

HeadsUp!

News from the
UCSF Department of
Otolaryngology –
Head and Neck Surgery



University of California
San Francisco

UCSF Otolaryngology-Head and Neck Surgery
Residents 2020



Photos of those in the UCSF OHNS Residency Program reveal the wearing of masks, one of the adjustments resulting from the COVID-19 pandemic.

OHNS Residency Program Responds to COVID-19

Residency programs across the U.S. adjusted many aspects of their training in the wake of the COVID-19 pandemic. The residency training program at UCSF's Department of Otolaryngology – Head and Neck Surgery was no different.

Steven Pletcher, MD, a professor of Clinical Otolaryngology and director of the UCSF OHNS residency training program, says the program quickly pivoted to address drastic changes in the health care environment when the magnitude of the COVID-19 pandemic became apparent in late February.

"There was an initial recognition of the potential impact of the pandemic on all of our medical systems," says Dr. Pletcher. "That resulted in a shutdown of non-emergent clinical operations as well as a realignment of all of our clinicians – faculty, residents, and allied health providers – to limit risk of exposure to our patients and to avoid exposing ourselves to the virus.

"Normally, many of our clinicians travel between our hospitals and campuses: Zuckerberg San Francisco General Hospital; the hospitals at Parnassus, Mission Bay, and Mount Zion; our pediatric hospitals; and the San Francisco Veterans Affairs Medical Center. Very early on, we implemented a strict 'cohorting' approach, where all of our physicians were assigned to a single hospital site and scheduled to work on alternating shifts. That was done to ensure that our physicians would not serve as a vector for disease transmission between campuses."

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Message from the Chair

These times are unlike any I can recall. Two issues in particular – a pandemic and racial strife – indicate how our society is in upheaval.

Here in San Francisco, UCSF is a hotbed of creativity on both issues. First and foremost, there is major creative energy being devoted to battling COVID-19 at UCSF, Zuckerberg San Francisco General Hospital, and the San Francisco Veterans Administration Medical Center. Frontline health care is rapidly prototyping strategies to save lives and limit the spread of infection. I am in awe of the power of UCSF's research infrastructure, as evidenced by how epidemiology research, vaccine research, clinical therapeutic innovation, and device prototyping are all occurring at breakneck speed. What impresses me even more is how an undercurrent of professional collegiality complements



The Department created a position statement on social justice, diversity, and inclusion – see page 6.

the research infrastructure, and that is a top reason why it is so stimulating to work here. UCSF's passion for social justice is also at the forefront these days. In acknowledgement of the Black Lives Matter movement, our medical community has been given the freedom to contribute and to speak out. Many forums have been created for

education and for social discourse. As an example, our first year medical students have been given options to pursue social justice work contemporaneously and congruently with their first year educational responsibilities. You can check out some of our educational offerings at <https://diversity.ucsf.edu/>. The department has taken the time to create its own position statement on social justice, diversity, and inclusion, which you can see on page 6. This is a living document, not a static one, and it will be used as a baseline for progress as we strive for enhanced education and progress in our culture and society, with an emphasis on equality and respect for all. The education and leadership teams will be working on a curriculum to drive attention to and advancement of diversity, equity, and inclusion in the Department of Otolaryngology – Head and Neck Surgery.

I want to thank all our alumni, graduates, students, fellows, and friends for your courage and for your social contribution during this extraordinary period. We are so fortunate to be in the field of medicine, where our mission to improve the lives of others is tangible and attainable every day we come to work.

Finally, every election is an opportunity to weigh in on issues that will affect our society today and in the long term. As we go to press, I want to thank you for voting in the 2020 election!

Warmly,

Andrew H. Murr, MD, FACS
Professor and Chair
UCSF Department of Otolaryngology –
Head and Neck Surgery

COVID-19 response

Continued from page 1

According to Dr. Pletcher, that substantive change in scheduling prepared the team to handle a worst-case scenario, but fortunately in the San Francisco Bay Area the initial wave of disease was lower than anticipated.

Protecting Patients and the Team

"It was a time when we returned to the roots of medicine, with a primary responsibility to keep our patients and ourselves safe," says the program director. "In order to do that, our faculty and residents worked in very small team structures that partnered to limit risks while efficiently caring for patients with urgent issues."

