



PROGRAM and ABSTRACTS

of the

***One Hundred Forty - Sixth
Annual Meeting***

**AMERICAN OTOLOGICAL
SOCIETY, INC.**

April 13 - 14, 2013

**Mediterranean Ballroom
1 - 3**

**JW Marriott Grande Lakes Resort
Orlando, FL**

OFFICERS
JULY 1, 2012—JUNE 30, 2013

PRESIDENT

Paul R. Lambert, M.D.
Medical University of South Carolina
Charleston, SC

PRESIDENT - ELECT

John W. House, M.D.
House Research Institute
Los Angeles, CA

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Steven A. Telian, M.D.
University of Michigan Medical Center

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Duke University Medical Center
Durham, NC

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The above officers and
C. Phillip Daspit, M.D.
Herman A. Jenkins, M.D.
D. Bradley Welling, M.D., Ph.D.
Samuel H. Selesnick, M.D.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American College of Surgeons and the American Otological Society. The American College of Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of 7.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



American College of Surgeons
Division of Education

American Otological Society, Inc.

Mission Statement

Purpose

The American Otological Society, created in 1868, is dedicated to fostering a dialog on and dissemination of, information pertaining to advances in evidence based diagnosis and management of otologic and neurotologic disorders. The focus on otologic and neurotologic disorders and scientific advances are translated to the provision of quality care that is consistent with the ACGME general competency areas and the Institute of Medicine competencies.

Target Audience

The primary target audience for the educational efforts of the American Otological Society is the current and potential members of the society. These members are physicians, otologists, residents, fellows, and researchers in the fields of otology and neurotology. Educational activities are also open to nurses, occupational and speech therapists and other healthcare professionals who are involved in the care of patients with otologic and neurotologic conditions.

Activities

The primary activity of the American Otological Society is the Annual Meeting that focuses on the advancement of the scientific and clinical evidence that supports advances in otologic and neurotologic care to patients. Additionally, non certified educational support and resources include the publication and dissemination of peer reviewed and evidence-based content through the Otology & Neurotology Journal and support for research in otology/neurotology and lateral skull base surgery and related disciplines.

Content

The content for the Annual Meeting and other related educational efforts are limited to the otologic and neurotologic evidence based science, clinical standards of care, and effects on communication.

Expected Results

The expected results are focused on enhancing knowledge translation and promoting competence for the membership and other identified target audiences. The Annual Meeting, the CME certified annual activity of the society, and the other scholarly activities such as the publication of the Journal and support for research provide a rich and robust environment for self assessment and reflection, access to resources for lifelong learning and opportunities for discussion and re-evaluation

2013 AOS Spring Meeting CME Activity Planning

The American Otological Society (AOS) is committed to improving public health care through the provision of high-quality continuing medical education (CME) to our members. The overall goal is to provide CME activities that will address the knowledge gaps and enhance the clinical competence of the participants.

Planning an educational activity that meets the needs of our members is of the utmost importance to the leadership of the AOS. At the close of each annual meeting, we ask that you complete an exit-evaluation. The evaluation is used as a tool to determine the success of the CME program in meeting program objectives, addressing professional practice gaps and educational needs. Your responses provide extensive feedback on what was learned from the Program as well as what you would like to see in the future. The responses are peer-reviewed by the Council prior to the next meeting to assist the Program Committee in developing future AOS Continuing Medical Education programs. The educational program is designed to address the topics identified as practice gaps through individual presentations and in depth panel discussions. Based on the response, the following data regarding professional practice gaps among attendees were noted:

- There is limited knowledge of the relevance of temporal bone histopathology for contemporary clinical otological practice.
- Hearing restoration by attempts to regenerate cochlear hair cells is a complicated and poorly understood area of research.
- The etiology of otosclerosis is incompletely understood, resulting in the inability to offer contemporary treatments to patients.

Highlights of the AOS 146th Annual Meeting include two Basic Science presentations; the first is entitled, *"Can We Restore Lost Hearing? Molecular Control of Cell Fate and Cell Division in the Development and Regeneration of the Inner Ear"*, presented by Dr. Neil Segri. On Sunday, Dr. Michael J. McKenna will present *"Progress Understanding the Etiology of Otosclerosis and Implications for Future Treatment"*. Dr. Paul Lambert, AOS President, selected Dr. Bruce J. Gantz as the Guest of Honor. Dr. Gantz's presentation is entitled, *"Acoustic + Electric Speech Processing: What Have We Learned about the Auditory System"*. A panel of experts will address the latest *"Innovations and New Technologies"* in Otology, moderated by Dr. John Carey. Dr. Joseph B. Nadol put together a top-notch panel to discuss *"Contemporary Relevance of Human Temporal Bone Histopathology"*.

