, the fear of exposing our children made “doffing” a household word. (A new fear of “exposure” emerged later as we stripped in our apartment building stairwell upon coming home from our shifts.)

In ways that are all too familiar, this anxiety evaporated in the thick cloud of work that hit with entry to the hospital. We opened the ward with 6 patients and by the end of my first 12 hour shift we were nearly at our capacity of 20 beds. In general, our institutional response had been commendably organized and all deployed physicians had undergone webinars created by our own intensivists focused on “COVID care for the non-intensivist,” pearls of pulmonary medicine, and PPE. Vetted COVID treatment pathway algorithms were widely dispersed to frontline providers and updated on a weekly (or even daily) basis. Although we ran the ward as medicine physicians, we had constant back-up by both medicine chief residents and hospitalists, all of whom met our queries with patience and appreciation despite being quite busy in their own right. In short order, we acclimated to our new normal- rounding, monitoring QTc intervals for those on hydroxychloroquine (this was early in the pandemic), calculating FENa (after looking it up!), tallying D-Dimers and procalcitonin, plus the ever-present donning/doffing and monitoring our nasal dorsum for N95-induced pressure ulceration. The need to ask patients to put down their phone so they could be intubated reflected a new dissonance forced by the strange physiology of this disease. Not only had we transformed, but the hospital itself was almost unrecognizable: the PACU was packed with prone, intubated patients, newly constructed tents surrounded the building, unit entrances were guarded by pathology and psychiatry residents dispensing PPE, and empty patient bedsides echoed the profound loneliness of this illness.

Despite unfamiliar tasks against a formidable enemy, the foundations of patient care were never more salient or instinctual—vigilant monitoring of vital signs, quick recognition of the work of breathing, reassuring nervous patients and updating families. And in ways only 10 years of experience could teach, we listened – really listened- to our amazing nurses. Turns out that the “3 As” of COVID work echoed our pre-pandemic practice: availability, affability and ability (in that order).

Above all else, two skills reigned over my experience: Teamwork and communication. Of course, as many would say, both are obvious elements of success. In this too, however, this pandemic forged uncharted waters. Basic communication was a struggle. Conveying simple information, let alone empathy and reassurance, behind a mountain of PPE was awkward at best. Facetiming a patient’s family member through my cell phone (which was inside a plastic bag) in a room filled with the cacophony of beeps, drone from the giant, temporary HEPA filtration machine, and voices of the Rapid Response Team seemed like an exercise in futility. As a neurotologist, I had not expected this experience to teach me so much about the fear and isolation fear that accompanies an inability to hear.

Although I might have thought it not possible, this pandemic also deepened my appreciation of teamwork. The value of those often unnoticed was now obvious: building management and engineering who created negative pressure, gifted respiratory technicians, meticulous housekeeping staff, redeployed medical and clerical staff throughout the wards, nurses, nurses nurses, local business who provided food (even for night shifts!) and the list goes on. It was hard work, but it felt like we were all in this fight together.

Unlike other physicians drafted singly to unfamiliar teams, I was privileged to work with otolaryngology colleagues and residents I knew well, respected and trusted. Beyond our call to service, we grew together in our knowledge (and lack thereof), our insecurities and our appreciation of teamwork and communication. Whether on the frontline or behind your computer’s camera, this pandemic has touched, and changed, all of us. It has left me with a profound, pervasive gratitude (both personal and professional) and renewed appreciation for our academy’s signature: “We Are One.”

Respectfully Submitted by:

Maura K. Cosetti, MD

New York Eye and Ear Infirmary of Mount Sinai

AN UP CLOSE LOOK AT COVID-19 CONTINUED



As you know, New York City Hospitals have endured a tremendous onslaught of very ill patients and our residents, faculty and staff at NYU have risen to the occasion in amazing ways. Our institution alone saw more than 15,500 patients in the ER with COVID related issues and admitted 5,200. We covered the public hospital (Bellevue), the Veterans Administration hospital and our large University Hospitals in Manhattan and Brooklyn. Many individuals were redeployed to intensive care units and medical floors and others performed heroically on a tracheostomy management team, often saving lives in the middle of the night. The NP's and PA's in the department also assisted generously and immediately.