Clear roles for both residents and faculty allowed for efficient patient care.

"Because of the anatomic region that our specialty focuses on, we are at a high risk for transmission in a lot of our clinical encounters – more so than many other specialties. Therefore, we wanted to be really sure we were not putting our trainees at risk. We restructured teams to have the most experienced providers involved in daily clinical care, thus limiting the exposure of our less experienced trainees in scenarios where a patient's COVID-19 status was in question. We made our faculty the primary clinicians to perform the highest risk exams in our patient population – the opposite of what we normally do as a training program. Previously, the more junior trainee did the initial physical examination and then presented it to a more senior person. That whole system was turned upside down to provide efficient patient care while lowering risk to all our practitioners," Dr. Pletcher says.

Still, the team was able to maintain a focus on resident education. "A lot of the patient evaluation and discussion happens outside the patient room – whether it is reviewing imaging studies, discussing history, reviewing audiograms or other clinical tests – and so there are a lot of teaching opportunities without the risk of direct patient care, he adds.

Making decisions affecting patients, particularly in the early phases of the pandemic, became much more complicated. An examination such as a flexible laryngoscopy – which was routine for an otolaryngologist in the non-COVID era – turned into a high-risk aerosolizing procedure. Questions arose as to when it is appropriate to do that procedure, when it is necessary, and when it is critical. Dr. Pletcher notes that these types of discussions form the core of a comprehensive educational process for UCSF's OHNS residents.

"In the end, our residents are going to do thousands of flexible laryngoscopies during their clinical training. The actual process of doing a scope exam is much less valuable to their training than the in-depth discussion of the goal of doing that exam. How does that examination change the management decisions for this specific patient? When are there risks associated with it? And how do we balance the risk and potential benefit? All of these considerations created a different educational structure during the initial height of the COVID-19 response," Dr. Pletcher says.

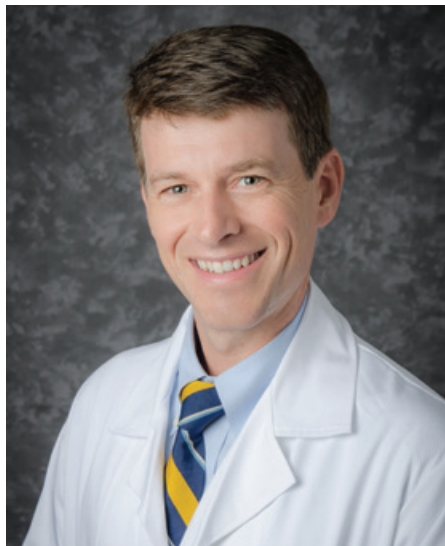
As it became clear that in San Francisco and regionally there were not the types of case numbers and infection rate spikes that were seen elsewhere in the United States, OHNS was able to create protocols for managing patients in ways that could protect both the patients and the team as a step to expanding care beyond emergency interventions.

"We addressed issues like determining how long we needed to shut down a clinic room after an aerosol generating procedure," Dr. Pletcher explains. "This included measuring air turnover time in clinical exam rooms before bringing our cleaning crew in to process the room and get it ready for the next patient."

Expanding Educational Opportunities

Something else was recognized early during the pandemic: OHNS residents wanted additional regional and national educational opportunities.

"Our team partnered with a group of California otolaryngologists led by



"One of the biggest challenges currently is the social impact of COVID-19 on our team."

— Steven Pletcher, MD

faculty at the University of Southern California who also had spent time teaching and training here at UCSF," Dr. Pletcher notes. "That group created a two-hour-per-day lecture series for residents in the West, but it eventually spread nationally. Faculty provided didactic instruction on topics of interest. That model was followed by regional groups in the Midwest and the East Coast, which significantly increased educational collaboration, both regionally and nationally, within our specialty.

"As we entered a later stage of the pandemic, we gained a better understanding of the potential risk of contracting the disease and transmission rates among our physician community at UCSF. We also had much wider access to testing both for patients and for practitioners, as well as experiencing faster turnaround for test results," the program director observes.

