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HeadsUp!

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

UCSF
University of California
San Francisco

Also in This Issue

Recognizing Pioneering Women Otolaryngologists

Of the 41 medical students interviewing for UCSF OHNS residency spots this year, 31 of them were female. "During the interviews, it was a joy to be able to highlight all our talented female residents and faculty—how far we have come!" observed Kristina Rosbe, MD *(pictured above, top row, center)*.

In that spirit, Dr. Rosbe wanted to celebrate the pioneering women in otolaryngology, and she asked some of the first female UCSF OHNS residents to share their stories:

Karen Doyle Enright, MD (residency class of 1992), believes that she was the fourth woman resident after Janelle Engle, MD (1980), Carol Dimeling, MD (1984), and Lisa Pieper, MD (1989). "I was fortunate to overlap with Lisa starting in my internship year. She was a great support—we shared laughs, complained to one another, and shrugged our shoulders often. Happily, I also received support and friendship from our male residents with few exceptions.

"Our only woman faculty during my residency was the great Nancy Snyderman, who worked there for a couple of years. She did head and neck cancer ablations (with lightning speed) at Parnassus—I did my first neck dissection with her—and attended at both the VA and SFGH, where she was an enormous help.

"One strong memory during residency was watching the Anita Hill Supreme Court confirmation testimony during the fall of my final year of residency, when she described her experiences of sexual harassment—before it was called sexual harassment. I, like so many other women, was struck by her brave words, and I was emboldened to speak up from that time onward. Despite the challenges, I was well prepared for my career and never regretted the ten years I spent at UCSF," Dr. Enright said.

Christina Laane, MD (2002), said, "I was #9. When I started, Aditi Mandpe (1997) was a brand-new faculty member, and Kris Rosbe joined in the middle of my residency. I was the only woman ENT resident during my time there. The three years of residents ahead of me and three years below me were ALL men. I didn't really mind or notice it much, except once at a residents' teaching session about facial plastics, I arrived late from the ER and the men were all talking about whether I needed to have blepharoplasties or not. I'm not sure they would have been analyzing each other that way!"

Jennifer Bock-Hughes, MD (1994), added, "during my first two years of ENT training, Nancy Snyderman was the sole and first UCSF female faculty member.

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Message from the Chair

Celebrating Head and Neck Surgery

Among the jewels of our Otolaryngology – Head and Neck Surgery Department are our head and neck oncologic surgery and head and neck endocrine surgery practices, which have expanded in recent years. Let's start with the esteemed chief of service, Patrick Ha, MD, who is also editor-in-chief of the journal, *Head and Neck.*

Andrew H. Murr, MD

Any discussion about this segment of the practice merits acknowledging the facial plastic and reconstructive surgery (FPRS) division, which Daniel Knott, MD, heads. Dr. Knott is associate editor for FPRS for *Laryngoscope*. The reconstruction team is instrumental in our ability to deliver the highest level possible of post-surgical function. Their success rate is superior, and they demonstrate amazing creativity with flap reconstruction techniques.

After surgery, rehabilitation is key. Clark Rosen, MD, heads the laryngology division, with Sarah Schneider, MA, leading the speech and language pathology rehabilitation team. They are both incredibly skilled and diligent. The work of everyone involved is contributing to lower morbidity and higher quality of life. In fact, as reported by our chief medical officer, recent internal hospital data shows that our UCSF team has lower length of stay rates compared to national subspecialty standards. Way to go!

The newest addition to our head and neck oncologic surgery roster is Ilya Likhterov, MD, who you can read about on page 4 of this issue of *Head's Up!* Ilya is a unique individual, who emigrated from St. Petersburg, Russia to New York at age 11 and needed to become fluent in English quickly! He excelled at school and college and graduated from Weill Cornell Medical College. After training in OHNS here at UCSF he went on to complete the Urken fellowship at Mount Sinai Medical Center in New York City. Ilya remained in New York as both an ablative and microvascular surgeon, but he moved to Minneapolis just before the start of the pandemic. When I learned that Ilya missed the academic environment, I was able to recruit him back to UCSF. He is a fabulous surgeon and teacher, and he is a fantastic and dedicated physician. The next time you have a tertiary referral, think of Ilya!