Our critical care pulmonologists and otolaryngologists developed an early tracheostomy project where intubated and ventilated patients that met certain criteria were offered a tracheostomy at day 5, not the 21-day mark often quoted in published "guidelines". We feel that we moved the survival curve from the quoted 20% to 50% mark to 92% with the 170 plus patients that received early tracheostomy. The patients received regular bronchoscopy, clearing copious dense secretions, could be off sedation and paralytics and out of bed.

At one point we had 43 COVID units in our University Hospital fully devoted to COVID 19 patient care. Emergency Otolaryngology patient care and surgery continued, facilitated by on the spot PCR testing for COVID 19, appropriately pressured rooms (negative if needed), and appropriate personal protective equipment. Airway surgery, cancer surgery, surgery for impending neurologic compromise and surgery for severe infections took priority. Many innovative concepts and ideas evolved that will likely continue after the crisis abates. Students manufactured novel face shields, one faculty member developed an N95 mask with a one-way valve for safe nasopharyngoscopy evaluations and fellows developed a draping system for microscopic cases to prevent spraying into the room.

Terms like "super spreader" and "guidelines" from various centers and organizations readily made it to the literature and served only to create unnecessary fear and anxiety among trainees and faculty. What we thought was true one day would often change the next. We encouraged intelligent decision making. Leadership skills were put to the task early and throughout the crisis and frequent communication up and down the chain of command was essential.

Nine faculty members were infected, recovered at home and are back to work. Four audiologists also recovered without hospitalization. All but one of the infections were from social contact rather than patient care. No residents, NP's or PA's have evidence of infections with COVID 19. We now feel strongly that with proper attention to wearing masks, use of PPE when appropriate, hand care and common sense, we safely cared for our patients.

As this round of the COVID 19 settles in New York City, we can begin to reflect. I am very proud of the outstanding job our teams have done and we are all more aware of our physical capabilities, abilities to innovate and our emotional strengths.

Respectfully Submitted by:

*J. Thomas Roland, Jr, MD
NYU Langone Health*



New York, formerly a noisy city of nearly 10 million people in perpetual Brownian motion, has been put to sleep by an invisible life form with a genome of less than 30,000 bases. Over just a few days in mid-March, the bustling streets with endless traffic, the cacophonous Times Square, and the ever-present frantic pedestrians, were all tamed by SARS-CoV-2, transforming the city into an unrecognizable, post-apocalyptic, abandoned megalopolis. Sure, other towns and cities have been similarly impacted, but in New York, the change seems larger, otherworldly, more dreamlike.

The New York Presbyterian - Columbia University Irving Medical Center, where I work was similarly transformed from a bustling health care facility into an eerily quiet hospital with empty hallways, lobbies, diagnostic suites, and parking lots. It has been quiet, not because there are not any patients — there are many — it is just that there are no roaming visitors (they were no longer allowed), and the staff that were physically present in the hospital were intensely and directly involved in patient care. Everyone else is now at home — working remotely — an arrangement that was not an option just 3 months ago, is now an integral component of every HR map for the future.

By April, New York had more confirmed COVID cases than China; often, it felt as if they were all at Columbia. At its peak, more than 2/3 of inpatients were COVID+. With need for unprecedented number of ICU beds with ventilators, several hospital floors, cardiac cath suites, IR suites, and two floors of operating rooms were converted into ICUs; each operating room a home for 3 patients. It was surreal to see intubated, sedated, seriously ill patients in rooms that I had performed cochlear implants the week before. Within the NYP 10 hospital system, Obstetric and pediatric care was consolidated to a single hospital. Elective surgery, endoscopy, diagnostic cardiac and radiologic procedures, outpatient visits were all closed. At the medical school, all clinical and basic research was put on hold. To meet the needs of COVID patients, we were redeployed throughout the hospital. I was briefly redeployed to the ICU; I quickly learned that my skill set were 30 years old and limited — a devastating blow to my professional ego. I was barely capable of being an intern in delivering intensive care, though I learned to fetch and deliver.