"UCSF developed an in-house COVID-19 test very quickly. Work ramped up so the test could be used elsewhere within the San Francisco Bay Area. Because test results could be obtained quickly, it allowed us to reopen our operating rooms for non-emergent and surgical cases.

Rapid, accurate testing, combined with access to personal protective equipment, facilitated restoring our clinical operations to a level approaching where we were before the pandemic. By summer we were able to return to a much more normal approach to resident training," he says with a sense of relief.

Focusing on Goals

Dr. Pletcher indicates that throughout the pandemic the goals of the residency program have remained the same.

He says that "it is clear COVID-19 will have a lasting impact on our medical system at UCSF as well as nationally and globally, so this becomes an opportunity to rethink how training takes place and how it affects our delivery of clinical care. That component of our educational program has moved from a low priority to a very prominent part of our planning.

"One of the biggest challenges currently is the social impact of COVID-19 on our team," he adds. "Taking away conferences and the many other routine opportunities to gather in person has an emotional impact on the program as a whole, as well as on individuals at all levels. That was clearly evident during the end of the last academic year and the beginning of the current academic year. It was painful to have our chief residency class graduate without an in-person ceremony to honor their accomplishments.

"It was similarly frustrating to have a new class of residents come in without the in-person welcome that helps establish relationships early on. But we are all pulling together and doing our very best to take care of patients and each other."

Demonstrating resilience, current residents created a welcome video for the residency program webpage that captures the essence of the program during this challenging time. The video can be viewed by visiting <https://ohns.ucsf.edu/education/residency-program>.

With an air of steadfastness, Dr. Pletcher says, "We look forward to when we can be together as a large group, but for now we are making do with smaller in-person interactions and virtual large gatherings." ■

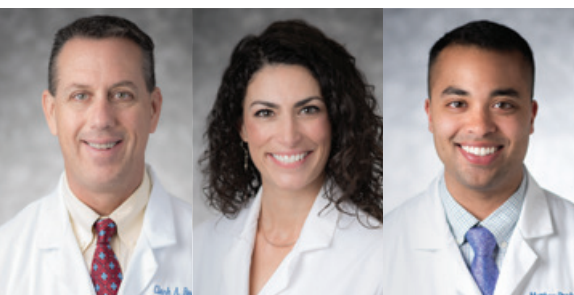
Taking a Meticulous Approach to Patients Suffering from Chronic Cough

Coughing is a reflexive response that seldom merits much concern by itself. Nevertheless, Americans spend about \$4 billion a year on cough suppressants, and a chronic cough is one of the top complaints among patients seeking primary care evaluation.

By definition, chronic cough is a persistent cough lasting more than eight weeks. The condition can be quite debilitating, and determining the cause of a patient's chronic cough is key to effectively treating it.

That's why, in 2018, UCSF established the Chronic Cough Clinic at the UCSF Voice and Swallowing Center within the Department of Otolaryngology – Head and Neck Surgery.

"The Chronic Cough Clinic is a unique resource. It is a place where patients suffering from chronic cough can receive meticulous review of past care, multidisciplinary evaluation, and treatment by a team of experts who specialize in caring for the patient with chronic cough," says its director, Clark Rosen, MD, Professor of Otolaryngology – Head and Neck Surgery and Chief of the Division of Laryngology.



From left: Clark Rosen, MD; Sarah Schneider, MS, CCC-SLP; Matthew Stephen, MMS PA-C

Working Across Disciplines

Because common reasons for chronic cough may be conditions such as acid reflux, respiratory disorders, or nerve injury, the Chronic Cough Clinic was designed as a multi-disciplinary center of excellence for patients requiring or desiring expert tertiary or quaternary examination and treatment for their cough condition.

The clinic involves in-house laryngology and speech language pathology and close collaboration with

pulmonary, allergy, gastroenterology, and neurology consultants to optimize the evaluation and care of patients with chronic cough.

A unique aspect of the Chronic Cough Clinic is the strong collaboration with speech language pathologists (SLPs), professionals who work to prevent and treat speech, language, and swallowing disorders.

