

HeadsUp!

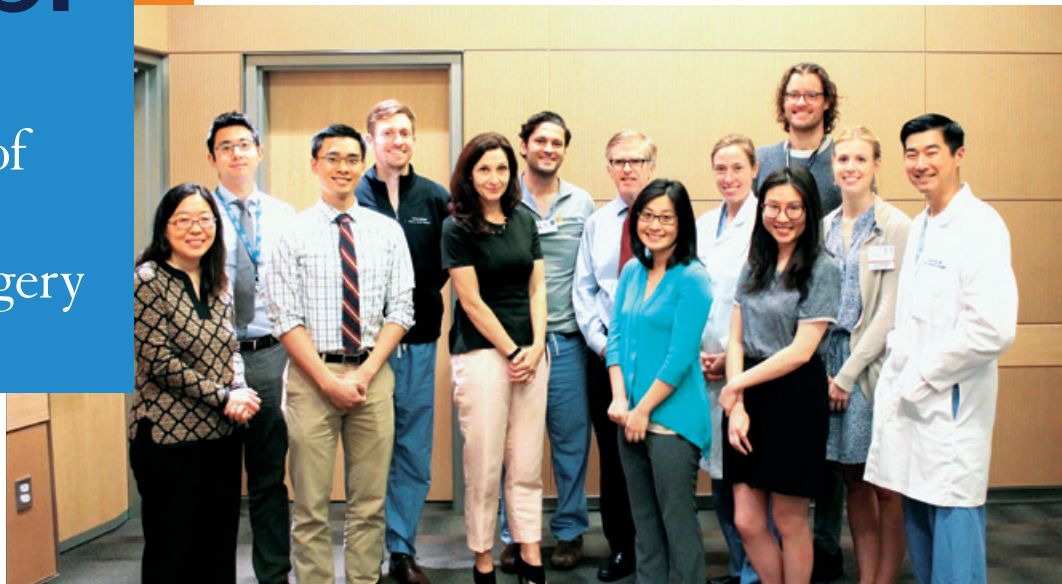
News from the
UCSF Department of
Otolaryngology –
Head and Neck Surgery



University of California
San Francisco

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Patrick Ha, MD, (far right) and other members of the Head and Neck Oncology Program Tumor Board meet weekly to develop and refine comprehensive treatment plans.

Head and Neck Oncology / Surgery Named a UCSF Health Destination Program

In August 2017, the Head and Neck Oncology Program was designated a UCSF Health Destination Program, a recognition that this clinical program is worthy of the university's increased support and expansion. UCSF Health, a rebranding of UCSF's health care system that began in 2015, created Destination Programs to increase focus on sustaining the growth and development of established and emerging adult and pediatric clinical services.

"We have always prided ourselves on our ability to see head and neck cancer patients in a timely way, to treat them with expertise, and to surround them with the best of our multidisciplinary care. Being designated as a Destination Program really supports our ability to enhance the patient experience," explained Patrick Ha, MD, chief of Head and Neck Oncologic Surgery in the Department of Otolaryngology – Head and Neck Surgery at UCSF.

"With this new designation, the goals for the programs are to grow, become more successful, and flourish. Leadership has decided that our program has the capacity to grow and offer a return on their investment," added Dr. Ha, who also holds the Irwin Mark Jacobs and Joan Klein Jacobs Distinguished Professorship in Head and Neck Surgery.

The Team Approach

The division chief noted that UCSF Head and Neck Surgery sees patients from throughout Northern California and beyond, and the patients come in contact with many different members of the team, whether in surgical oncology, medical and

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Celebrating 50 Years as a Department

This year, 2017, marks the 50th year since the Department of Otolaryngology – Head and Neck Surgery became its own department instead of being a division within the Department of General Surgery. This amazing 50-year stretch of time has seen leadership from five department chairs and steady and consistent growth in our clinical, education, and research missions.

Today the department has 43 full-time faculty members, 20 residents, and three Fellows, and it is currently ranked #1 in the nation in NIH funding. On the clinical side, the department is currently ranked #10 in the nation by *U.S. News & World Report* (while the medical center is ranked #5, which is

best in the West). UCSF is using its spectacular laboratory partnerships wisely to accomplish translational research and move the latest technology and personalized medicine to the forefront of patient-centered problems. We try to bring that powerful collaboration to every patient visit—and we have a spectacular faculty carrying out all of our missions.