Other fine surgeons include Mary Xu, MD, and Kathy Wai, MD. Mary is our head and neck oncologic surgeon at Zuckerberg San Francisco General. Kathy will be pivoting from an immunology research focus under the guidance of Matt Spitzer, PhD, to a more focused clinical role. Mary and Kathy are also ablative surgeons with head and neck endocrine surgery expertise as well as microvascular surgeons.

On the subject of research, our department is heavily involved in immunology research with the Spitzer Lab, nano-particle research with the Jun Lab, and signaling research with the Grandis-Johnson Lab. We participate in many clinical trials, and we have a fabulous collaboration with our Tumor Board. That collaboration allows us to leverage UCSF's expertise in radiation oncology, pathology, imaging, and novel therapeutics.

Finally, I want to highlight two new surgical facilities that will open soon. One is at the Berkeley Outpatient Center at 3100 San Pablo Avenue, and the other is at our new Peninsula Outpatient Center at 250 California Avenue in Burlingame. Wherever your patient lives in the Bay Area, remember that UCSF facilities are close by!

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

Successful OHNS Faculty Retreat

OHNS faculty gathered at the Aldea Center on March 14, 2025 for a retreat focused on academic collaboration and strategic planning.

The event allowed faculty to collaborate, align with institutional goals, discuss innovations, and explore shared priorities. The retreat featured engaging sessions led by Andrew Murr, MD; Mary Xu, MD; Jose Gurrola, MD; Steven Pletcher, MD; and department chief administrative officer Vanessa Reyes.

An open forum provided an excellent opportunity for all in attendance to share their thoughts and contribute to the future of OHNS. Faculty members appreciated the welcoming atmosphere, productive discussions, and shared vision for moving forward. ■

New Medical Building Offers Specialized OHNS Services

Otolaryngology is one of the multi-specialty departments at UCSF's new Bayfront Medical Building in San Francisco's Mission Bay neighborhood. Services include general otology, voice and swallow (VSC), sinus, and facial plastics.

The Bayfront philosophy is to ensure seamless and coordinated care across different specialty departments and providers. The building's design bears this out by placing complementary practices in the same team room. For example, audiology and OHNS clinical and administrative staff work side by side. In addition, the Voice and Swallow Clinic and Radiology are both located on the building's first floor for the convenience of patients undergoing a modified barium swallow study.

Bayfront is located at 520 Illinois Street in San Francisco. To schedule an appointment, call 415-353-7598. ■

Pioneering Women

Continued from page 1

She wasn't present very much as her TV journalism career was rising then in NY, but it was helpful to me to have her example and support. Unlike Christina's experience, I started out with only Karen Doyle as a fellow female resident, but then Tracy [Eriksson, MD (1996)], Aditi, and Adriane [Concus, MD (1997)] became ENT residents, and that was a wonderful community of women.

"We started The Howard Society to get together socially from time to time," she continued. "The name Howard was a joke because when each of us showed up at a restaurant, the maître d' asked if we were meeting Howard, and the name arose from that funny moment.

"There was also a support group of women in general surgery who would include surgical specialists in periodic get togethers to help each other, including Susan Orloff (sister of [former UCSF OHNS professor] Lisa Orloff, MD). The year I started my general surgery internship, the program was 2:4 (two years of general surgery and four years of ENT), but upon arrival to start the internship year, Bob Schindler announced a new 1:4 program. What a relief ! The ENT program also expanded from two ENT residents to three residents, so with the switch to a 1:4 program, they had to figure out what to do with the third MD. Steve Susman opted for a year of research, which solved the problem," Bock-Hughes said.

Today there are 15 female residents, two female fellows, and 21 female faculty in UCSF's Department of Otolaryngology – Head and Neck Surgery. The graduating class of residents in 2022 was entirely women.

"UCSF has come a long way in creating a supportive environment for women physicians and surgeons," said Dr. Rosbe.