Certainly, as COVID related deaths mounted, there was fear and anxiety; though as health care personnel, we may have often felt immune in the past, hearing of colleagues succumbing to COVID raised the specter of our vulnerability. We learned of the hospital's struggle to secure enough PPE to keep everyone safe: we went from consuming 4,000 N95 masks/day to 40,000/day! In the midst of this pandemic environment, there were signs of hope: people coming together to tackle a problem, collaboration across the enterprise to meet acute needs, development of new technologies such as a ventilator capable of ventilating two patients, among others. Just as many across the world sought opportunities to contribute; I joined a group of Columbia Engineers – mechanical, chemical, electrical, computer, and biomedical – the **Columbia COVID Tech Innovation Group** that came to address a variety of critical clinical needs in the hospital. As the sole medical faculty in its leadership group, we worked closely with the NYP hospital leadership to identify and address acute clinical needs related to PPE, ventilators, dialysis, among others. There was intense interest to contribute across Columbia; the COVID Group's online meeting drew nearly 400 participants and over 600 signed up to volunteer and become engaged! For me personally, it was exhilarating to overcome the shortage of face shields by working with my engineering colleagues to design, test, and produce a new face shield; we went from an initial email request to delivering several thousand face shields to front line workers within 72 hrs. Our design has now been produced all over the world; the NYP hospital ordered 2 million of them! Admittedly, even in the midst of the unknown risks, it was thrilling to be a member of a profession that could and was making an impact.

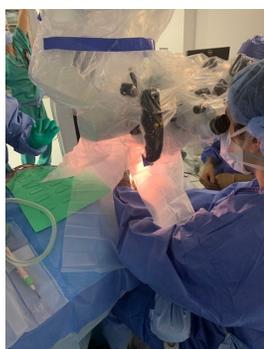
As we slowly emerge from the first wave of COVID pandemic, there is hope. In New York, we have overcome enormous odds and have largely avoided a larger catastrophe. Going forth, we have an opportunity to prepare for the future. More importantly, there is an opportunity to reassess what we do, how we do it, and why we do it. **Isn't that why we became physicians?**

Respectfully Submitted by:
 Anil K. Lalwani, MD
 Columbia University College of Physicians and Surgeons

In "PPE" from left to right, Dr. Maura Cosetti, Dr. Tom Roland, Dr. Anil Lalwani
Face Shield Design Innovations



Otologic surgery and endoscopy exam take on a whole new look at NYU Langone



WELCOME 26 NEW ANS MEMBERS! 9 Fellows, 16 Associates and 1 Affiliate member

FELLOWS



Gregory Artz, MD
Grand Rapids, MI



Marc K. Bassim, MD
Beirut, Lebanon



Eleanor Y. Chan, MD
Farmington Hills, MI



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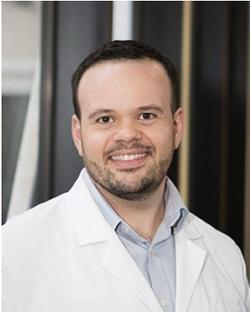
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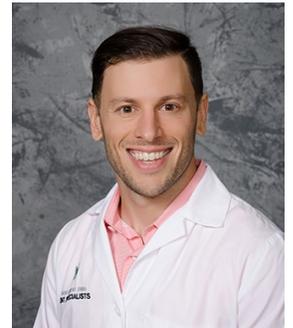
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Erika M. Walsh, MD
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ANS 2020 RESEARCH GRANT

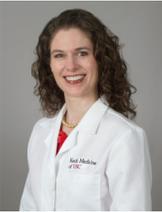
The ANS Research Committee and the ANS Executive Council selected three grant recipients for the upcoming funding cycle, July 1 -June 30, 2021.



Tatiana Correa, MD, MPH, was selected as a 2020 research grant recipient for her grant titled, "Comparison of Surgical Routes for Localized Inner Ear Viral Vector-Mediated Gene Therapy in the Guinea Pig Using Helper-Dependent Adenovirus Type 5".