But how exactly did Francis A. Sooy, MD, influence the change from division to department? During 1967 and the “Summer of Love,” a new “spacious” 12-bed intensive care unit that was

fully-equipped with Venetian blinds opened at Moffitt Hospital as the old medical school underwent demolition. The newly appointed chancellor was Willard Corwin Fleming, DDS, who began his career at UC in 1918 and had been the dean of the dental school and then vice provost. The November, 1967 *UCSF Campus Bulletin* reported that “UC’s Acting President Harry R. Wellman has approved departmental status for the Division of Otolaryngology, formerly in the Department of Surgery.”

To understand how that request landed on Harry Wellman’s desk, I did some research. To check the research, I spoke with Herb Dedo, MD, who helped fill in some gaps. For one thing, Frank Sooy was on the search committee that appointed J. Englebert Dunphy chairman of the Department of Surgery in 1964. The chancellor at the time was John B. de C.M. Saunders, who served as UCSF’s first Chancellor from 1964-1966. Dr. Saunders had a 60-year career as a UCSF anatomy professor and was the dean of the School of Medicine from 1956-1963. The dean appointed in 1963 to replace Dr. Saunders was William O. Reinhardt, MD, also of the Department of Anatomy and also a longtime UCSF

professor who began his tenure in 1939. By 1966, the dean of the School of Medicine was Stuart C. Cullen, MD, an anesthesiologist from Iowa who came to UCSF in 1958 to be chair of the Department of Anesthesiology.

There is no doubt that Drs. Saunders, Fleming, Reinhardt, Cullen and Sooy were well acquainted. During the search for a replacement of Leon Goldman, MD, as chair of the Department of Surgery, Dr. Dunphy emerged as an external candidate. After he took the helm of the Department of Surgery, Dr. Dunphy was responsible for separating several specialties as divisions of general surgery, including vascular surgery and pediatric surgery, because he thought that specialties were being blighted by conservative viewpoints, according to one historical account. Perhaps it was this characteristic that was particularly attractive to the search committee, on which Frank Sooy served, when they put forward Dr. Dunphy’s name as the new chair.

Now all of the pieces were in place for change: trust, solid relationships, and a new perspective. However, diplomacy, charisma, and persistence were required to consummate the organizational change for this department to transform from a division of General Surgery to a department unto itself. Dr. Sooy’s reputation for insightful advice and integrity, combined with his legendary political skill and astuteness, were likely the key factors that led to agreement and acceptance of a new organizational construct. As Herb opined, having the department change from divisional to departmental status instantly elevated it to a major force on the national scene, thus setting the foundation for the department’s successful position today.

The department was known as the “Department of Otolaryngology” until 2006. David W. Eisele, MD, persevered to officially change the name to the “Department of Otolaryngology – Head and Neck Surgery” to more accurately reflect the scope of work done in the department. This change was ultimately approved by the Office of the President, the Chancellor, and the Academic Senate, effective March 20, 2007.

On this major milestone, please join me in celebrating how others enabled the department to succeed during the past 50 years. To all who have contributed to the department as students, residents, faculty, and staff, congratulations on our 50th anniversary!

Warmly,
Andrew H. Murr, MD, FACS
Chairman,
Professor of Clinical Otolaryngology – Head and Neck Surgery,
Department of Otolaryngology – Head and Neck Surgery



Andrew H. Murr, MD

Continued from page 1

radiation oncology, speech language pathology, social work, nursing, nutrition, surgical pathology, radiology, dental and oral surgery, or prosthodontics.

“What distinguishes Head and Neck Oncology from many other service lines is the emphasis on a multidisciplinary team approach, which is one of the important components upon which UCSF Health graded our request,” Dr. Ha said.

The team has put in a request for a care coordinator – not just for surgery, but to assist patients in planning, scheduling, and navigating the many visits, given the complexity of their journey through head and neck cancer treatment.

Another important component of the team’s focus is speech language pathology (SLP).

“The majority of our patients will experience difficulty swallowing and speaking after surgery. We found it to be very valuable to have members of the SLP program embedded in our clinic for initial evaluation and ongoing therapy” Dr. Ha explained. “It can be challenging to find a speech language pathologist who is experienced with head and neck cancer patients, so our speech language pathologists are really focused on this patient population, which distinguishes us from other programs.”