She cited benefits such as 12 weeks of paid family leave and RVU credit for breastfeeding, as well as ShENT (female ENT) events and the Muriel Steele Society.

"The society was established in honor of Muriel Steele, MD, the first woman surgeon at what was then named San Francisco General Hospital. Throughout her career, Dr. Steele experienced significant prejudice and overcame enormous obstacles on the road to becoming a phenomenal surgeon. Accordingly, the Muriel Steele Society was established as an inclusive community dedicated to inspiring, supporting, and promoting women and other gender minority surgeons so they can thrive at all stages of their careers with the overarching goal to advocate for a culture of belonging," said Dr. Rosbe, who as chief of Pediatric Otolaryngology - Head and Neck Surgery at UCSF Benioff Children's Hospitals, is a leading female otolaryngologist in her own right.

Dr. Rosbe noted that "we are so grateful for the pioneers and look forward to all the amazing things the future UCSF Women in Otolaryngology will accomplish—including another all-female class of outstanding individuals who will graduate in 2030!" ■

Women CHESA Fellows Share Research in Africa

During November 2024 three female Center for Health Equity in Surgery and Anesthesia (CHESA) fellows attended and presented research at the Paediatric Ear Nose and Throat Society in Africa (PENTAFRICA) International Congress in Kilimanjaro, Tanzania. Fellows Cecilia Protas, Fiona Kabagenyi and Ruth Kagere were joined by CHESA Fellowship co-director Lia Jacobson, MD, a pediatric otolaryngologist at UCSF. The fellows' projects focus on improving care regionally for pediatric patients with complex airway disorders that are often life-threatening. Protas, 2022-2023 CHESA fellow and an ENT surgeon in Tanzania, presented on the incidence of aerodigestive foreign body emergencies in Tanzania. Kabagenyi, 2023-2024 CHESA fellow and a pediatric ENT surgeon in Uganda, discussed current strategies for addressing laryngeal papillomatosis. Kagere, 2024–2026 CHESA fellow and an ENT surgeon in Uganda, addressed nasopharyngeal stenosis as a complication of routine adenotonsillectomy. All three fellows synergistically identified areas of disease burden for pediatric patients in East Africa and laid the groundwork for further preventive and therapeutic efforts. ■

Match Day 2025

OHNS to Welcome Five New Residents After a Return to In-Person Interviews

Five graduating medical students learned on Match Day 2025 that they will be the newest members of the UCSF OHNS residency family when the 2025-2026 academic year begins.

For the first time since 2020, UCSF OHNS hosted resident interviews in person during the current academic year. In-person interviews were standard before they were suspended five years ago during the Covid-19 pandemic.

"While virtual interviews were functional, we found that the in-person format enhances the ability of applicants to learn the culture of our program and interact in a meaningful way with our current residents—their potential colleagues," said Residency Program Coordinator Steven Pletcher, MD.

Last year, the department partnered with the American Association of Medical Colleges to conduct a survey of otolaryngology residency applicants. Survey results demonstrated a dramatic preference for in-person interviews.

According to the National Resident Matching Program®, there were 52,498 applicants registered for the 2025 Main Residency Match with 79.8% of certified applicants matching into PGY-1 positions.

The recent initiation of preference signaling honed the number of interested and qualified applicants to the UCSF OHNS residency program. ■

Ana Araujo
Oregon Health Sciences University

Lauren Tucker
Columbia Medical School

Melissa White
Duke Medical School

Sophie Yu
Harvard Medical School

Connie Zhou
UCSF

Spotlight: Ilya Likhterov, MD

Restoring Form and Function for Head and Neck Cancer Patients

At age 11, Ilya Likhterov left St. Petersburg, Russia and never looked back. His journey brought him to New York and eventually to Weill Cornell Medical College, where he earned his MD degree before serving as chief resident in OHNS at UCSF in 2014.

After completing a fellowship in head and neck recon-structive surgery in New York and spending a decade in practice, Dr. Likhterov has returned to UCSF.

"It feels good to be back and part of a team where every member is performing at the highest level," he said. "Knowing that our patients are receiving the best possible care, not just from me but from an entire institution, is incredibly fulfilling."