Dr. Tatiana Correa received her bachelor's degree in biomedical engineering, master's in public health and medical degree at the University of Iowa. She continued her training at the University of Iowa where she is a current T32 research resident in the Department of Otolaryngology. Her research interests include hearing restoration, neural regeneration, tissue engineering and gene therapy. When she is not part-taking in clinical or research activities,

Tatiana enjoys spending time with her friends and family, skiing or snowboarding, scuba diving, reading and traveling.



Courtney C.J. Voelker, MD, PhD, was selected as a 2020 research grant recipient for her grant titled, "In Vivo Neuronal Mapping of the Auditory Pathway in Pediatric Patients with Congenital Unilateral Sensorineural Hearing Loss and those with Normal Hearing".

The goal of Dr. Voelker's proposed study is to examine the neuronal pathways in pediatric patients with congenital unilateral sensorineural hearing loss using a novel MRI-based modality called diffusion tensor imaging (DTI).

Dr. Courtney Voelker is Division Chief of Otology, Neurotology, and Skull Base Surgery and the Director of the Pediatric Cochlear Implant Program at the University of Southern California and Children's Hospital of Los Angeles.

She graduated with Honors from Brown University with a degree in neuroscience and earned her medical degree from The Warren Alpert Medical School of Brown University. As a Rhodes Scholar she earned her PhD from the University of Oxford in developmental neurobiology. She completed her residency in Otolaryngology –Head and Neck Surgery at Washington University (Barnes-Jewish Hospital) in St. Louis, Missouri and her fellowship at the House Clinic in Los Angeles, California.

Dr. Voelker's clinic interests include chronic ear disease, otosclerosis, cochlear implantation (adult and pediatric), vestibular disorders, skull base tumors including acoustic neuromas, meningiomas, and glomus tumors. Her research interests include studying inner ear structure and function, and how that knowledge translates into treatments for patients with hearing and balance problems.



Douglas Bennion, MD and Megan Foggia, MD were selected as co-P.I.'s for their grant entitled, "Durable Zwitterionic Thin Film Coatings for Cochlear Implant Biomaterials." Dr. Bennion and Dr. Foggia have proposed to study the effects of zwitterionic thin film coatings in reducing the inflammation that occurs within the cochlea following cochlear implantation in CX3CR1-GFP mice.

Dr. Bennion completed his bachelor's degree in neuroscience at Brigham Young University in Provo, UT. He completed his combined MD-PhD graduate training from the University of Florida (Gainseville, FL), earning a PhD in Biomedical Sciences followed by his medical degree. He is

currently coming up on his third year of residency in the Department of Otolaryngology—Head and Neck Surgery at the University of Iowa.

Dr. Foggia received her bachelor's degree in biology from the University of Nevada and her medical degree from the University of Nevada School of Medicine (Reno, NV). She completed her internship in otolaryngology at the University of Iowa and is now completing two years in the T32 resident research training program within the Department of Otolaryngology—Head and Neck Surgery at the University of Iowa.

The purpose of the American Neurotology Society (ANS) Research Grant is to encourage and support academic research in sciences related to the investigation of otology and neurotology. Appropriate areas of research include diagnosis, management, and pathogenesis of diseases of the ear and/or skull base. Grants that focus on addressing clinical gaps are especially encouraged. Grants may involve cell/molecular studies, animal research, or human subjects research.

The maximum award request is \$25,000 per year (US dollars) and is annually renewable on a competitive basis. ANS may distribute up to three \$25,000 grants each finding cycle. Indirect costs (overhead) are not allowed. Grants are available to physician investigators in the United States and Canada only. We particularly encourage those individuals without a history of K08, R03, R21, or R01 funding to apply.

If you would like to submit a grant for consideration in 2021-22, the deadline for applications is March 1, 2021. Email a cover letter and application to Dr. Ronna Hertzano, RHertzano@som.umaryland.edu, Chair of the ANS Research Committee and ANS Admin, Kristen Bordignon. Submission instructions may be found on the ANS Website.