Enhanced Patient Care

As a destination program, a goal will be to build the head and neck program so that there is comprehensive coverage at the cancer center at the Mission Bay campus.

With the expanded staffing, the team is looking at initiating pre-treatment visits with the patient and their caregivers in order to outline the care plans, provide more in-depth education, and anticipate future needs. Once briefed by all the people who know what they will do for the patient, each patient will be given a summary of anticipated care over the next several weeks and their points of contact.

“One of our goals is to improve patient education,” said Dr. Ha. “It is challenging in the context of getting

started on treatment because you don’t want to delay therapy, but patients can really feel overwhelmed. I think patient education is something we all recognize as being important, but it is often challenging to put it into action. The Destination Program support will be a big help in that regard.

“While I happen to be the one who submitted our application to become a Destination Program, this truly is a group endeavor. We are a highly functioning team already, and our receipt of this award validates the cohesion and quality of care that we already deliver,” said Dr. Ha.

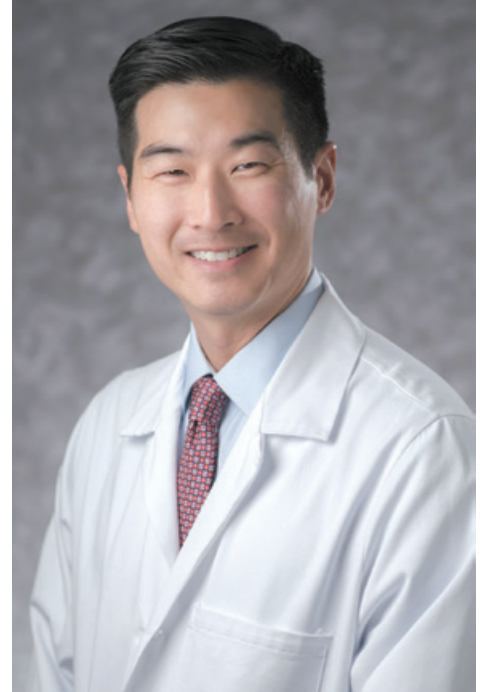


Every week the entire team meets and has a working tumor board focused on the patients they have seen. That meeting is where comprehensive treatment plans are developed and refined as a group.

Another exciting occurrence is the Precision Cancer Medicine Building (PCMB) that is being constructed at Mission Bay. Once it is complete, the cancer team will all be housed together, and the PCMB will enable integrated collaboration in cancer patient care and research, Dr. Ha observed.

Success Metrics

“There are many ways to measure our program’s success,” said Dr. Ha. “Is the goal to get patients into surgery as quickly as possible? Is it patient satisfaction? Is it survival? Is it pain control? With so many different metrics, a part of the Destination Program structure is for us to identify



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Patrick Ha, MD, chief of Head and Neck Oncologic Surgery

and track how we define success. As we roll out the program further, there are additional measures we also want to evaluate, such as time to radiation, time to intervention, inpatient metrics, the hospital stay, and patient readmission rates.

“UCSF views this as an investment. They have confidence in what we are doing already, they believe the plan outline makes sense, and they think we have a lot to offer. Of course, we would love to expand the care we provide for head and neck cancer patients. And for the patients who do engage our team, we want to get them through their treatment in an easy, comprehensive, and approachable way. We believe that we are already good at what we do, so we are now challenged to think of how we can reach patients and make their experience even better,” Dr. Ha concluded. ■

Dr. Charles Limb

On Hearing, Music Perception, and Creativity

As the director of a lab that focuses on music perception in deaf people with cochlear implants, I have been using music as a target to try get to what I call perfect hearing restoration,” says Charles Limb, MD, the Francis A. Sooy Professor and Chief of the Division of Otolaryngology, Neurotology, and Skull Base Surgery as well as the Director of the Douglas Grant Cochlear Implant Center at UCSF and the Medical Director of Cochlear Implantation at UCSF Benioff Children’s Hospital, Oakland.

He explains that while the cochlear implant has revolutionized the treatment of hearing loss, music is much harder to hear properly than speech.

