Reclaiming Natalie’s smile

Spend a few minutes talking to Natalie Wright and there’s no doubting the happy nature of this bright, soft-spoken 15-year-old from Provo, Utah. But Natalie’s dream is to be able to express her inner happiness without words, using her whole face instead.

Natalie wants a natural smile – that nonverbal, universally recognized flash of friendliness that most of us take for granted, but which has eluded Natalie for most of her life. At age 2, she was diagnosed with a brain tumor. Three surgeries and chemotherapy have kept the tumor under control, but the treatments paralyzed one side of Natalie’s face, leaving her with left-sided vision and hearing loss and a one-sided smile.

Now, thanks to a chance conversation with a neighbor and the expertise of a University of Iowa facial plastic surgeon, Natalie’s simple wish for a full smile is within reach.

Last year, Natalie’s neurosurgeon in Provo told her about a technique called facial reanimation that might restore a more natural, two-side smile. As the Wrights started to explore options, a happy coincidence connected them with Douglas Henstrom, MD, assistant professor of otolaryngology at University of Iowa Hospitals and Clinics. Henstrom specializes in facial plastic and reconstructive surgery and directs the Facial Nerve Center.

“Our neighbor in Provo called us over to share some peanut brittle, and she asked us about Natalie’s surgery,” recalls Dana Wright, Natalie’s mom. “She told us about her niece’s husband, Doug Henstrom, who was doing this. He had trained at Harvard and at Mayo Clinic and was just opening a center in Iowa City. And we knew, we knew instantly, and we couldn’t wait to get home and Skype him, which we did, and he thought Natalie was a great candidate for this surgery.”

“Natalie’s smile” continues on page 4

Above: Natalie Wright and UI facial plastic surgeon Douglas Henstrom the day before Henstrom completed the two-stage facial reanimation surgery that will restore Natalie’s smile.
Below: Dr. Henstrom performs surgery. Photos by Susan McClellen.
## Treatment and services available for:
- Otolaryngology (General)
- Otolaryngology (Pediatric)
- Acoustic Neuroma
- Balance Disorders
- Cleft Palate (Pediatric)
- Cochlear Implants
- Diagnostic Audiology
- Head and Neck Cancer
- Hearing Aids
- Nasal and Sinus Conditions
- Otology/Neurotology
- Plastic Surgery and Cosmetic Services - Facial
- Skull Base Surgery
- Speech and Swallowing
- Tinnitus

## Contact Us
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iowaoto@uiowa.edu  
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**Appointment scheduling:** 319-356-2201

**UI Health Access for the general public:**  
800-777-8442

**UI Consult for referring providers:** 800-332-8442

**Continuing education information:**  

**Department events, news and information:**  
www.medicine.uiowa.edu/oto/

## ENT physicians named Best Doctors in America

Eight physicians from the University of Iowa Hospitals and Clinics Department of Otolaryngology—Head and Neck Surgery have been selected for the Best Doctors in America® List for 2013. Only 5 percent of doctors in America earn this prestigious honor, decided by impartial peer review.

### Kristi Chang, MD - Head and Neck Surgery

### Gerry Funk, MD - Head and Neck Surgery

### Bruce Gantz, MD - Head and Neck Surgery, Neurotology, Otology, Skull Base Surgery

### Scott Graham, MD - General Otolaryngology, Sinus and Nasal Surgery

### Marlan Hansen, MD - Neurotology

### Henry Hoffman, MD - Head and Neck Surgery, Laryngology

### Jose Manaligod, MD - Pediatric Otolaryngology

### Richard Smith, MD - Pediatric Otolaryngology
Vision and hearing are undoubtedly two of the most important senses we have. Imagine losing both your sight and hearing at the same time. Such a difficult scenario is common for patients seen at the Eye and Ear Genetics Clinic at University of Iowa Children’s Hospital.

Physicians, counselors, and staff from the UI Department of Otolaryngology – Head and Neck Surgery and UI Department of Ophthalmology and Visual Sciences have combined forces to provide a pediatric eye-ear genetics clinic that specializes in rare inherited eye and ear diseases affecting children. The clinic allows multiple providers to see patients on the same day and work together to find diagnoses and develop care plans for children with both eye and ear disorders. Families with children experiencing vision and hearing loss and balance disorders from across Iowa and the country come to access multiple specialists in a single clinic visit rather than scheduling separate clinic visits at different times.

The clinic uses genetic testing, visual field testing, electroretinography, optical coherence tomography, and fundus and diagnostic photographs to diagnose difficult-to-identify hereditary diseases like Waardenburg syndrome, Usher syndrome, and Pendred syndrome. Patients receive a basic ear, nose, and throat exam, an audiogram if needed, and an OtoSCOPE® Genetic Test, which is a single test used to determine the cause of their hearing loss.