Beyond patient care, returning to UCSF allowed him to reconnect with former mentors like Daniel Knott, MD, and contribute to the education of the next generation of surgeons.

The Dual Role: Cancer Surgeon and Reconstructive Specialist

"I wear two hats at times," Dr. Likhterov explained. "One is the cancer surgeon's, and the other is the reconstructive surgeon's." Serving in both roles allows him to blend precision with creativity, restoring function and form in ways that are deeply meaningful to his patients.

As a cancer surgeon, his primary goal is to eliminate the tumor while carefully navigating the anatomical structures that must be preserved. "The tumor guides the surgery, and we work around that," he said, emphasizing the delicate balance required to remove cancer while maintaining as much function as possible.

On the reconstructive side, Dr. Likhterov describes the work as highly creative, requiring innovative solutions for complex, three-dimensional problems.

"Head and neck reconstruction isn't just about patching a surface wound—it involves the jaw, throat, tongue, and other structures that are essential for speaking, swallowing, and appearance," he said.

Dr. Likhterov and his multidisciplinary team—which includes speech and swallow therapists—focus not only on restoring form but also ensuring function.

"Our challenge is to make something look appropriate while also making it work," he said. This approach requires extensive rehabilitation and patient counseling, as treatment affects more than just the disease—it changes lives.

Dr. Likhterov's research is driven by a desire to understand and improve patients' quality of life after treatment. His work has largely focused on functional outcomes—examining how different reconstructive techniques impact speech, swallowing, and overall recovery. An emerging area of interest is sleep apnea in head and neck cancer patients.

Immunotherapy and Computer-Guided Surgical Planning

One of the most promising developments in the field is the growing role of immuno-therapy. Traditionally used as a last resort in advanced cancer cases, immunotherapy is now being administered before surgery or radiation to activate the patient's immune system against cancer cells.

"This approach is showing tremendous potential," Dr. Likhterov said. "In some cases, it may even reduce the need for extensive surgeries."

At UCSF, he and his colleagues are closely studying how immunotherapy is changing surgical practice, including whether it leads to smaller, less invasive procedures.

In addition to advances like immunotherapy, reconstructive surgery for head and neck cancer patients has evolved significantly. While free flap reconstruction—which uses tissue from one part of the body to rebuild structures in another part of the body—is well established and has an extremely high success rate, a breakthrough in this area is the integration of computer-guided surgical planning, which allows for precise reconstruction of the jaw.

Computer-guided surgical planning can be used for complex procedures like dental implants.

"The fibula bone from the leg, or a portion of the scapula (commonly known as the shoulder blade), are the common donor sites used in these types of procedures. We take a straight bone like a fibula and cut it into smaller segments using miter cuts—similar to how you would cut wood trim when fitting it around a room in a house," Dr. Likhterov explained.

Ilya Likhterov, MD (right), performs delicate reconstructive surgery.

These segments are then used to reconstruct the shape of the jaw. The segments are secured to the native jaw bone with a titanium plate. The transferred bone needs blood flow to survive, so the surgical team keeps all original blood vessels attached and reconnects them to blood vessels in the neck, allowing circulation to resume.

A Passion for Teaching and Mentorship

As a faculty member, Dr. Likhterov takes pride in training residents and fellows, aiming to create a supportive and enriching learning environment.

"I believe in building confidence in trainees," he said. "Surgery is already stressful, and a positive, structured approach helps residents develop their skills without fear."

He also emphasized the importance of communication and empathy in patient care—skills that are sometimes overshadowed by the technical demands of surgery.

"Teaching residents how to deliver difficult news, support patients through complications, and explain complex procedures is just as important as teaching them how to operate," he said.

As he settles into this new chapter at UCSF, Dr. Likhterov is excited about the opportunities ahead.