His lab uses musical stimuli, targets and theories to try to improve hearing. They are trying to get cochlear implants to be in tune in terms of pitch information, for example. Another problem they are tackling is how to make cochlear implants capable of transferring really nuanced information, such as musical timbre. To illustrate, while a violin and a trumpet might be playing the same note, they sound altogether different. Distinguishing that so-called “tone color,” or what Dr. Limb calls “the sound of the sound,” is not done very well by current cochlear implants. Dr. Limb is taking a number of approaches to address this, including setting up a program to provide music lessons for deaf people with cochlear implants.

“Even though the idea of deaf people taking music lessons had limited merit before cochlear implantation, today it does. That is why I encourage parents to start music lessons for their children who are deaf immediately after they receive these implants,” he says.

A composer as well as a saxophonist, Dr. Limb has loved music his entire life.

“I have been consumed by sound for as long as I can remember, and that led me very naturally into a life of music when I was younger. When I

was heading into medicine and learned that there was a field of medicine that dealt specifically with hearing, it was a pretty natural fit for me.

“When I entered the field of otolaryngology-head and neck surgery, I realized that we knew almost nothing about music from a medical perspective. That’s when I started asking questions using my musical brain and applying my learnings to medicine in a way that was systematic,” he says.

Because music reveals the faults in today’s implants, Dr. Limb hopes that his work with music will make a dramatic improvement in the cochlear implants of tomorrow.

The Nuances of Complex Sound

The neurotologist also runs a lab that focuses on how musical creativity unfolds in the brain. From Dr. Limb’s viewpoint, this work is directly related to basic questions of what it means to be human.

“Music is abstract, and the meaning of it is unclear, yet the human brain can process it effortlessly. In the case of the disruption of the auditory nerve, it reveals what an amazing thing the human body is doing when it is interpreting all this complex sound.

“To me, it’s a really exciting new era of medicine where we are trying to extract information from the arts that is relevant to medicine. That intersection between the arts and medicine is how I got into my other field of work – which has to do with the musical brain and understanding creativity,” he acknowledges.

As a surgical resident, learning about ear surgery and head and neck surgery, Dr. Limb very quickly started to realize the impossibility of understanding



Dr. Charles Limb with fMRI piano keyboard that he devised for playing inside a brain scanner.

View Dr. Limb’s TED talks:

“Building the Musical Muscle”

<https://tinyurl.com/musical-muscle>

“Your Brain on Improv”

<https://tinyurl.com/brain-improv>

something like music by looking at the ear. He draws the comparison of not being able to understand comprehension of a masterpiece such as the Mona Lisa by looking at the eyeball. That understanding prompted him to learn about techniques that allow for examining the brain in real time, or functional brain imaging.

A graduate of Harvard College and Yale School of Medicine, Dr. Limb trained at Johns Hopkins in Otolaryngology – Head and Neck Surgery and completed a fellowship in neurotology there.

After completing his surgical training, he went to the National Institutes of Health where he learned functional brain imaging. While at the NIH, because he was a jazz musician, he began exploring an enigma of longstanding personal interest: what happens in the brain during musical improvisation? In other words, how can a musician spontaneously generate music that is completely novel? That is, how do improvising musicians play sequences that they have never played before, and will never play again?

"I used jazz as the model for the neural substrates of creativity," says Dr. Limb. "I devised a piano keyboard that could be played inside a brain scanner, and I brought musicians to the NIH and had them improvise in the brain scanner. Over the years this activity has led to the development of a neurologic model for how creativity unfolds in the brain.

"This has been a big line of inquiry," he continues. "We are taking high level expert musicians and trying to view them as creative experts whose brains excel in the generation of new material.

"Our research revealed many things. A key finding appears to be that when expert musicians enter this state of what we call flow, which is *'in the zone,'* the brain does something interesting: it shuts off a large part of its prefrontal cortex to allow for spontaneous generation of novel ideas. That is, it turns off its conscious self-monitoring and self-censoring areas in an effort to allow ideas to emerge without obstruction. In the arts there are an infinite number of solutions to a problem, so the brain has to have a unique way of contending with these diverse tasks," he explains.

The goal is to continue to refine an understanding of how the creative brain works using music as the starting point but not the end point. Dr. Limb and his fellow researchers are expanding their efforts to other art forms that are non-musical to see how they relate to spontaneous creativity.

