The University of Kansas Voice and Swallow Center

*Advanced Training and Technology Expand Patient-Centered Care*

The Laryngology Division at the University of Kansas Voice and Swallow Center has been diagnosing and treating voice, swallow and airway disorders since 1991. Our fellowship trained Laryngologists, Dr. Dave Garnett and Dr. Shannon Kraft, and their team offer their specialty services at KU Medical Center and KU Medwest.

Dr. Garnett compares his role in the treatment of voice disorders to that of a specialist in sports medicine. “A professional athlete is under the care of a coach for training and performance. If the athlete becomes injured, the coach sends him to a sports medicine specialist. When a singer is injured, their ‘coach,’ a vocal pedagogue—someone trained in the teaching of singing and proper vocal technique—sends the singer to our team for evaluation.”

The team approach at KU ensures that all patients receive the best care. Our speech language pathologists have advanced training in the management of voice and swallow disorders, and work in concert with our physicians to design a comprehensive plan for each patient.

Dr. Garnett emphasizes the individualized care each patient receives, citing the “high-tech, patient-driven investigative measures to direct the treatment for the specific individual.” Among the advanced technologies used by our team are high resolution manometry to measure esophageal function and 24-hour pH monitoring to test for hyperacidity. These tests guide our physicians in determining the cause of symptoms that do not respond to conventional interventions, allowing them to tailor treatments to the individual patient’s needs.

Results from a pH probe show the correlation between acidic food intake and the rise in acid in the esophagus.
The most important thing to do everyday that I will continue to find fascinating many years in the future?

As an individual who has worked in in many career fields, I understand how standardization and industrialization is great for business profitability, but ultimately at the expense of the joy of the worker. Physicians are in the unique position where they may combine autonomy with creativity to improve the lives of many grateful patients. Have my cake and eat it too? Yes please!

What’s more, many students are interested in pursuing a field that allows them to form meaningful relationships with patients while also treating a broad scope of diseases. Anna Pavelonis explains, “In choosing a specialty I thought about whether I wanted a patient base or not and whether I wanted strictly surgical cases or to clinically treat patients as well... As an ENT surgeon I will have the opportunity to use my hands and knowledge of intricate anatomy to physically improve someone’s quality of life, while also maintaining patient relationships with continuous follow up in clinic regardless of surgical candidacy.”

Other students are interested in pursuing a career that can best accommodate their lifestyle, drawing reference to their desire to dedicate much of their time to building a family. Tequilla Manning, a current fourth year medical student who recently matched into family medicine stated, “My personal happiness is the first thing that I considered when choosing a specialty. I thought about what would provide me with the best lifestyle after residency. Family medicine will allow me to live an ideal lifestyle and maintain long term relationships with my patients, but ultimately I chose a field that could provide me with the best work-life balance.”

Most first year medical students’ specialty interests are constantly changing. Nevertheless, we still have a general idea of what we want out of a career in medicine. For example, Briauna Harris, a first year medical student understands that happiness in the specialty that she chooses is the key to a successful career. “The most important thing to me about choosing a specialty is happiness. I think about what I would be happy doing everyday for the rest of my life, even if I won 5 million dollars. I think about if the specialty is worth investing years of training and time away from my family.”

A marriage to medicine is a long-term commitment where the stakes are high and the margin for error is low. Competition often dictates opportunity, and we are often forced toward a destination where statistics correlate our likelihood to pass a licensing exam, not where we would best succeed. The common variable dictating students’ thought process seems to be perceived quality of life after residency. Whether quality is measured in how much time one can spend with family, or how strong a bond can be formed with a patient, one thing remains clear—the doctor has a great responsibility when serving patients in any field. Let’s hope as our patient base increases, our callousness towards others doesn’t follow suit.
Carrie Francis, MD, was promoted to Associate Professor (clinical scholar track, nontenure). Dr. Francis served as member and Chair of the School of Medicine Admissions committee (2015-2016) and Academic and Professionalism committee (2016-2017). She has an active teaching and mentoring role, serving as an Assistant Dean in the Office of Student Affairs and currently serves as the Director of the Orr Medical Alumni Society. She was presented the Excellence in Teaching, Student Voice Award in 2015 and 2016.