"Being at UCSF means being surrounded by people doing ground-breaking work," he said. "I'm eager to collaborate, innovate, and contribute to the future of head and neck surgery." ■

PDX Models to Guide Treatment

Treating Head and Neck Cancer in Individuals with Fanconi Anemia

By Jennifer R. Grandis, MD, and Daniel E. Johnson, PhD

As otolaryngologists, we are trained to care for patients with head and neck cancer (HNC). Tobacco exposure has long been recognized as the primary risk factor for this malignancy. In general, smoking (or chewing) tobacco is seen as a dose-dependent etiologic factor—the more you smoke, the greater your risk. However, the high incidence of HNC in patients with Fanconi anemia (FA) defies our understanding of who gets this cancer.

Jennifer R. Grandis, MD (left), and Daniel E. Johnson, PhD

FA is a rare, inherited syndrome characterized by germline mutations in DNA repair genes. Often diagnosed in infancy, children with FA can develop bone marrow failure. As management of the hematologic problems has improved (including bone marrow transplantation), most children with FA are surviving to adulthood. However, even in the absence of traditional risk factors for HNC (including smoking, drinking, and/or infection with human papillomavirus), individuals with FA are at very high risk for developing HNC. The increased risk is approximately 700-fold compared with the general population of non-FA individuals.

Because of the defects in DNA repair genes, patients with FA-associated HNC (FA-HNC) cannot tolerate treatment with most DNA damaging agents, including FDA-approved cisplatin/carboplatin, which comprise the backbone of most HNC chemotherapy regimens.

Radiation therapy can generally be tolerated but often requires dose reduction and frequent therapy interruptions. While there are a few case reports of FDA-approved immune checkpoint inhibitors (like anti-PD1) being used in these individuals, these agents are historically contraindicated in the setting of prior bone marrow transplant, and there is no evidence to date that immunotherapy is safe or effective in FA-HNC. Thus, the mainstay of treatment for FA-HNC is surgical resection with curative intent. Head and neck surgeons are de facto the frontline providers for patients with FA-HNC.

FA is diagnosed in roughly one out of 136,000 live births. Given the rarity of this condition, most physicians will never see a FA-HNC patient. Thus, when confronted with FA-HNC, very few head and neck surgeons, medical oncologists, and/or radiation oncologists are able to rely on their past experience with the unique needs of this population.

The rarity of FA, and thus FA-HNC, also contributes to the lack of clinical trials and thus paucity of research data to guide treatment. In sporadic HNC (like most cancers), careful studies in relevant preclinical models have often been deployed to justify and develop clinical protocols and to determine which agents should be prioritized for testing. While a few cell lines have been developed from FA-HNC tumors, these models are not readily available to investigators worldwide and are known to harbor some limitations when compared with human tumors. The lack of preclinical models for FA-HNC makes it extremely difficult to prioritize which agents should be advanced for testing in this rare patient population.

Our lab at UCSF has been at the forefront of developing patient-derived xenograft (PDX) models from patients with sporadic HNC. Characterization of these models has allowed us to identify biologic properties that may predict response to specific treatments—a precision medicine approach. With grant support from the Fanconi Cancer Foundation, we sought to develop FA-HNC PDX models with the goal of identifying predictive biomarkers to guide the development of clinical trials and treatment of patients with this difficult-to-treat disease.

To date, we have created four unique FA-HNC PDX models, and we recently submitted some of our findings for consideration at a scientific journal. To our knowledge, these are the only PDX models in the world made from FA-HNC tumors. Our findings reveal the safety and anti-tumor efficacy of molecular targeting agents that we selected. Efficacy was based on the expression levels of target proteins in the patient tumor. We hope these findings can be used to guide treatment for FA-HNC that cannot be cured by surgery alone. ■