In addition, there are a vast number of oral presentations exploring the latest otological research and findings. Be sure to visit the Exhibit Hall where you will find an outstanding display of AOS poster submissions. Posters will be available for viewing on Friday, April 12th through Saturday, April 13th. The Combined Poster Reception will take place Friday evening, April 12 at 5:30.

To close the identified practice gaps, participants of this activity will need to learn:

1) The importance and relevance of temporal bone histopathologic studies to their medical and surgical practice. Many prior findings from these types of studies have had critically important implications for our practice. Further findings and advancements in technique will be discussed. Attendees will also understand the importance of continued procurement of specimens and continued NIH funding support for these studies.

2) The current state of knowledge and current approaches to hearing restoration research. Although current studies are still in the pre-clinical stages, practitioners must understand what approaches are being used and gauge progress in recent research. Patients often look to us to help them understand the current state of research into treatment of hearing loss, particularly in light of publications in the lay media.

3) The current state of knowledge about the causes of otosclerosis, an otologic disorder that we commonly treat. Physicians must have a contemporary and thorough knowledge of the causes of the disorders we treat.

Patient outcomes will be improved by:

- 1) Offering the best counseling and treatment for otosclerosis
- 2) Offering the best counseling and treatment for sensorineural hearing loss
- 3) Offering the best counseling and treatment for otological disorders that can be studied in more detail utilizing techniques of temporal bone histopathology.

Learning Objective (s) - At the end of this activity, participants will be able to:

- Identify new findings derived from otopathology as relevant to clinical otology, as well as new techniques that will add to knowledge base.
- Describe contemporary research trends in hair cell regeneration and know how this may apply to patient care in the future.
- Apply the current understanding of etiology of otosclerosis as appropriate to medical and surgical otological practice.

The following ACGME competency areas will be addressed throughout this CME activity

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

The following statement was read, submitted, and signed by every individual connected with this educational activity. Failure to comply disqualifies the individual from planning or speaking at any AOS Continuing Medical Education program.

All authors were advised that the submitted paper becomes the property of *Otology & Neurotology* and cannot be reprinted without permission of the Journal.

In accordance with the ACCME Accreditation Criteria, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. Therefore, it is mandatory that both the program planning committee and speakers complete disclosure forms. Members of the program committee were required to disclose **all** financial relationships and speakers were required to disclose any financial relationship **as it pertains to the content of the presentations**. The ACCME defines a 'commercial interest' as "any entity producing, marketing, re - selling, or distributing health care goods or services consumed by, or used on, patients". It does not consider providers of clinical service directly to patients to be commercial interests. The ACCME considers "relevant" financial relationships as financial transactions (in any amount) that may create a conflict of interest and occur within the 12 months preceding the time that the individual is being asked to assume a role controlling content of the educational activity.

ACS is also required, through our joint sponsorship partners, to manage any reported conflict and eliminate the potential for bias during the activity. All program committee members and speakers were contacted and the conflicts listed below have been managed to our satisfaction. However, if you perceive a bias during a session, please report the circumstances on the session evaluation form.

Please note we have advised the speakers that it is their responsibility to disclose at the start of their presentation if they will be describing the use of a device, product, or drug that is not FDA approved or the off - label use of an approved device, product, or drug or unapproved usage.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure, and to allow the audience to form its own judgments regarding the presentation.

Disclosure Information

In compliance with ACCME Accreditation Criteria, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. All reported conflicts are managed by a designated official to ensure a bias - free presentation.

PUBLICATION STATEMENT

The material in this abstract, (Name of Abstract), has not been submitted for publication, published, nor presented previously at another national or international meeting and is not under any consideration for presentation at another national or international meeting. The penalty for duplicate presentation/publication is prohibition of the author and co - authors from presenting at a COSM society meeting for a period of three years. Submitting Author's Signature (required)

*****Disclosures - Oral Presentations *****

Authors were instructed to read and sign the following Attestation statement, indicating their understanding of and willingness to comply with each statement below.