"The SLPs in our clinic are specialized in voice, swallowing, and upper airway disorders such as chronic cough and have specific training in these areas to maximize treatment outcomes for our patients", says Sarah Schneider, MS, CCC-SLP, a speech pathologist and co-director of the UCSF Voice and Swallowing Center.

Addressing the Individual Patient

Many patients with chronic cough have had poor success seeking care, says Physician Assistant Matthew Stephen, MMS PA-C, a team member in the clinic.

"One goal is to coordinate multiple perspectives in the evaluation and treatment of our patients, many of whom have struggled with the condition for a very long time. Once we have ruled out typical chronic cough factors, other causes are evaluated, such as laryngeal sensitivity or a very irritated larynx, where a lot of research is now focused. For example, a patient may have had an initial injury a decade ago, such as a really bad cold and cough. Maybe the cold resolved, but the imprint of that initial injury has persisted. If the throat becomes irritated, that initial injury makes the patient more susceptible to behavioral patterns of coughing," Stephen says.

An SLP who sees a patient for cough management therapy develops a patient specific treatment plan to address the individual's complaints and manifestations of cough. The speech therapy is focused on the throat and includes cough management breathing techniques, relaxation, massage in the front of the neck, and sometimes even voice exercises if a person's cough is triggered by talking. Therapy techniques are supported by research and can be very beneficial in addressing symptoms.



"All too often, chronic cough patients ... are not given assistance with how to find the proper cause and treatment for their cough. The Chronic Cough Clinic is here for these individuals."

– Clark Rosen, MD

A Coordinated Care Plan

"The patient may suffer for years and often go from primary care to urgent care and in some cases to the Emergency Room. They may also be sent to multiple specialists such as allergists, gastroenterologists, and pulmonologists. The result is that people with chronic cough don't receive a comprehensive coordinated care plan and may feel that they are bounced back and forth between different providers' care," Stephen says.

"In the Chronic Cough Clinic we perform comprehensive chart reviews with input from multiple disciplines to determine if the workup to this point has been sufficient or if there are areas for further investigation. We access the most current research to help guide our treatment plan. We want patients and providers to know that we are here to perform a deep dive into the patient's presentation, symptoms, and treatment," he adds.

Recent research at the Chronic Cough Clinic is targeted at laryngeal hypersensitivity and chronic cough. A superior laryngeal nerve block clinical trial, which is now open to qualifying patients, will address treatment. The clinical trial is a prospective clinical pathway for patients with chronic cough who may benefit from a superior laryngeal nerve block. This is a new treatment modality that has not been prospectively evaluated in a systematic manner.

"All too often, chronic cough patients are told by specialists what is not the cause of their cough," says Dr. Rosen. "They are not given assistance with how to find the proper cause and treatment for their cough. The Chronic Cough Clinic is here for these individuals." ■

A Valuable Option for Treating Obstructive Sleep Apnea

Obstructive Sleep Apnea, or OSA, can be an extremely debilitating condition,” says Jolie Chang, MD, Associate Professor of Otolaryngology – Head and Neck Surgery and Chief of the UCSF Division of Sleep Surgery.

She has a wealth of experience in treating sleep disorders, especially OSA, the most common type of sleep apnea.

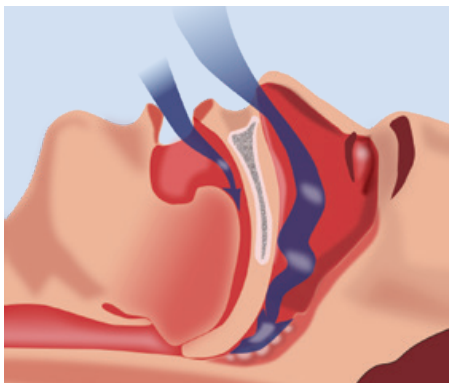
Dr. Chang describes OSA as “a disorder where the upper throat or airway muscles relax during sleep, causing collapse of the airspace during sleep and leading to decreased airflow and oxygen reaching the lungs and the body. The repeated obstruction or blockage of the airway at nighttime disrupts sleep and can lead to unrefreshing sleep and daytime sleepiness.”