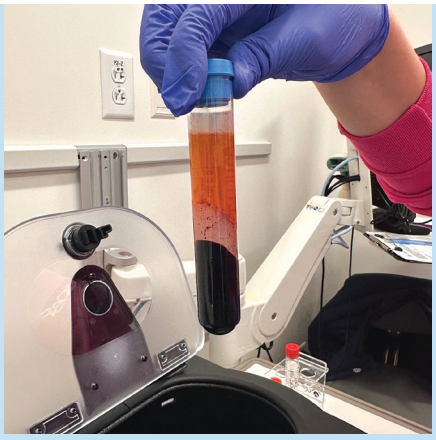
PRP Therapy

OHNS Offers New Therapy for Smell Loss

In February 2025 UCSF OHNS began providing platelet-rich plasma (PRP) therapy for patients experiencing smell loss. PRP, derived from a patient's own blood, is rich in growth factors that promote tissue repair and regeneration. It has shown promise in restoring olfactory function, particularly for those who haven't regained their sense of smell after standard treatments like steroid rinses and olfactory training. Other potential benefits are a better sense of taste, improved personal safety through greater awareness, and healthier emotional well-being.

Steps in the minimally-invasive procedure include a blood draw, centrifuge processing, and nasal injection with local anesthesia. The procedure usually takes less than one hour, with mild irritation and swelling as the main side effects.

In addition to the Bayfront Medical Building *(see article on page 2)*, the innovative treatment is available at UCSF Health Redwood Shores Specialty Care Clinic and at Berkeley Outpatient Center on a cash-pay basis. ■



For more details and appointments, call: Redwood Shores (415-476-7877), Berkeley Outpatient Center (510-985-5100), or Bayfront Medical Center (415-353-9414).

Reflection

My Year as President of the Triological Society

By Andrew Goldberg, MD

While the Triological Society looks inward by promoting fellowship, camaraderie, and development among its members, its greatest function and greatest legacy is looking outward by promoting professional development outside of its own walls. That outward focus is what attracted me to the Triological Society, inspired me while serving as president this past year, and continues to drive my participation.

Andrew Goldberg, MD

I like to refer to the Triological Society as a small society with outsized impact. Nowhere is that outsized impact more evident than at the Combined Sections Meeting each January. It is a unique forum where residents and students abound and mix easily with faculty and peers. As someone who relies on data, I initiated a survey of resident and student submissions and found that 42% of presenters were on the podium for the very first time and that half of residents were attending their first national meeting. What a privilege to be able to provide so many with their first scholarly experience, and what an obligation it is to put our best foot forward for those colleagues—to welcome them into a world of scholarship, camaraderie, and mentorship.

One unique and memorable experience in the Triological Society that demonstrates that camaraderie and mentorship is the opportunity to publicly recognize people whose influence on you and your career was particularly meaningful. The opportunity to bestow a "citation" occurred for me twice—once as Vice President of the Western Section, and once as President. How often do we have the chance to honor in public those who helped elevate us personally or professionally? It is a rare occurrence, but one that is rewarding for everyone—the honoree, as a person whose contribution is recognized; the audience, who, at that moment, gives thought to someone who is deserving; and of course, the presenter, who has the privilege of recognizing the meaningful influence of a colleague, mentor, or friend. It was a highlight of my service to bring these people to the podium to receive a citation, and it is a highlight of every meeting for me to learn the stories behind citations awarded by others.

Being president of the Triological Society is the honor of one's career. That familiar refrain persists for good reason—because it's true! It really is the honor of a career to be asked to serve and to be forever on the same list as some of the most prominent leaders ever in otolaryngology—a list that includes Drs. Francis Sooy and Roger Boles from our own institution. That serves in no way to equate my contribution or prominence to those giants, but more as a nod to the storied legacy of the Triological Society in the specialty of Otolaryngology – Head and Neck Surgery.

Ultimately, though, how did I get to be president? A requisite credential for any aspiring president is service: I was on many program committees and panels, and I gave many lectures and presentations. Serving as vice president provided visibility in the Western Section of the society, and committee service was also important. I'm also sure that pairing up with a colleague to rewrite the Society bylaws was seen as the ultimate service obligation because updating bylaws is a tedious and nearly invisible chore in any society. Ultimately though, it is the friendships, collegiality, and support of your colleagues that propels one to the presidency, as it should be.