1. I will disclose all relevant financial relationships to the AOS. disclose this information to learners verbally (for live activities) and in print.
2. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well - balanced, evidence - based and unbiased.
3. I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the AOS.
4. If I am presenting at a live event, I am aware that a CME monitor will attend the event to ensure that my presentation is educational, and not promotional, in nature. If presentation is found to be promotional in any way, I understand I will be ineligible to participate in an *AOS/ACS* jointly sponsored CME accredited activity for a period up to two years.
5. If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
6. If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, not just trade names from any single company.
7. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
8. If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.
9. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

American Otological Society, Inc. Statement

All authors, presenters, panelists, guest lecturers, Council members, Program Advisory Committee members, Administrative staff and any other contributing individuals who may be in a position to control content of a CME activity were required to complete a Disclosure/Conflict of Interest/Attestation declaration prior to consideration for presentation or appointment to a CME planning Committee. All potential conflicts of interest were resolved prior to participation in the planning of this activity.

Position Statement: Any presentations, conversations, exhibits, or other meeting communications, including descriptions of the use of drugs or devices, does not imply or constitute endorsement of any company, product, application, or use by the American Otological Society.

*****FACULTY DISCLOSURES***
(In alphabetical order)**

American Otological Society Council 2012-2013

The following Council Members disclose:

Steven A. Telian, MD

Cochlear Americas - Medical Advisory Board

Debara L. Tucci, MD

Otonomy Inc. - Consultant

The following Council Members have nothing to disclose:

C. Phillip Daspit, MD

John W. House, MD

Herman A. Jenkins, MD

Paul R. Lambert, MD

Samuel H. Selesnick, MD

D. Bradley Welling, MD, PhD

Program Advisory Committee 2013

The following Committee Members disclose:

Douglas D. Backous, MD

Medtronic - Consultant

Cochlear Corporation - Surgical Advisory Board

M. Jennifer Derebery, MD

Epic Hearing Healthcare - Board of Directors, Stockholder

Alcon Laboratories - Speaker Bureau

Sonitus Medical Inc. - Board of Directors, Stockholder, Scientific
Advisory Board

SRxA - Advisory Board

Sunovion Inc. - Advisory Board

Teva - Advisory Board, Speakers Bureau

Pfizer - Advisory Board

Colin L. W. Driscoll, MD

Med - El - Consultant, Surgical Advisory Board

Cochlear Corporation - Consultant, Surgical Advisory Board

Advanced Bionics - Consultant, Surgical Advisory Board

Debara L. Tucci, MD - (see above)

Nancy M. Young, MD

Advanced Bionics - Medical Advisory Board

Cochlear Americas - Medical Advisory Board

The following Committee Members have nothing to disclose:

Hilary A. Brodie, MD, PhD

John L. Dornhoffer, MD

Marlan R. Hansen, MD

George T. Hashisaki, MD

Michael J. Ruckenstein, MD

Jeffrey T. Vrabc, MD

AOS Administrative Staff has nothing to disclose:

Kristen Bordignon

Ashley Westbrook

*****Disclosures—Oral Presentations *****
Saturday April 13, 2013, Scientific Session
Oral Presentations: Authors/Presenters
& Panel Participants
(listed in order of presentation)

7:45am - GUEST OF HONOR

The following individual disclose:

Bruce J. Gantz, MD

Anspach Corp - Consultant

Advanced Bionics - Consultant

Cochlear Corp - Consultant

8:10am

The following individuals have nothing to disclose:

Chad W. Whited, MD (Primary)

Sara C. Unrein, AuD

David M. Kaylie, MD

The following individual disclose:

Debara L. Tucci, MD

Otonomy Inc.- Consultant

8:18am

The following individuals have nothing to disclose:

Garani S. Nadaraja, MD (Primary)

Richard K. Gurgel, MD

Kay W. Chang, MD

8:26am

The following individuals have nothing to disclose:

J. Eric Lupo, MD (Primary)

Kanthaiah Koka, PhD

Herman A. Jenkins, MD

Daniel J. Tollin, PhD

8:34am

The following individual disclose:

Anil K. Lalwani, MD (Primary)

Advanced Bionics - Medical Advisory Board

The following individuals have nothing to disclose:

Hirobumi Watanabe, PhD

Jeffrey W. Kysar, PhD

8:48am - BASIC SCIENCE LECTURE

The following individual has nothing to disclose:

Neil Segil, PhD

9:18am

The following individuals have nothing to disclose:

Judith E. C. Lieu, MD, MSPH (Primary)