Moderate to severe levels of OSA impact mortality and is associated with a number of serious health risks such as heart disease, stroke, and memory and concentration issues. OSA also contributes to motor vehicle and occupational accidents.

A variety of OSA treatments – both non-surgical and surgical – are offered at the UCSF Divisions of Sleep Medicine and Sleep Surgery. First line treatment includes continuous positive airway pressure (CPAP) therapy, which uses air pressure to keep the upper throat open in sleep and involves a mask over the nose or face. Some patients cannot use CPAP effectively and may be candidates for CPAP-alternative therapies including possible surgery. A full evaluation by an otolaryngologist is essential for selecting and planning the best approach to treating OSA when considering surgery. Both sleep medicine and sleep surgery physicians work together to determine the best treatment options for each patient.

Hypoglossal Nerve Stimulation

In 2014, the U.S. Food and Drug Administration granted approval for an upper airway stimulation system known as hypoglossal nerve stimulation, or HNS. The UCSF Division of Sleep Surgery began offering the treatment in 2016 and considers it an important surgical option for patients who have not had success with traditional therapies for OSA. It is considered complementary to the other surgical options for OSA, and the best surgical option is individually determined based



“OSA is a disorder where the upper throat or airway muscles relax during sleep, causing collapse of the airspace during sleep and leading to decreased airflow and oxygen reaching the lungs and the body.”
— Jolie Chang, MD

on each patient’s sleep apnea test, anatomy, and treatment goals.

The current HNS system, branded as Inspire®, relies on a device that is implanted under the skin through three small incisions – one under the chin/jaw, one under the collar bone, and one between the ribs. The device includes a pulse generator that supplies energy to an electrode that is placed around a portion of the hypoglossal nerve, which is the nerve that controls the tongue muscle tone during sleep. After the device has been implanted and incisions have healed, the patient receives a handheld remote control for turning on the device at nighttime, prior to sleep. After the patient falls asleep the device stimulates the hypoglossal nerve. This leads to increased muscle tone and reverses the airspace collapse that happens in OSA. Placement of the electrode on the nerve is performed very precisely to make sure the proper branches of the hypoglossal nerve are targeted to ensure optimum therapeutic function of the HNS system.

“The exciting part of HNS surgery is it offers another way of supporting upper airway collapse that occurs in OSA by increasing muscle tone that is typically lost during sleep. Traditional surgery for OSA – including palatoplasty, tongue base surgery, and jaw advancement surgery –

still have very important roles in altering the anatomy of the airway,” says Dr. Chang.

Determining Eligibility

Several steps are involved before a patient can be evaluated for candidacy for sleep apnea surgery: a sleep study to diagnose sleep apnea; a home trial of CPAP, the standard and best medical therapy for OSA; an evaluation in the clinic with a sleep surgeon; and an evaluation of the upper airway with a laryngoscopy, which is sometimes performed in the operating room (called a drug-induced sleep endoscopy).

“During drug-induced sleep endoscopy we evaluate the unique upper airway shape and collapse patterns associated with sleep apnea for that individual. Some types of airway collapse do better than others with an HNS implant. As we consider whether a patient is a suitable candidate for the HNS treatment or other forms of sleep surgery, we evaluate the candidate’s treatment goals, BMI, upper airway anatomy, the sleep study, the trial of CPAP and why it didn’t work for the individual, and a discussion with the candidate about the risks, benefits, and outcomes of the therapy itself,” Dr. Chang explains.

“We typically perform implantation of the HNS device as an outpatient procedure at UCSF Medical Center at Mount Zion. Following the two and a half hour procedure for implantation and device testing, there is standard post-operative care, and most patients go home the same day a few hours later. One month after the procedure there is a postoperative visit so we can evaluate the patient’s healing, activate the implanted device, and teach the patient how to use it and up-titrate the settings at home,” says Dr. Chang. “There are subsequent visits as well as a sleep study to make sure the implanted device is working well,” she adds.

After the HNS implantation surgery has healed, patients can fly and engage in other normal activities. Other than some MRI restrictions, there are no major lifestyle limitations with the implant.