It may seem that being president of a society is a solitary function. After all, there's only one president at a time. You have responsibility to preside over meetings, give addresses, and bring initiatives to society members. All these public functions, important as they are, are really just the window dressing on your service. In reality, my term as president involved motivating committees and serving with a team of dedicated, smart, and fun colleagues and staff. My personal initiatives included recruiting talented and diverse colleagues for membership, publicizing our grant opportunities to the scientific community, developing a policies and procedures manual, and guiding service opportunities for our members. Most importantly, though, I provided my perspective, experience, and common sense to organizational decision making. That, at its core, is the work of a leader.

Now what? My service to the Triological Society is by no means complete. Besides finishing a few initiatives, I'll continue to serve the organization by continuing to make presentations, participate at meetings, and guide the next generation of otolaryngologists. I hope not to miss a past president's dinner, delivery of a presidential citation, or a speed networking session. I will continue to be present—learning what is new in our specialty, contributing what I can, and enjoying the camaraderie of my colleagues for years to come. ■

Pediatrics

Specialized ENT Care at UCSF Benioff Children's Hospital

The pediatrics team at UCSF Benioff Children's Hospital provides expert care for children with ear, nose, throat, and related conditions through a distinctive multidisciplinary approach. This comprehensive team includes pediatric anesthesiologists, nurses, child life specialists, audiologists, and speech and language pathologists—all specially trained to work with young patients.

Continues on page 7

UCSF Otolaryngology Innovation Center

Driving Health Care Innovation Forward

The UCSF Otolaryngology Innovation Center is shaping the future of health care technology by accelerating the development of medical devices and digital health solutions that address high-impact unmet clinical needs. Under the leadership of Executive Director Nicole T. Jiam, MD, the Center is actively working to integrate cutting-edge technology into patient care and establish a robust network of innovators.

Nicole T. Jiam, MD

As part of the UCSF Department of Otolaryngology – Head and Neck Surgery, the Center serves as a collaborative think tank where clinicians, scientists, engineers, and entrepreneurs come together to lead at the intersection of medicine, research, and computer science. Through mentorship, funding opportunities, and partnerships with industry leaders, the Center fosters an ecosystem that empowers innovation and inspires collaboration among academics, policymakers, and the health care community to bring transformative ideas into clinical practice.

A Year of Progress and Impact

Over the past year, the Center has expanded its support for promising projects, providing resources and guidance to eight medical students, two residents, and seven faculty members as they pursue advancements in health care technology. Through key collaborations and funding initiatives, its members have made meaningful contributions to the field of otolaryngology and beyond.

The Center has played a key role in educational and collaborative efforts, including partnering with KLS Martin to host "Innovation in the Operating Room," a working seminar where new surgical technologies and techniques were explored. At the UC Berkeley and UCSF Hackathon, the Center's team earned third place for Pinnacle, a project focused on optimizing health care and access. Dr. Jiam also took part in the UC Pitch Competition in Irvine, and was invited to present ideas to investors and industry leaders at the National Science Foundation (NSF) National I-Corp Virtual Showcase.

Advancing Research and Technology

Innovation within the Center has led to the development of two medical devices in close collaboration with UCSF Tech Transfer, furthering UCSF's role in bringing cutting-edge solutions to market. Additionally, Katherine Wai, MD, and Patrick Ha, MD, partnered with IIAM Corporation to investigate and deploy an AI-driven algorithm designed to improve referrals.

On the research front, members of the UCSF Otolaryngology Innovation Center have contributed to five peer-reviewed publications within the past year, secured a $50,000 UCSF Catalyst Grant, and obtained NSF Bay Area and I-Corp funding to accelerate commercialization. The Center has also strengthened its ties with UCSF Tech Transfer to support the patenting and licensing of new technologies, leading to the filing of one international patent. Research findings were presented at four podium and poster sessions at national and international conferences, further solidifying the presence of UCSF OHNS in the innovation space.

Expanding the Innovation Ecosystem

To continue fostering innovation, the Center is actively developing new programs. Discussions are under way to establish an Entrepreneurship Bootcamp at the Academy, a structured program aimed at training future clinician-entrepreneurs. The mission of this program is to provide aspiring clinicians and innovators with the skills needed to translate ideas into real-world solutions.