Roanne K. Karzon, PhD

Banan Ead, MA

Nancy Tye - Murray, PhD

9:26am

The following individuals have nothing to disclose:

Richard K. Gurgel, MD (Primary)

P. Daniel Ward, MD

Sarah Schwartz PhD

Maria C. Norton, PhD

JoAnn T. Tschanz, PhD

*****Disclosures—Oral Presentations***
Saturday April 13, 2013, Scientific Session**

9:34am

The following individuals have nothing to disclose:

Tjeerd Muurling (Primary)
Konstantina M. Stankovic, MD, PhD

10:15am

The following individuals have nothing to disclose:

Joni K. Doherty MD, PhD (Primary)
Céline Richard MD, PhD
Fred H. Linthicum Jr., MD
Jose N. Fayad MD

10:23am

The following individuals have nothing to disclose:

Craig Miller, BS (Primary)
Abraham Jacob, MD (Presenter)
Suzu Igarashi, BS
Allison M. Dunn, BA
Kate A. Woodworth
Maki Niihori, PhD

10:31am

The following individuals have nothing to disclose:

John W. Wood, MD
Esperanza Bas, PhD
Chhavi Gupta, PhD
Yamil Selman, MS

The following individuals disclose:

Thomas Van De Water, PhD
MED-EL- pre-clinical grant
Fred Telischi, MD
MED-EL-Consultant
Cochlear Corp-Consultant
Adrien Eshraghi, MD
MED-EL-Consultant

10:39am

The following individuals have nothing to disclose:

Bing Mei Teh, MBBS (Primary)
Sharon L. Redmond
Ben Allardyce, PhD
Marcus D. Atlas, FRACS
Rangam Rajkhowa, PhD
Robert J. Marano, PhD
Rodney J. Dilley, PhD

10:47am

The following individuals have nothing to disclose:

Paul C. Walker, MD (Primary)
Sarah E. Mowry, MD
Rick F. Nelson, MD, PhD
Marlan R. Hansen, MD
Bruce J. Gantz, MD

11:02am - PANEL

The following individuals have nothing to disclose:

Joseph B. Nadol, Jr., MD

Joni K. Doherty, MD, PhD

Alicia M. Quesnel, MD

Felipe Santos, MD

The following individual disclose:

Peter A. Santi, PhD

Cochlear Americas - P.I.

*****Disclosures - Oral Presentations ***
Sunday, April 14, 2013, Scientific Session
Oral Presentations: Authors/Presenters
& Panel Participants
(listed in order of presentation)**

7:30am

The following individuals have nothing to disclose:

Jack E. Russo, MD (Primary)

Matthew G. Crowson, BA

Edward J. DeAngelo, MD

Clifford J. Belden, MD

James E. Saunders, MD

7:38am

The following individuals have nothing to disclose:

Ameet K. Grewal, MD (Primary)

Han Y. Kim, MD

Richard H. Comstock, III, MD

Ann K. Jay, MD

H. Jeffrey Kim, MD

7:46am

The following individuals have nothing to disclose:

William H. Slattery, MD (Primary)

Adam M. Cassis, MD (Presenter)

Eric P. Wilkinson, MD

Felipe Santos, MD

Karen Berliner, PhD

7:54am

The following individuals have nothing to disclose:

Joseph P. Roche, MD (Primary)

Oliver F. Adunka, MD

Harold C. Pillsbury, MD

Craig A. Buchman, MD

8:02am

The following individuals have nothing to disclose:

Emily M. Luxford, BA (Primary)

Karen I. Berliner, PhD

William M. Luxford, MD

8:18am - BASIC SCIENCE LECTURE

The following individual has nothing to disclose:

Michael J. McKenna, MD

*****Disclosures—Oral Presentations***
Sunday, April 14, 2013, Scientific Session**

8:48am

The following individuals have nothing to disclose:

Baishakhi Choudhury, MD (Primary)

Omar Awan, BS

J. Maxwell Pike, BA

The following individuals disclose:

Douglas C. Fitzpatrick, PhD

Med El - Research Support

Oliver F. Adunka, MD

Med El - Consultant

Craig A. Buchman, MD

Med - El - Consultant

Advanced Bionics - Consultant

Cochlear Corp - Consultant

8:56am

The following individuals disclose:

David S. Chen, BS

Johns Hopkins - Research Stipend

Danisa M. Clarrett, MS

(MSTAR) - Research Funding

Frank R. Lin, MD, PhD

NIH - Research funding

TRIO/ACS Clinician Scientist Award - Research funding

Cochlear - Consultant

Autifony - Consultant

Pfizer: Consultant

The following individuals have nothing to disclose:

Lingsheng Li, MHS

Steve P. Bowditch, MS

John K. Niparko, MD

9:04am

The following individuals have nothing to disclose:

Peter Luke Santa Maria, MBBS, PhD (Primary)

Chloe Domville - Lewis, MBBS

Marcus D. Atlas, MBBS

9:12am

The following individuals have nothing to disclose:

Stanley Pelosi, MD (Primary)

Jack H. Noble, PhD

Benoit M. Dawant, PhD

The following individuals disclose:

Robert F. Labadie, MD, PhD

Med - El - Advisory Board

Ototronix - Advisory Board

Cochlear - Consultant

9:20am

The following individuals have nothing to disclose:

Theodore R. McRackan, MD (Primary)

Rene H. Gifford, PhD

Robert F. Labadie, MD, PhD

George B. Wanna, MD

David S. Haynes, MD

Marc L. Bennett, MD

*****Disclosures—Oral Presentations***
Sunday, April 14, 2013, Scientific Session**

9:28am

The following individuals disclose:

Adrien A. Eshraghi, MD (Primary)

Med - El Corporation - Consultant, Research Support

Fred F. Telischi MD

Med - El Corporation - Surgical Advisory Board

Cochlear Corporation - Surgical Advisory Board

Thomas J. Balkany MD

Med - El Corporation - Surgical Advisory Board

Advanced Bionics - Surgical Advisory Board

Cochlear Corporation - Consultant

The following individuals have nothing to disclose:

Ronen Nazarian, MD

Annelle Hodges, PhD

Alina Gomez

Lochet Domitille

10:15am

The following individuals have nothing to disclose:

Matthew L. Carlson, MD (Primary)

Kathryn M. Van Abel, MD

Stanley Pelosi, MD

Charles W. Beatty, MD

George B. Wanna, MD

The following individuals disclose:

David S Haynes, MD

Grace - Consultant

Cochlear Americas - Medical Advisory Board

Advanced Bionics - Medical Advisory Board

Anspach - Medical Advisory Board

Colin L W. Driscoll, MD

Cochlear Americas - Consultant

Advanced Bionics - Consultant

Med - El - Consultant

10:23am

The following individuals have nothing to disclose:

Seiji Kakehata, MD (Primary)

Tomoo Watanabe, MD

Tsukasa Ito, MD

Toshinori Kubota, MD

Takatoshi Furukawa, MD

10:31am

The following individual has nothing to disclose:

Michael B. Gluth, MD (Primary)

10:39am

The following individuals have nothing to disclose:

Shin - ichi Kanemaru, MD, PhD (Primary)

Hiroo Umeda, MD, PhD

Rie Kanai, MD

Takuya Tsuji, MD

Fumiko Kuboshima, MD

Misaki Yamamoto, MD

10:47am

The following individual disclose:

Stephen J. Wetmore, MD (Primary)

Guidepoint Global - Advisor

Gyrus Corporation - Royalty

The following individuals have nothing to disclose:

Hope A. Bueller, MD

Jamey L. Cost, MD

11:02am - PANEL

The following individuals disclose:

John P. Carey, MD - Moderator

Otonomy-P.I.

Pfizer-P.I.

Lawrence R. Lustig, MD

Med-El - Surgical Advisory Board

Claus-Peter Richter, MD, PhD

Lockheed Martin Aculight-P.I.

The following individual has nothing to disclose:

Albert Edge, PhD

*****Disclosures - Poster Presentations*****

(in numerical order 2-069 thru 2-090)

Identification of COCH gene mutation in exon 5 of the LCCL Domain in Archived DFNA9 Temporal Bone

The following individuals have nothing to disclose:

Joni K. Doherty, MD, PhD (Primary)

Jamie Treadway

Jose N. Fayad, MD

Robert Gellibolian, PhD

Fred H. Linthicum, Jr., MD

Social Media Effectively Increased the Awareness of Cochlear Implants as a Treatment for Severe to Profound Hearing Loss

The following individuals disclose:

Douglas D. Backous, MD (Primary)

Cochlear Corporation - Surgical Advisory Board

Medtronic Neurotechnologies - Consultant

The following individual has nothing to disclose:

Dana Lewis

Timing Discrepancies of Early Intervention Hearing Services in Urban and Rural Cochlear Implant Recipients