“HNS therapy can be a valuable option for patients who did not receive much benefit from traditional treatments for OSA, and we are excited to be able to offer HNS treatment along with individualized evaluations for sleep apnea solutions,” says Dr. Chang. ■

August 25, 2020

Department Statement on Diversity, Equity, and Inclusion

The UCSF Department of Otolaryngology – Head and Neck Surgery is committed to Diversity, Inclusion, and Respect for all members of our society. Recent societal events lay bare the disproportionately high incidence of violence perpetrated against the Black community. The coronavirus pandemic disproportionately infects and kills members of the Black, Latinx, and Native American populations. Our department stands in firm solidarity against bias, hate, and discrimination of all kinds against any and all minorities or under-represented groups, and any and all people. We intend to amplify the message that Black Lives Matter.

As a department, we respect and celebrate the diversity and rich cultural contributions of our entire community, especially our staff, residents, fellows, students and faculty. We will continue to address our individual and institutional biases, strongly advocate for an anti-racist environment, and work diligently to minimize implicit bias and micro-aggressions in the workplace. We will continue to provide the highest level of compassionate and exceptional patient care for our community and for all who seek our expertise.

Andrew H. Murr, MD, FACS
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Professor and Vice Chair for Research

Payal Anand, AuD, F-AAA, CCC-A
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Associate Professor of Clinical Otolaryngology
Chief of Sleep Surgery

David E. Conrad, MD, FAAP
Assistant Professor

Josephine A. Czechowicz, MD
Assistant Professor

Jonathan R. George, MD, MPH
Associate Professor, Head & Neck Surgical Oncology

Jennifer R. Grandis, MD
Werbe Professor

José Gurrola II, MD
Assistant Professor
Rhinothology and Skull Base Surgery
John A. Watson Faculty Scholar

Marla K. Gust, MSN, RN
Administrative Director of Otolaryngology – Head and Neck Surgery

Patrick K. Ha, MD
Jacobs Professor and Chief of Division
Head and Neck Oncologic Surgery and Endocrine Surgery

Chase M. Heaton, MD
Assistant Professor
Head and Neck Oncologic Surgery

John F. Houde, PhD
Professor
Director, Speech Neuroscience Laboratory

Taha A. Jan, MD
Assistant Professor

Young-wook Jun, PhD
Associate Professor
Departments of Otolaryngology & Pharmaceutical Chemistry

P. Daniel Knott, MD, FACS
Professor and Director, Section of Facial Plastic and Reconstructive Surgery
Fellowships Co-Director: Facial Plastic and Microvascular Reconstruction

Charles J. Limb, MD
Francis A. Sooy Professor
Chief, Division of Otolaryngology, Neurothology and Skull Base Surgery
Director, Douglas Grant Cochlear Implant Center
Departments of Otolaryngology – Head & Neck Surgery and Neurosurgery

Patricia A. Loftus, MD
Assistant Professor

Yue Ma, MD
Assistant Professor

Brian J. Malone, PhD
Associate Professor
Coleman Memorial Laboratory
UCSF Department of Otolaryngology – Head and Neck Surgery
Kavli Institute for Fundamental Neuroscience

Anna K. Meyer, MD, FACS, FAAP
Associate Professor
Program Director – Pediatric Otolaryngology Fellowship

Garani S. Nadaraja, MD
Medical Director & Section Chief
Pediatric Otolaryngology
UCSF Benioff Children's Hospital Oakland
Associate Clinical Professor

Srikantan Nagarajan, PhD
Director, Biomagnetic Imaging Laboratory
Professor, Department of Radiology and Biomedical Imaging

Steven D. Pletcher, MD
Professor and Director, Residency Program
Chief, ENT Section
San Francisco VA Medical Center

Lauren T. Roland, MD, MSCI
Assistant Professor

Kristina W. Rosbe, MD, FAAP, FACS
Professor of Otolaryngology and Pediatrics Chief, Division of Pediatric Otolaryngology

Clark A. Rosen, MD
Lewis Francis Morrison, MD
Endowed Chair in Laryngology
Professor and Director, UCSF Voice and Swallowing Center
Chief, Division of Laryngology