The Center is dedicated to providing a platform for collaboration, mentorship, and funding. Initiatives include quarterly seed grants for promising projects, monthly meetings to encourage inter-disciplinary dialogue, and quarterly seminars featuring faculty and industry leaders discussing health care innovation. By cultivating strategic relationships with UCSF Tech Transfer, the Masters of Translational Medicine Program and the Life Sciences Entrepreneurship Center at UC Berkeley, the UCSF Rosenman Institute, and key venture capital firms, the Center continues to connect UCSF's brightest minds with resources that can help bring their ideas to fruition.

Looking Ahead: A Thriving Future for Innovation

As the Center moves forward, it remains dedicated to bridging the gap between research and real-world application by fostering partnerships with Silicon Valley and beyond. Through a commitment to innovation, mentorship, and collaboration, the Center is poised to make lasting contributions to the field of otolaryngology and the broader health care landscape. ■

For more information on upcoming events, seed grant applications, and partnership opportunities, contact Dr. Jiam and the team at OHNS-Innovations@ucsf.edu.

"Helping kids with essential functions such as hearing, breathing, and swallowing—during critical times in development—has significant impacts on overall quality of life. It also leads to long-lasting relationships with patients and families," said Kristina Rosbe, MD, clinical professor of Pediatric Otolaryngology – Head and Neck Surgery and Pediatrics at UCSF.

Dr. Rosbe emphasizes that pediatric care is truly a "team sport." Collaborative specialists work together to support and deliver exceptional care to children who are hospitalized with complex conditions and, by extension, their families.

What sets UCSF's approach apart is its thorough assessment process. The team begins by evaluating each child's hearing, breathing, speaking, and swallowing abilities. They then collaborate with families to develop personalized care plans, including the crucial step of involving social workers to address home-life concerns, an often overlooked but essential component of the healing process.

Kristina Rosbe, MD

"For decades, UCSF's children's clinic has been at the forefront of treating a wide range of ear, nose, and throat-related conditions. The family-centered care model continues to serve children with these conditions, ensuring complete support throughout the treatment journey," Dr. Rosbe said. ■

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OHNS Events

Residents Attend Annual Sinus Course

UCSF's OHNS residents enhanced their skills and confidence, equipping them with valuable expertise for their future clinical practice, during the annual Resident Endoscopic Sinus Course in March.

The day began with foundational training in Functional Endoscopic Sinus Surgery (FESS) basics over bagels and coffee at UCSF Pride Hall at Zuckerberg San Francisco General. A series of focused sessions followed, covering procedures such as maxillary antrostomy, total ethmoidectomies, sphenoidotomies, frontal sinusotomies, and SPA ligation. In addition to the hands-on training, attendees benefited from lunch break case discussions led by Andrew Goldberg, MD; Steven Pletcher, MD; Patricia Loftus, MD; and Jose Gurrola, MD.

Afternoon sessions progressed into increasingly advanced procedures, including orbital decompression, Draf 3 frontal sinus techniques, transpterygoid approaches to the lateral sphenoid, cavernous sinus dissection, trigeminal nerve ganglion exposure, and transsellar/transclival/transplanum approach to the skull base. The course provided extremely valuable experience for the residents with state-of-the-art equipment provided by a variety of industry collaborators. ■

Upcoming Events

Morrison Lecture
Speaker: Mark Courey, MD, Icahn School of Medicine at Mount Sinai
Thursday, June 5, 2025, 5:00–6:30 pm / Genentech Hall, Byers Auditorium

Francis A. Sooy, MD Weekend

Resident Research Symposium:
Friday, June 20, 2025, Noon – 5:00 pm / Genentech Hall, Byers Auditorium

Sooy Lectureship:
Speaker: Jeffrey Bumpous, MD, University of Louisville School of Medicine
Saturday, June 21, 2025, 7:30 am – Noon / Genentech Hall, Byers Auditorium

Graduation: Saturday, June 21, 2025, 6:00–10:00 pm / Fairmont Hotel, SF

UCSF Otolaryngology Update: September 18–20, 2025 / Hotel Nikko, SF

HeadsUp!
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