Individual patients and their family members may elect to contribute to scientific research that may lead to cures for their diseases by providing blood draws and skin biopsies. Research is performed in the UI Molecular Otolaryngology and Renal Research Laboratories and UI Institute for Vision Research. This extensive level of testing allows physicians to provide a diagnosis for many patients who have not had one previously.

Direct access and constant interaction between physicians and researchers also means patients benefit from receiving the latest information on the scientific advancements and progress toward treatments and cures. This includes information on clinical studies and trials that may impact their future care. Such information provides a measure of hope to individuals who might not otherwise know where to turn for answers to their child’s unique vision and hearing problems.

For more information, visit www.uichildrens.org/eye-ear-genetics-clinic

University of Iowa Hospitals and Clinics has genetics expertise in ophthalmology and otolaryngology. It is unique to have both types of specialists working together in the same clinic.

Left to right: Richard Smith, MD, professor of otolaryngology, and Arlene Drack, MD, associate professor of ophthalmology, discuss a complex patient case with resident physician Seiji Shibata, MD, and medical student Christina Sloan.

Molecular Otolaryngology and Renal Research Laboratories information at www.healthcare.uiowa.edu/labs/morl/
A journey begins

In April 2012, Natalie and her family arrived at UI Children’s Hospital to start the process that would return Natalie’s smile. The Facial Nerve Center is one of only a few comprehensive facial nerve centers in the country – and the only one in Iowa – that specializes in the treatment of patients with facial nerve paralysis.

Natalie is the first pediatric patient to receive facial reanimation surgery in Iowa. The procedure that Henstrom used involved two separate surgeries performed about a year apart. During the first surgery Henstrom transplanted a sensory nerve from Natalie’s ankle into her right cheek, connecting one end to her working “smile nerve” on that side and delicately threading the nerve’s other end under the skin above her upper lip and into her left cheek. Time passed to allow the transplanted nerve to heal and regain its function.

One year later, Natalie and her parents returned to Iowa City for the second surgery, in which Henstrom transferred part of Natalie’s thigh muscle, with the accompanying blood vessels and the nerve, into her left cheek. He connected the nerve to the nerve graft that was put in place last year.

A preview of a smile

The surgery took 12 hours and included an additional procedure that transferred a small piece of tissue from Natalie’s leg to the left side of her nose to lift it slightly and make it more symmetrical, helping her breathe more easily.

Although Natalie’s nerve graft won’t heal enough to activate her smile naturally for another six to 12 months, the surgery already has dramatically altered her face and given her a preview of what her smile will be. In part because of tautness of the transplanted muscle and in part because of post-surgery swelling, both expected to decrease over time, the left side of Natalie’s mouth is curved upward, revealing her first two-sided smile in 12 years.

Natalie first saw her new smile in the reflection on her iPhone the evening after the surgery. “I was FaceTiming my sister and looking at my face in the screen. I said, ‘Look Gabby, I’m not doing this, it’s normal!’” she says. “It’s cool, a little crazy, but cool.”

“The biggest thing is that you can see her smile is back,” says John Wright, Natalie’s dad. “That ‘inside smile’ she is always talking about was definitely projecting on the outside.”
What’s in a smile?

Facial paralysis can have many causes. In adults, it can occur due to Bell’s palsy, Ramsey Hunt syndrome, brain tumors, or other head and neck cancers that affect the facial nerve. Facial paralysis is less common in children, where it is most often caused by a brain tumor, as in Natalie’s case.

According to Henstrom, an estimated two in every 10,000 Americans will develop some facial paralysis each year. The majority of those cases are due to Bell’s palsy, which spontaneously resolves for 85 percent of individuals. This suggests that every year a few thousand people with facial paralysis do not recover fully.

“Smile reanimation surgery is quite rare. And facial paralysis, in general, is at best an undertreated problem for patients,” Henstrom says.

“When someone has facial paralysis, they lose a lot of their ability to communicate nonverbally. So, often, patients with facial paralysis will tell you that they feel misunderstood,” he continues. “Being able to give these patients more balanced symmetry in their smile, and even some movement, gives them so much more in the way of nonverbal communications.”

Henstrom notes that the surgery also brings other quality-of-life benefits. For example, lifting the corner of the mouth allows people to eat and drink without spilling, which can give them the confidence to go out to eat.

“I’m very excited for Natalie. I’m really happy with the success I can already see from the surgery. I’m also excited for the possibility that this might make other people aware of what is possible,” Henstrom adds.