Marika D. Russell, MD, FACS
Associate Professor
Division of Head and Neck Oncologic and Endocrine Surgery
Chief of Otolaryngology – Head and Neck Surgery
Zuckerberg San Francisco General Hospital

Matthew S. Russell, MD
Associate Professor

William R. Ryan, MD, FACS
Associate Professor
Head and Neck Oncologic/Endocrine/Salivary Surgery

Sarah L. Schneider, MS, CCC-SLP
Co-Director, Voice and Swallowing Center
Speech-Language Pathology
Director
Assistant Clinical Professor

Jeffrey D. Sharon, MD
Assistant Professor
Director of Balance and Falls Center

Matthew H. Spitzer, PhD
Werbe Assistant Professor
Depts. of Otolaryngology – Head and Neck Surgery & of Microbiology and Immunology
G.W. Hooper Foundation
Bakar ImmunoX Program

Joanna Times
Operations Manager

Aaron D. Tward, MD, PhD
Associate Professor

Jacqueline E. Weinstein, MD
Assistant Professor

VyVy N. Young, MD, FACS
Associate Professor and Associate Residency
Program Director
Voice and Swallowing Center

US News & World Report Gives High Ratings to UCSF OHNS



The UCSF Department of Otolaryngology – Head and Neck Surgery was ranked first in Northern California and second in the West in the 2020-2021 *US News & World Report* Best Hospitals Honor Roll and Medical Specialties Rankings. The ratings, for each state and the nation, were published at the

end of July. The department's overall rank nationwide is #14, and UCSF Medical Center is ranked #8 nationwide.

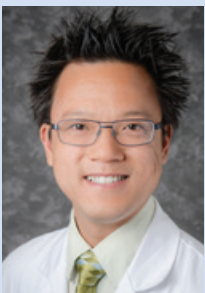
Dr. Jennifer Grandis Appointed Special Consultant within the NIH



Jennifer R. Grandis, MD, professor of Otolaryngology – Head and Neck Surgery, has been appointed as a special consultant to National Institute on Deafness and Other Communication Disorders (NIDCD) Director Debara Tucci, MD. Dr. Grandis, who started the position in August 2020, will collaborate to determine future directions of the clinical program, advise on clinical trials, and

add value with regard to data management. It is expected that Dr. Grandis's perspective will drive transformation and expansion of the NIDCD clinical programs and translational research for the NIDCD mission.

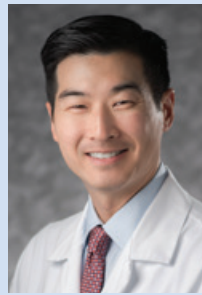
Dr. Dylan Chan Develops Online Pediatric COVID-19 Risk Assessment Tool



Dylan Chan, MD, PhD, associate professor in pediatric otolaryngology, and Ana Marija Sola, a UCSF medical student, have created an online tool to determine the risk of asymptomatic infection with SARS-CoV-2 for children in the United States. The interactive calculator determines the likelihood that a child without COVID-19 symptoms will have an asymptomatic infection of COVID-19. It is

important to note that these estimates relate to children with asymptomatic infections with SARS CoV-2, detected by the standard RT-PCR test. The infectivity of these children is not well established; therefore, the true risk of transmission due to these cases is not known. More information is available by visiting https://ohns.ucsf.edu/pediatric/covid_tool.

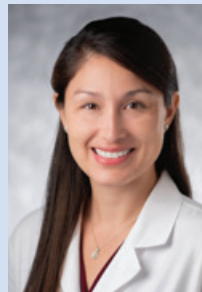
Dr. Patrick Ha Honored as an Outstanding Teacher



Patrick Ha, MD, the Irwin Mark and Joan Klein Jacobs Distinguished Professor and Chief of Head and Neck Oncologic Surgery in the Department of Otolaryngology – Head and Neck Surgery at UCSF, was named a recipient of the 2020 Excellence in Teaching for Clinical Faculty Award in May. Each year, the graduating medical student class selects residents, fellows, and faculty who have

been outstanding teachers, mentors, and role models to medical students during their clinical years at UCSF. Recipients are selected on the basis of their dedication to teaching excellence and creating a stellar student experience, as well as their commitment to the UCSF PRIDE values of Professionalism, Respect, Integrity, Diversity and Excellence.