Dr. Lisa Shnayder, MD, was promoted to Professor (clinical scholar track, nontenure). Her clinical interests include head and neck oncologic surgery, microvascular reconstruction, surgical treatment of melanoma, and transoral cancer resections utilizing Da Vinci robotic technology. She has developed a clinical program in Transoral Robotic Surgery at the University of Kansas and founded a Multi-Disciplinary Melanoma Tumor Board at the institution.

Robert Weatherly, MD, was promoted to Clinical professor (clinical track, volunteer, nontenure). Dr. Weatherly serves as Section Chief in Otolaryngology at Children’s Mercy Hospital and as Associate Professor of Pediatric Surgery at the University of Missouri-Kansas City School of Medicine. He is a pediatric ENT surgeon who specializes in airway reconstruction and treatment of obstructive sleep apnea.

Terry Tsue, MD, will become the health system’s vice president of physician services in addition to his current role as vice president and physician in chief of The University of Kansas Cancer Center. In his physician services role, Dr. Tsue will oversee efforts to strengthen and enhance provider engagement and fulfillment and help achieve top decile performance in this area.

In addition, he will lead Medicare breakeven strategies to help ensure the highest quality care to the growing Medicare population while maintaining financial viability. He will also work closely with medical center leaders to develop GME strategies to best balance resident and fellow care delivery while maintaining their educational experience and academic pursuits.
Faculty Spotlight

Ann Robinson, MD

What made you decide to join the faculty at KU?

I grew up in Lawrence, KS (ROCK-CHALK!), and completed my residency at KU. Many of the awesome attending physicians who trained me are still on staff in the department. I joined a private practice in Kansas City out of residency where I was lucky enough to work with Dr. Roh. My grandma was Dr. Roh’s patient and she insisted that the practice offer me a job. About six years ago, I was thrilled to be asked to join the KU OTOHNS department. Accepting was one of the best decisions I have ever made. I work at Truman, the VA, and KU so every day is different!

What’s the best part of the department? The most challenging?

The best part of the department is the people. In addition to having some of the most amazing attending physicians in the country, the culture and teamwork are tremendous. Whenever I need help with a patient (often), my colleagues are always there for me. We also have a wonderful group of residents, nurses, and support staff. The department’s support of international service trips also sets it apart. The most challenging thing about the department is that it has grown so much that it is nearly impossible to know everyone on a personal level.

What do you like to do in your spare time?

I have two (mostly) wonderful children, Rachel, age 15 and Jay, age 7. Rachel is a freshman at St. Teresa’s and wants to be a journalist/writer. Her favorite thing to do is attend camp in Minnesota for a month every summer. I miss her terribly (mostly – she is 15, after all) when she is gone, but she seems to enjoy being away from me (perhaps because she is 15). Jay is a second grader and is very outgoing for his age. His favorite activity is talking. About anything or nothing. All the time. His career will likely involve something in entertainment, cult leadership, or sales. He loves basketball and will probably play for KU (in my wildest dreams). We have a sweet dog named Harley and two cats, Meo and Elsa. I enjoy travel, reading, KU basketball, exercise (not really), and movies.

What’s the best or funniest or most inspirational thing you’ve ever seen at work?

The best and most inspirational things I have seen at work are the gratitude of many of the patients I have had the privilege to treat. There is nothing better than seeing a post-op patient who has had an excellent outcome and seeing how much their quality of life has improved as a result of the surgery. The funniest things that I’ve seen at “work” probably occurred on the winter meeting/ski trip, although the residents make me laugh every day.

Anything else you’d like to add?