“Natalie’s journey has definitely had its ups and downs. But this – to be able to have a smile – is bigger than any Christmas gift for her. So we’re very grateful for the opportunity to have that possibility,” Dana says. “Looking at Natalie and seeing the joy in her face, it feels like it couldn’t have been more perfect.”

Watch Natalie’s story of facial reanimation on YouTube at www.youtube.com/watch?v=DA9rNOsU1I8

Information about the Facial Nerve Center and Facial Paralysis Clinic at www.uihealthcare.org/clinic.aspx?id=233253

Clinic established for head and neck cancer survivors

Cancer survivors require care that is specific to their unique and individual needs. In addition to monitoring for cancer recurrence and late-occurring and long-term side effects, care must also focus on wellness, prevention, nutrition, health promotion, and quality of life. The goal of survivorship care is to optimize a patient’s quality of life by empowering them to want to be healthy and engage in healthy activities.

The Head and Neck Cancer Survivorship Clinic was created to help patients continue their high-level cancer care. A highly trained physician assistant works individually with patients to provide a complete assessment of their head and neck, address their personal health challenges, and deliver comprehensive follow-up care. Kara Pasker, PA-C, also works with UI head and neck oncology surgeons to continue close communication regarding problems arising from cancer recurrence or progression.

The clinic offers a number of services and resources for patients and their family members. Future plans include the creation of a mentorship program for head/neck cancer survivors to mentor newly diagnosed head/neck cancer patients.

Learn more about the clinic at www.uihealthcare.org/otherservices.aspx?id=232451

Staff from the UI Holden Comprehensive Cancer Center offer numerous resources and support options to patients who are undergoing cancer treatment and their family members.
UI researchers secure major awards

The University of Iowa Department of Otolaryngology – Head and Neck Surgery was awarded two major grants from the U.S. Department of Health & Human Services, National Institutes of Health (NIH). A competitive renewal award continues novel research involving the genetics of hearing loss while a new grant explores the topographic features and material properties associated with neural regeneration models for cochlear implant recipients.

Richard Smith, MD, professor of otolaryngology – head and neck surgery and Sterba Hearing Research Professor at the UI, received renewal funding in the amount of $2.5M over a five-year period. The award marks the fourth competitive renewal of the project dating back to 1998.

Hearing loss reportedly affects 15–26 percent of the world’s population, and it is the most common neurological disability among the elderly. Although the relative contributions of hereditary and environmental factors to age-related hearing loss are unknown, the majority of inherited late-onset deafness is autosomal dominant and non-syndromic (autosomal dominant non-syndromic hearing loss or ADNSHL).

Long-term goals of the research are to identify ADNSHL-causing genes to address gaps in understanding of the molecular biology of hearing and deafness in the elderly; and to explore new habilitation options for hearing loss.

Dr. Smith’s laboratory seeks to identify novel deafness-causing genes using targeted sequencing and data analysis. Additionally, the lab is working to improve and validate the efficacy of Ribonucleic acid interference as a prevention of ADHSHL. The successful completion of these aims will have a major impact on understanding the biology of hearing and deafness and potentially the treatment of some types of hearing loss.

For more information on Dr. Smith’s research, visit www.healthcare.uiowa.edu/labs/morl/

Another grant involves Marlan Hansen, MD, associate professor of neurosurgery and otolaryngology – head and neck surgery. Hansen and his research team were awarded a five-year grant from the NIH for $1.5M.

The project, “Photopolymerization-induced topography direct neurite and Schwann cell alignment,” focuses on intracellular signaling. Hansen and colleagues will study various aspects of the molecular compounds used to guide sound-carrying nerve fibers within a cochlear implant.

Results of these studies will be among the first to define the basic mechanisms by which cells sense and respond to specific surface topographies and material properties. Dr. Hansen’s laboratory also seeks to identify the topographic features and material properties necessary for future fabrication of scaffolds that can be used for in vivo neural regeneration models including the design of enhanced neuron prosthesis interfaces.
Gantz receives dual distinction

The American Otological Society (AOS) honored Bruce J. Gantz, MD, with the distinguished Award of Merit and as Guest of Honor at their Combined Otolaryngology Spring Meeting, marking the first time in AOS history that these two honors were given to the same person.

The AOS is the oldest medical society in the United States, established in 1868. The Award of Merit is an award given annually since 1949 to recognize an individual who has provided national leadership in research and management of diseases and disorders of the ear. It is bestowed upon an individual for their outstanding contribution and dedication to the field of otology. The Guest of Honor distinction recognizes worldwide leadership in advancing the art and science of cochlear implants and surgery for vestibular schwannomas.