"In the end, we are trying to figure out the right ways to understand and ultimately to enhance the creative brain," Dr. Limb concludes. ■

In Memoriam

Bryan Hemming: 1931–2017

Bryan Hemming, a Bay Area philanthropist with longstanding ties to UCSF's Department of Otolaryngology – Head and Neck Surgery, passed away January 10, 2017 in San Francisco.

Mr. Hemming was born in London in 1931 and attended Dulwich College, a public boys' school, before transferring to LeRosey in Rolle, Switzerland. He later attended the L'ecole Hoteliere in Lausanne, Switzerland. His early career was spent in the hotel industry in London before coming to New York City in the early 1950s as an employee of the Waldorf-Astoria. In the mid-1950s he came to the West Coast to assume a position with Qantas Airlines and retired after 32 years as an executive there.

Following a 2001 diagnosis of neck cancer and his successful treatment at UCSF, it became Mr. Hemming's mission to support cancer treatment. In 2004, he endowed the Bryan Hemming Fellowship in the UCSF Department of Otolaryngology–Head and Neck Surgery. His goal was to provide support and advanced training in head and neck oncologic, endocrine, and skull base surgery for young head and neck clinicians and research fellows. To date, 12 trainees have benefited from his generous gift. Mr. Hemming will be remembered for his dedication to helping those with cancer and for his vision in providing support for young trainees who are focused on addressing head and neck cancer. ■



From left: Gabriel Tsao, MD (2013-2014 Hemming Fellow); Mr. Bryan Hemming; Young-wook Jun, MD (2012-2013 Hemming Fellow); and Ivan El-Sayed, MD (2008-2009 Hemming Fellow).

New Residents, Fellows and Faculty

RESIDENCY CLASS OF 2022

Yi Cai, MD



Dr. Yi Cai received her undergraduate degree in 2011 from Harvard College in Cambridge, MA. In 2017, she received her medical degree

from Columbia University College of Physicians and Surgeons in New York, NY. Dr. Cai's research interests include the genetics of craniofacial disorders and hearing loss as well as proteomic profiling in head and neck cancer exosomes. Before her career in medicine Dr. Cai completed training in violin performance at the University of Cincinnati College-Conservatory of Music, and she performed as a soloist or ensemblist in various venues in the United States and abroad.

Nicole T. Jiam, MD



Dr. Nicole Jiam completed her medical degree at The Johns Hopkins University School of Medicine in 2017. Prior to her MD, she studied

neuroscience and entrepreneurship & management at The Johns Hopkins University. Dr. Jiam's research experiences include flat-panel CT imaging for personalized programming in cochlear implant users; cochlear implant-mediated music perception; neurobiology of aging and memory; and the effects of perinatal stress on later-life neural development. She has extensive experience serving on the advisory boards of local non-profit organizations including Camp Kesem – Johns Hopkins University. Currently, she serves on the board of directors for the San Francisco Opera BRAVO Club, the spARO steering committee for the Association for Research in Otolaryngology, and the publications committee for the Association for Research in Otolaryngology.

Elizabeth A. Shuman, MD



Dr. Elizabeth Shuman received her undergraduate degree in Music with a concentration in Voice in 2009 from California State University, Long Beach. In 2012, she completed

a post-baccalaureate certificate in pre-health professions at California State University, Fullerton. In 2017, Dr. Shuman earned her medical degree from the University of California, San Francisco School of Medicine, where she held leadership positions in UCSF Women in Surgery and the UCSF Surgery Interest Group. Dr. Shuman is performing ongoing research with laryngology faculty at the UCSF Voice and Swallowing Center, where she aims to assess current practices among laryngologists and radiation oncologists in counseling patients in the setting of early laryngeal cancer, as well as gain a better understanding of the health care needs of professional voice users.

Katherine C. Wai, MD



Dr. Katherine Wai received her undergraduate degree in 2011 from the University of California, Berkeley. In 2017, she received her medical degree from UCSF,

where she completed a program in advanced training in clinical research in 2016. Dr. Wai previously served as a coordinator and volunteer for the PedSTARS program at UCSF, studying the challenges among families and pediatric patients with chronic disease and cancer. Dr. Wai performed research at the UCSF Department of Pediatrics, conducting clinical studies to assess pulmonary hypertension in Congenital Diaphragmatic Hernia (CDH) and the relationship between early cumulative oxygen exposure and bronchopulmonary dysplasia in extremely low gestational age newborns. She also worked with the Department of Otolaryngology to study risk factors for preterm infants undergoing tracheotomy.