The following individuals have nothing to disclose:

Matthew L. Bush, MD (Primary)

Mary Burton, AuD

Ashley Loan

Jennifer B. Shinn, PhD

Contemporary Surgical Management of Cholesteatoma in the Only Hearing Ear

The following individuals have nothing to disclose:

Matthew L. Carlson, MD (Primary)

Richard F. Latuska Jr, BS

Alejandro Rivas, MD

Marc L. Bennett, MD

George B. Wanna, MD

The following individuals disclose:

Michael E. Glasscock, III, MD (see page 13)

David S. Haynes, MD (see page 11)

*****Disclosures—Poster Presentations*****

Melanin - An Inflammatory Marker in Chronic Middle Ear Disease?

The following individuals have nothing to disclose:

Mark A. Fritz, MD (Primary)

Pamela C. Roehm, MD, PhD

Michael A. Bannan, MD

The following individuals disclose:

Anil K. Lalwani, MD

Advanced Bionics - Medical Advisory Board

Management of Endolymphatic Sac Tumor: Sporadic Cases and Von Hippel - Lindau Disease

The following individuals have nothing to disclose:

Jerome Nevoux, MD

Catherine Nowak, MD

Christine Lepajolec, MD

Olivier Sterkers, MD, PhD

Stéphane Richard, MD, PhD

Serge Bobin, MD

Auditory and Vestibular Phenotypes Associated with GATA3 Mutation

The following individuals have nothing to disclose:

Wade Chien, MD (Primary)

Jennifer W. Leiding, MD

Amy P. Hsu, BA

Chris Zalewski, MA

Kelly King, AuD, PhD

Steven M. Holland, MD

Carmen Brewer, PhD

High-resolution CT Scan in Superior Canal Dehiscence Diagnosis: a Correlation Between Coronal and Multiplanar Reformatted Images

The following individuals have nothing to disclose:

Lina Zahra Benamira (Primary)

Musaed Alzahrani MD

Manon Bélair MD

Issam Saliba MD

Reversible Cochlear Function with ANCA - associated Vasculitis Initially Diagnosed by Otologic Symptoms

The following individuals have nothing to disclose:

Naohiro Yoshida, MD, PhD (Primary)

Mariko Hara, MD

Masayo Hasegawa, MD

Akihiro Shinnabe, MD

Hiromi Kanazawa, MD

Yukiko Iino, MD, PhD

Advantages and Feasibility of Transcanal Endoscopic Myringoplasty

The following individuals have nothing to disclose:

Takatoshi Furukawa, MD (Primary)

Tomoo Watanagbe, MD

Tsukasa Ito, MD

Toshinori Kubota, MD

Seiji Kakehata, MD

*****Disclosures—Poster Presentations*****

Complicated Otitis Media - a Modern Reappraisal

The following individuals have nothing to disclose:

William R. Schmitt, MD (Primary)

Irradiated Rib Cartilage Tympanoplasty - Does it Last?

The following individual has nothing to disclose:

William R. Schmitt, MD (Primary)

Traumatic Superior Semicircular Canal Dehiscence: Case Series and Review of the Literature

The following individuals have nothing to disclose:

Sameer Ahmed, MD (Primary)

Isaac Yang, MD

Quinton Gopen, MD

Beta-actin Upregulated in Sporadic Vestibular Schwannomas

The following individuals have nothing to disclose:

Sonam Dilwali, BS (Primary)

Martijn Briet, BS

Konstantina Stankovic, MD, PhD

Where Do Middle Ear Implants Fit in the Rehabilitation of Patients With Sensorineural Hearing Loss?

The following individuals disclose:

Michael E. Glasscock, III, MD (Primary)

Otomed - Stock, Salary, Chairman of Board of Directors

Envoy Medical - Chairman of MAB, Stock, Salary

Ototronix - Chairman of MAB, Stock, Salary

The following individual has nothing to disclose:

Matthew L. Carlson, MD

Intraoperative Measurement of Skull Bone Vibration during Mastoidectomy Using an Ultrasonic Bone Curette

The following individuals have nothing to disclose:

Tsukasa Ito, MD, PhD (Primary)

Hideyuki Mochizuki

Tomoo Watanabe, MD, PhD

Toshinori Kubota, MD, PhD

Takatoshi Furukawa, MD, PhD

Takuji Koike, PhD

Seiji Kakehata, MD, PhD

Microbial Flora of Cochlear Implants by Gene Pyrosequencing

The following individuals disclose:

Patrick J. Antonelli, MD (Primary)

Medtronic - Grant Support

Alcon Laboratories - Grant Support

Auris Medical - Grant Support

Sound Pharmaceutical - Grant Support

Medtronic - Consulting Fees

Otonomy - Consulting Fees

Med El - Consulting Fees

Foresight Biotherapeutics - Consulting Fees

Sharklet Technologies - Consulting Fees

The following individuals have nothing to disclose:

Carolyn P. Ojano - Dirain, PhD

Scot E. Dowd, PhD

*****Disclosures—Poster Presentations*****

EAR MAPS a New Classification for Congenital Microtia/Atresia Based on the Evaluation of 742 patients

The following individuals disclose:

Joseph B. Roberson, Jr., MD (Primary)

Consulting, Advisory Relationships, Equity and/or Ownership interests in the following were disclosed:

Acclarent; Autonomic Technologies Inc; Vigilo Networks; Lumenis; Kurz Dusslingen; The Doctor's Company; Inspire; Neupace; Global Hearing

Hernan Goldsztein, MD (presenter)

Acclarent Inc. - Consulting Fees

The following individuals have nothing to disclose:

Ashley Balaker, MD

John F. Reinisch, MD

Histological Study of Cochleostomy and Titanium Microactuator Implanted in Lateral Wall of Cat Scala Tympani

The following individuals disclose:

S. George Lesinski, MD (Primary)

OtoKinetics, Inc. - Co - founder, Board, Co - inventor, Stocks, Salary

Gregory L. Koskovich, PhD

OtoKinetics, Inc. - VP of R&D, Salary

Brenda L. Farmer-Fedor, PhD

OtoKinetics, Inc. - Director of Engineering, Salary, Stock

The following individuals have nothing to disclose:

Matthew A. Buccellato, DVM, PhD

Anthony J. Skowronek, DVM, PhD

Oscar A Bermeo Blanco, DVM

Karen E. Elsass, BS

Improved Sound Localization Following Cochlear Implantation

The following individuals have nothing to disclose:

Jessica J. Kepchar, DO (Primary)

Arnaldo Rivera, MD (Presenter)

Joshua G.W. Berstein, PhD

Access to Cadaveric Temporal Bone Dissection Improves Resident Performance on a Standardized Skill Assessment Instrument

The following individuals have nothing to disclose:

Sarah E. Mowry, MD (Primary)

Marlan R. Hansen, MD

Reevaluation of Eustachian Tube Function and Habitual Sniffing in Middle Ear Cholesteatoma

The following individuals have nothing to disclose:

Masafumi Sakagami, MD, PhD (Primary)

Shigeto Ohta, MD

Hirokazu Katsura, MD, PhD

Yasuo Mishiro, MD

**THE AMERICAN OTOLOGICAL SOCIETY WOULD
LIKE TO THANK THE FOLLOWING MEMBERS
FOR THEIR CONTRIBUTION TO THE
2013 AOS SCIENTIFIC PROGRAM**

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Marlan R. Hansen, MD

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Debara L. Tucci, MD

Jeffrey T. Vrabec, MD

Nancy M. Young, MD

Mark your calendar!

**Combined Poster Reception
ANS/AOS/TRIO/ARS/AAFPRS**

Friday, April 12, 2013

5:30 pm - 7:00 pm

Coquina Ballroom

AOS President's Reception & Banquet

Saturday, April 13, 2013

Reception - 6:30 pm

Mediterranean Ballroom 6

Dinner/Dance - 7:30 pm

Mediterranean Ballroom 7

Formal attire/Black tie optional
{Advanced ticket purchase required
Members & Invited Guests only}

Upcoming meetings

147th AOS Annual Spring Meeting

in conjunction with COSM

May 14-18, 2014

Caesar's Palace

Las Vegas, NV

AAO-HNSF 2013 Annual Meeting & OTO EXPO

September 29 - October 2, 2013

Vancouver Convention Centre

Vancouver, BC

Abstract Deadline: Tuesday, October 15, 2013

Abstract Instructions and submission form will be available on website after July 1, 2013.

Website - www.americanotologicalsociety.org

All primary and contributing authors are required to sign a disclosure/conflict of interest document at time of abstract submission in order for the abstract to be considered by the Program Advisory Committee

Journal Requirements/Instructions to Authors/Presenters

Manuscripts are required of oral & poster submissions.