COSM VIRTUAL POSTER SESSION 2020

The ANS along with five other COSM Societies (AOS, TRIO, ASPO, ABEA & ALA) agreed to participate in the COSM Virtual Poster Session (VPS) as a way to showcase some of our Spring meeting content. We also invited our podium presenters to submit a poster and allowed any presenter to withdraw their poster/presentation with no penalty.

The American College of Surgeons is sponsoring the VPS and will offer CME hours to any attendee viewing the posters. There IS NO registration fee and it's a great way to support our presenters and earn CME.

Posters are available for viewing online at www.ResearchPosters.com (Conference Code = COSM2020) CME credits are being offered until June 15, 2020. For more information, go to <https://cosm.md/posters/>

The ANS ended up with 43 posters.

Congratulations to the winning poster submissions.

1st Place - POSTER F047

"Fluorescent Detection of Vestibular Schwannoma Using Intravenous Sodium Fluorescein In Vivo"

Stefanie Pena, MS

University of Miami - Miller School of Medicine

2nd Place - POSTER F045

"Circulatory Otologic Biomarkers in Meniere's Disease and Vestibular Migraine"

James G. Naples, MD

Beth Israel Deaconess Medical Center, Harvard Medical School

3rd Place - POSTER F026

"Preservation of Serviceable Hearing after the Middle Cranial Fossa Approach to Vestibular Schwannomas: A Meta-analysis of 2,975 Surgeries"

Kaitlyn F. Strickland, MD

Johns Hopkins University

MARK YOUR CALENDAR!

56th ANNUAL ANS SPRING MEETING

(in conjunction with COSM)

Hyatt Regency New Orleans

New Orleans, LA

April 9-10, 2021

Abstracts accepted from July 20, 2020 - October 15, 2020

MIDNIGHT P.T.

Watch for detailed submission instructions on the ANS website in the coming weeks.

ANS FALL MEETING PREVIEW

CALL FOR SCARY CASES!

- Do you have a patient that has kept you awake at night?
- Have you encountered a particularly **SCARY** case?
- Or a patient from whom you've learned a valuable lesson?

WE WANT TO HEAR ABOUT IT!!

The ANS is soliciting abstracts for a panel entitled, "My Scariest Case" to be presented at the Fall Meeting.

If you have a patient or patient experience that we all could learn from, please share it with us by sending in a one page (2 paragraph) abstract (word document, save as with your last name). Describe the clinical scenario in the first paragraph and tell us what you learned from the case in the second paragraph. The meeting planners will review all abstracts and select several of you to present your case at the ANS Fall Meeting.

SEND ABSTRACTS TO KRISTEN BY JUNE 15 at

administrator@americanneurotologysociety.com

Our ANS award winning COSM 2020 podium presenters have been invited to present at the Fall meeting. We look forward to hearing their presentations.

NICHOLAS TOROK VESTIBULAR AWARD - "Deficits in Sensory Organization are a Primary Contributor to Imbalance and Postural Instability in The Aging Population"

Tiffany P. Hwa, MD

ANS TRAINEE AWARD - "Natural History of Growing Sporadic Vestibular Schwannomas: An Argument for Observation Despite Documented Growth in Select Cases"

John P. Marinelli, MD

ANS TRAINEE AWARD - "Repurposing an Approved Drug to Prevent Deafness in Usher Syndrome 3A"

Armine Kocharyan, MD

NEUROLOGY FELLOW AWARD - "Predicting Post-Operative Cochlear Implant Performance Using Supervised Machine Learning"

Matthew G. Crowson, MD, MPA

NEUROLOGY FELLOW AWARD - "Hearing Outcomes After Surgical Manipulation of the Membranous Labyrinth during Superior Semicircular Canal Dehiscence Repair or Posterior Semicircular Canal Occlusion"

Kenny F. Lin, MD

ANS 2018 RESEARCH GRANT RECIPIENT - "Rescuing Inner Ear Deficits in a Non-Syndromic Hearing Loss Model"

Ksenia A. Aaron, MD, Stanford University