INCOMING FELLOWS

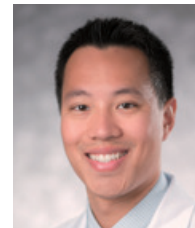
Jonathan P. Giurintano, MD



In July 2017, Dr. Giurintano joined the Department of Otolaryngology – Head and Neck Surgery as a Bryan Hemming Endowed Fellow

in Head and Neck Cancer. Dr. Giurintano received his medical degree from the University of Mississippi School of Medicine, Jackson, in 2012. His general surgery internship was completed at the University of Tennessee Health Science Center, which was followed by his Otolaryngology – Head and Neck Surgery residency at the University of Tennessee Health Science Center in 2017. Dr. Giurintano's research interests include minimally invasive surgery for oropharyngeal cancer, and chemotherapy followed by transoral robotic surgery for advanced oropharyngeal squamous cell carcinoma.

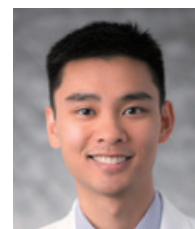
Edward R. Lee, MD



Dr. Edward Lee joined Otolaryngology – Head and Neck Surgery as a Pediatric Otolaryngology Fellow in July 2017. He received his

medical degree in 2012 from the Medical College of Wisconsin in Milwaukee and completed his medical surgery internship and Otolaryngology – Head and Neck Surgery residency at the University of Illinois College of Medicine, Chicago, in 2017. Dr. Lee's research interests include endoscopic ear surgery, pediatric sinusitis management, and health care disparities in Otolaryngology.

Bovey Z. Zhu, MD



Dr. Zhu joined the Otolaryngology – Head and Neck Surgery department as a Facial Plastic and Reconstructive Surgery Fellow in July 2017. After

graduating from the United States Military Academy in 2008,

Dr. Zhu went on to receive his medical degree from New York University School of Medicine in 2012. In 2017 he completed his Otolaryngology – Head and Neck Surgery internship and residency at the Walter Reed National Military Medical Center in Bethesda, Maryland. As a resident, Dr. Zhu conducted research at the National Institute on Deafness and Other Communication Disorders investigating hearing outcomes after inner ear surgery in mice. Other research interests include photogrammetric facial analysis and 3D modeling for facial reconstruction.

NEW FACULTY

José G. Gurrola II, MD



Dr. José G. Gurrola II joined the department in July as an Assistant Professor in the Rhinology and Skull Base Surgery subspecialty.

Dr. Gurrola specializes in providing medical and surgical treatments to patients with a wide variety of rhinologic and skull base disease processes. His research interests include study of the etiologies and treatments of chronic sinusitis, anatomic approaches and surgical outcomes in anterior skull base surgery, and novel education methods in rhinology/skull base surgery.

Dr. Gurrola received his medical degree at the Case Western Reserve University School of Medicine in Cleveland, Ohio. He completed his internship and otolaryngology residency at the University of Iowa Hospitals and Clinics in Iowa City, followed by a Rhinology and Skull Base Surgery fellowship at Georgia Regents University in Augusta, Georgia. Prior to joining UCSF, Dr. Gurrola was an OHNS Assistant Professor at the University of Virginia in Charlottesville.

He is a member of and serves on committees for a number of national societies, including the American Academy of Otolaryngology, the American Rhinologic Society, and the North American Skull Base Society. ■

Department Expands

Pediatric Otolaryngology Fellowship Launches

In July 2016, the Division of Pediatric Otolaryngology – Head and Neck Surgery began a new yearlong fellowship program, with Glenda Lois Montague, MD, as the program's first fellow. The program is being led by Division Chief Kristina W. Rosbe, MD; Fellowship Director Anna Meyer, MD; and Oakland Fellowship Site Director David Conrad, MD.

During the past several years, the Division has undergone significant expansion. "With the combination of the San Francisco and Oakland campuses, we now have the privilege of serving the largest children's hospital on the West Coast, providing primary through quaternary pediatric otolaryngologic care," Dr. Rosbe said.