Manuscripts must be submitted online a **minimum of four weeks** prior to the annual meeting, via the journal's website. Instructions for registering, submitting a manuscript, and the author guidelines can be found on the Editorial Manager site:

<https://www.editorialmanager.com/on/>

The journal of *OTOLOGY & NEUROTOLOGY* does not accept paper manuscripts. Manuscripts will be peer reviewed prior to the Annual Meeting for conflict of interest review and resolution.

Failure to comply with the guidelines & requirements of the American Otological Society and the O&N Journal will result in the disqualification of your presentation.

For Society business, please forward all inquiries to:

Kristen Bordignon

Administrator

AOS Administrative Office

1980 Warson Rd.

Springfield, IL 62704

Email: otosociety@yahoo.com

Ph: 217-638-0801

Fax: 217-679-1677

Website: www.americanotologicalsociety.org

Ashley Westbrook

AOS/ANS Administrative Assistant

Email: ansaosasst12@yahoo.com

**NAMES AND ADDRESSES OF PRIMARY AUTHORS
ORAL PRESENTATIONS**

Chad W. Whited, MD

Division of Otolaryngology-HNS
Duke Univ. Medical Ctr-200 Trent Dr.
Room 111-B Baker House
Brown Zone-Box 3974
Durham, NC 27710

Garani S. Nadaraja, MD

3030 Children's Way, #402
Rady Children's Hospital
San Diego, CA 92123

J. Eric Lupo, MD

Department of Otolaryngology
Univ. of Colorado School of Medicine
12631 E. 17th Ave, Room 3001
Aurora, CO 80045

Anil K. Lalwani, MD

Columbia University
College of Physicians and Surgeons
180 Fort Washington Avenue
Harkness Pavilion, 8th Floor
New York, NY 10032

Judith E. C. Lieu, MD, MSPH

660 S. Euclid Ave.
Campus Box 8115
St. Louis, MO 63110

Richard K. Gurgel, MD

Division of Otolaryngology - SOM
3C120
50 N. Medical Dr.
Salt Lake City, UT, 84132

Tjeerd Muurling

Breestraat 135A
2311 CM Leiden
The Netherlands

Joni K. Doherty, MD, PhD

House Research Institute
2100 W. Third St.
Los Angeles, CA 90057

Craig Miller, BS

1515 N. Campbell Ave
PO Box 245024
Tucson, AZ 85724

John W. Wood, MD

1120 NW 14th St.
CRB 5th Floor
Miami, FL 33136

Bing Mei Teh, MBBS

M507, 35 Stirling Highway
Nedlands, WA 6008
Australia

Paul C. Walker, MD

200 Hawkins Drive
Iowa City, IA 52242

Jack E. Russo, MD

One Medical Center Drive
Lebanon, NH 03756

Ameet K. Grewal, MD

Georgetown University Hospital
Dept OTO-HNS
3800 Reservoir Road NW
Gorman Bldg 1st Floor
Washington, DC 20007

William H. Slattery III, MD

House Research Institute
2100 W. Third St.
Los Angeles, CA 90057

Joseph P. Roche, MD

The University of NC at Chapel Hill
School of Medicine
Dept of OTO / HNS
170 Manning Dr- CB 7070
Physician's Office Bldg, Room G-190
Chapel Hill, NC 27599-7070

Emily M. Luxford, BA

House Research Institute
2100 W. Third St.
Los Angeles, CA 90057

Baishakhi Choudhury, MD

170 Manning Drive, CB7070
Chapel Hill, NC 27599

David S. Chen, BS

641A St. Paul Street
Baltimore MD, 21202

**Peter Luke Santa Maria, MBBS,
PhD**

710 Bair Island Rd
Apartment 403
Redwood City, CA, 94063

Stanley Pelosi, MD

Dept of OTO - HNS
Vanderbilt Univ Medical Ctr
7209 Medical Center
East-South Tower
1215 21st Avenue South
Nashville, TN 37232

Theodore R. McRackan, MD

Vanderbilt Univ Medical Ctr
Dept of OTO
7209 Medical Center East-
South Tower
1215 21st Avenue South
Nashville, TN 37232-8605

Adrien A. Eshraghi, MD

University of Miami Ear Institute
1120 NW 14th
Miami, FL 33136

Matthew L. Carlson, MD

7209 Medical Center East
South Tower
1215 21st Avenue South
Nashville, TN 37232-8605