Dr. Lauren Roland Selected as Perstein Awardee



In June, Lauren Roland, MD, an assistant professor in Otolaryngology – Head and Neck Surgery, was named the recipient of the UCSF School of Medicine's 2020 Irene Perstein Award for her research investigations in allergy, immunology and rhinology. Her specific research focus is on abnormalities in nasal immunity in the immunocompromised host. The UCSF

School of Medicine Perstein Awards were established in 2007 with the goal of supporting women faculty members, appointed at the assistant professor rank, who are expected to develop high caliber independent research programs in basic, clinical, or translational science. The highly competitive awards are based on criteria including the novelty and innovation of the science, and the potential impact on human health. This unique award honors the legacy of Ms. Irene Perstein, who donated funds to support junior women faculty at UCSF.

In Memoriam: Dr. Charles Patrick Hybarger



Charles Patrick Hybarger, MD, a 1978 graduate of the UCSF Otolaryngology – Head and Neck Surgery residency program, passed away at home on June 30, 2020. Dr. Hybarger, affectionately known as "Dr. Pat," was a head and neck surgeon at Kaiser Permanente, San Rafael and the Chief of the MOHS Micrographic Surgery and Reconstruction Program, for which he was awarded the

2004 The Permanente Medical Group Exceptional Contribution Award. ■



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Upcoming Events

Management Strategies in Early and Late Stage Head and Neck Cancer

November. 6-7, 2020, 7:30 am-5:00 pm

Interactive Webinar

Registration: <https://tinyurl.com/early-and-late-stage>

Multidisciplinary Management of Head and Neck Cancer – Maximizing Voice and Swallowing Outcomes

November 8, 2020, 7:30 am-5:00 pm

Interactive Webinar

Registration: <https://tinyurl.com/voice-and-swallowing>

The Annual Robert A. Schindler, MD, Endowed Lecture in Otology



“Diagnosis and Management of Eustachian Tube Disorders”

December 3, 2020 – Time: 4:00 pm

Speaker: Dennis Poe, MD, Harvard Medical School
and Boston Children’s Hospital

Meeting ID: 974 4464 5265

Password: 687067

Zoom Link: <http://tiny.ucsf.edu/DennisPoe>

NOTE: The COVID-19 outbreak has caused significant travel disruptions to national and international conferences. The health and safety of our meeting attendees is of utmost importance to the UCSF Department of Otolaryngology – Head and Neck Surgery. Our meetings have moved to a virtual platform through June 2021. Decisions on whether to hold a meeting or CME conference are based on information from UCSF and national health officials.

For further information about CME courses, please go to <https://cme.ucsf.edu>.

For information on Grand Rounds and departmental events, please visit <https://ohns.ucsf.edu> or contact Ofeibia Laud-Darku at ofeibia.laud-darku@ucsf.edu.

To support the Department of Otolaryngology – Head and Neck Surgery, please contact Director of Development Darrell Young at 415/502-8389 or darrell.young@ucsf.edu.

HeadsUp!

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Department Chair, Editor-in-Chief:
Andrew H. Murr, MD

Event and Communications Manager:
Katherine Murphy

Web and Media Specialist: Clinton Louie

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Contact Us

General Otolaryngology

Pediatric Otolaryngology – HNS

Otology, Neurotology and Skull Base Surgery

Rhinology and Sinus Surgery, Sleep Surgery

415/353-2757

Cochlear Implant Center **415/353-2464**

Facial Plastic and Aesthetic Surgery Practice

UCSF Medical Center

415/353-9500

HNS – Facial Plastic and Post-Oncologic

Reconstructive Surgery, UCSF Helen Diller

Family Comprehensive Cancer Center

415/885-7528

Head and Neck Surgery and Oncology

Head and Neck Endocrine Surgery

Salivary Gland Center

415/885-7528

Balance and Falls Center **415/353-2101**

Voice and Swallowing Center **415/885-7700**

Audiology **415/353-2101**

Berkeley Outpatient Center **510/985-2000**