I just returned from my second international service trip to the Philippines with Drs. Lu and Alvi. It was an amazing experience. I encourage anyone who is interested in participating in a future trip to contact me at arobinson7@kumc.edu for more information. Also thank you Jill for being such an amazing nurse and making my life easy!
Impact of Video Nasal Endoscopy on Patient Satisfaction

Bhalla V, Beahm DD, Sykes KJ, Ndeti KK, Chiu AG

**BACKGROUND:** Video nasal endoscopy (VEE) has significant associated expense for practices, but its use has been justified by the benefit it provides to the examiner.

**RESULTS:** SNOT-22 total and domain scores were similar between both groups (p > 0.05). VEE patients had significantly higher general satisfaction (p = 0.048) and communication (p = 0.028) domains within the PSQ-18. There was no difference between other domains (p > 0.05).

**CONCLUSION:** VEE is a valuable tool for otolaryngologists and patients. Further studies evaluating variance in patient compliance and symptomatology may provide further justification for its use.

Incidence and Risk Factors for Sigmoid Venous Thrombosis following CPA Tumor Resection

Kavookjian H, Shew M, Muelleman T, Dahlstrom K, Lin J, Ledbetter L, Staecker H

**OBJECTIVE:** Our primary aim was to determine risks factors and sequelae of SVT following cerebellopontine angle (CPA) tumor resection.

**RESULTS:** From a study of 127 CPA tumor resections, post-operative SVT was significantly underreported when the initial report was compared to a secondary review by a Neuroradiologist (3.1% v. 17.3%; p<0.001). There was a trend toward increased risk for thrombosis in patients undergoing translabyrinthine and staged resection (p=0.068). CSF leaks were also significantly more common in patients with thrombosis (37.5% v. 12.6%; p=0.007).

**CONCLUSION:** SVT is a valuable tool for otolaryngologists and patients. Further studies evaluating variance in patient compliance and symptomatology may provide further justification for its use.

Overexpression of Homologous Repair Proteins in HPV Positive Head and Neck Squamous Cell Carcinoma


**BACKGROUND:** Human papillomavirus (HPV) positive oropharyngeal squamous cell carcinoma (SCCA) has distinct pathophysiology differences from HPV negative SCCA. Inhibition of tumor suppressor genes p53 and RB by HPV proteins E6 and E7 has been extensively studied. The purpose of the present study is to compare expression of HR proteins in HPV positive and negative SCCA through immunohistochemistry.

**RESULTS:** Differential staining identified mean composite scores for HPV positive and negative groups for AH2017.1 were 1.04 and 0.63 respectively, a difference which trended towards statistical significance (p=0.07). AH2017.2 mean composite scores were 2.06 for the HPV positive group and 0.76 for the HPV negative group, which was statistically significant (p=0.002).

**CONCLUSION:** Our study demonstrates differential staining in HPV positive and negative SCCA for the DNA repair genes currently termed AH2017.1 and AH2017.2 using a TMA, a high throughput technique for immunohistochemical analysis. This validates data from cell culture models that demonstrate overexpression of HR genes and further differentiates the pathophysiology of HPV positive and negative SCCA. Abrogation of DNA repair pathways represent possible targets for novel targeted molecular therapies in HPV positive tumors.
Graduation Day

Mark your calendar for this annual event on June 22 that combines continuing medical education with KUMED graduation activities and department celebrations. Andrew Murr, M.D., Chair of the Department of Otolaryngology-HNS at UCSF will be the guest speaker. Contact shall7@kumc.edu for more details.

ENT Grand Rounds

KU ENT hosts a monthly continuing medical education series for all interested physicians, residents and students. Dinner is included at this free event, and CME credit is available. Grand Rounds is held in the Sudler Conference Room at KU Medical Center. For more information on upcoming events contact tquaethem@kumc.edu.

ENT in the Desert

February 2019

ENTINTHEDESERT.ORG

THE SCOTTSDALE MARRIOTT AT MCDOWELL MOUNTAINS
SCOTTSDALE, ARIZONA

For more information, contact tquaethem@kumc.edu

Co-Hosted by The University of Arizona College of Medicine Otolaryngology—Head and Neck Surgery and The University of Kansas Department of Otolaryngology—Head and Neck Surgery

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