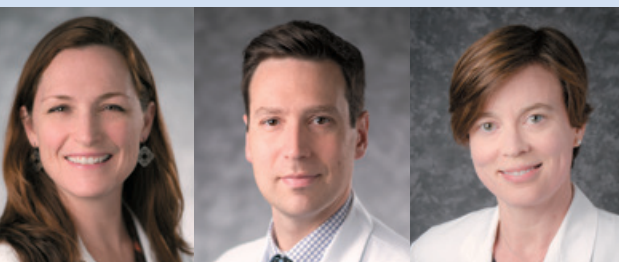
The fellowship program offers a vast breadth of clinical and operative experience with the opportunity to spend time at the two campuses. The Mission Bay campus recently opened a new, state-of-the-art, free-standing facility, and UCSF Benioff Children's Hospital Oakland has a long history of excellent pediatric care in the East Bay.

Pediatric OHNS fellows spend six months at each campus and gain experience in a wide variety of complex clinical and surgical skills, including endoscopic and open airway reconstructions, cochlear implantation, endoscopic sinus and skull base surgery, management of congenital benign and malignant neck masses, endoscopic choanal atresia repair, pediatric sialendoscopy, aural atresia reconstruction, and surgical approaches to velopharyngeal insufficiency.

"This program allows us to train pediatric fellows extensively, as they benefit from a challenging course that prepares them for a faculty position," Dr. Conrad said. He added that fellows "also have the option of engaging in unique UCSF programs outside the department, including the Teach for UCSF Certificate and

Global Health programs."

Fellows also benefit from clinical and basic science research opportunities, multidisciplinary clinics, and regular teaching sessions with UCSF Otolaryngology faculty and residents.



Anna Meyer, MD David Conrad, MD Kristina Rosbe, MD

Fellows are also mentored in a research project, which each fellow is expected to present at a national meeting and publish in a peer-reviewed journal.

"As a new fellowship program, we are committed to ensuring that fellows receive excellent support through close mentoring and guidance as they embark on their careers," Dr. Meyer said.

The Pediatric OHNS Division now has eight faculty across the two children's hospital campuses and four satellite offices. Faculty cover the breadth of pediatric otolaryngologic care, including a combined pediatric cochlear implant program and multiple multidisciplinary clinics.

Dr. Rosbe explained that "the pediatric otolaryngology faculty has always been active in resident education, and it was a natural progression with the increased volume and breadth of experience that we would develop a fellowship. We believe our dual-campus model offers a unique opportunity to practice in two excellent stand-alone pediatric hospitals. UCSF has a strong commitment to providing evidence-based clinical care and training the best physicians in the nation. We are dedicated to continuing this tradition through our new fellowship in Pediatric Otolaryngology." ■



Lois Montague, MD,
the first Pediatric
OHNS Surgery fellow.



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Upcoming Events

The Annual Michael M. Merzenich, PhD, Lecture

October 20, 2017, 3:00–5:00 pm

Speaker: **Gregg Recanzone, PhD**, University of California, Davis
UCSF Mission Bay Campus, Rock Hall, Pottruck Auditorium,
San Francisco

Otolaryngology Update 2017

November 2–4, 2017

Palace Hotel, San Francisco

The Robert Schindler, MD, Lectureship

December 7, 2017, 5:00–6:00 pm

Speaker: **Nancy M. Young, MD**, Northwestern University
UCSF Mission Bay, Byers Auditorium, Genentech Hall, San Francisco

24th Annual Advances in Diagnosis and Treatment of Sleep Apnea and Snoring

February 16–17, 2018

Grand Hyatt Hotel, San Francisco

Pacific Rim Otolaryngology – Head and Neck Surgery Update Conference

February 17–20, 2018

Moana Surfrider Hotel, Waikiki Beach, Honolulu, HI

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

For information on Ground Rounds and departmental events, please visit
<http://ohns.ucsf.edu> or contact Linh Nguyen at linh.nguyen@ucsf.edu.

HeadsUp!

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

Event and Communications Manager:
Katherine Murphy

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Marco Sanchez

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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
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HNS – Facial Plastic and Post-Oncologic
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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**

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