Dr. Gantz is professor and department head of the UI Department of Otolaryngology – Head and Neck Surgery. He holds the Brian F. McCabe Distinguished Chair in Otolaryngology – Head and Neck Surgery.

Harris joins clinic

Himena Harris, ARNP, joins the general otolaryngology clinic. She received her Master in Nursing and Healthcare Practice and Master of Science in Nursing degrees from the University of Iowa and received post-master's certification at Allen College in Waterloo, Iowa.
Head and Neck Course

Gerry Funk, MD, professor of otolaryngology - head and neck surgery, discusses some of the latest clinical approaches with attendees of the Head and Neck Cancer and Reconstructive Surgery Course held earlier this summer. The next course is planned for June 2014.

And the winners are...

Residents with the best head and neck protocols were awarded new gadgets for their efforts at the department’s annual Research Day event. This year’s winners each received an iPad-mini. Pictured are Iowa Head and Neck Protocols editor Henry Hoffman, MD, and winners Kristen Hurst, MD, José Gurrola II, MD, and Danielle Hoyne, MD.

ALUMNI CORNER

James L. Netterville, MD (‘86F), is serving as president of the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) and its foundation. Dr. Netterville is the Mark C. Smith Professor of Otolaryngology and director of the Division of Head and Neck Surgical Oncology in the Department of Otolaryngology at Vanderbilt University Medical Center in Nashville, Tenn.

Receive a special award or distinction? Change your contact information lately? Let us know so we can share department news and keep in touch. Send an email with details to iowaoto@uiowa.edu

New colleagues

Residents: Clinical Track

Raymond Kung, MD: Keck School of Medicine, University of Southern California, Los Angeles, Calif.

Katharine Ostedgaard, MD (’13MD): University of Iowa Roy J. and Lucille A. Carver College of Medicine

Christopher Kowalski, MD (’13MD): University of Iowa Roy J. and Lucille A. Carver College of Medicine

Residents: Clinical & Research Track

Elise Cheng, MD: Stony Brook University Medical Center, Stony Brook, New York

Alexander Claussen, MD: Southern Illinois University School of Medicine, Springfield, Ill.

The 2013 graduates

Graduating residents and fellows pursue their next medical career move. Where are they headed?

Residents: (pictured left to right)

Paul Walker, MD (’13R), Chief Resident: pursue a Head & Neck Fellowship at the University of Toronto Faculty of Medicine

Kristen Hurst, MD (’13R): remain at the University of Iowa for a Pediatric Otolaryngology Fellowship

Aaron Fletcher, MD (’09F, ’13R): pursue a Rhinology/Skull-Base Fellowship at the University of Michigan


Henry Diggelmann, MD (’08MD, ’13R), Chief Resident: join the Mason City Clinic in Mason City, Iowa
Meet the residency program director

How long have you been at the University of Iowa?
“I remained at Iowa after completing my fellowship and have been here for nearly 10 years. The past two years, I have enjoyed overseeing the residency training program.”

What attracted you to medicine and the field of otolaryngology?
“During medical school, I recall a specific case I encountered during rounds where a young boy’s life was greatly improved by the care he received from the ENT physician. That really struck me as the way I could change people’s lives through medicine. Plus, I’ve always been interested in surgery.”

What do you enjoy most about your career and leading the residency program?
“Our patients have problems impacting visible and important aspects of their life such as their speech, hearing, and breathing. The ability to restore function for these patients is a great privilege. In terms of the education side of my position, I enjoy being at an academic medical center where I can watch residents acquire new skills, mature, and go on to become colleagues.”

How is residency training changing and what does the future hold for Otolaryngology residency training?
“There have been duty hour changes and the implementation of more surgical simulation and medical technology such as robotics that are changing the way we train doctors. The increase in molecular testing, diagnostics, and treatment for patients are also big changes in the field.”

How has Iowa’s program changed over the years or since you became program director?
“I mentioned the increase in surgical simulation is having an impact. Certain procedures we teach have changed recently, and there is more interdisciplinary simulation. We also have more in-depth case reviews where we evaluate what went wrong and how to improve surgery.”

How would you characterize the training environment at the University of Iowa?
“We are fortunate to attract extremely motivated, smart, and talented resident applicants. We attract people from the Midwest but also from both coasts and some internationally. Our residents are hard-working and enjoy the family-oriented setting we offer. They have fun, work hard, and build lifelong friendships while they are here.”

**Fellows**

**Steven Sperry, MD**, joins the Head and Neck Cancer service to pursue a fellowship. Dr. Sperry completed residency training at the University of Pennsylvania Health System and his medical degree from Washington University School of Medicine.

**Nicholas Potter, MD**, joins the Rhinology service to pursue a fellowship. Dr. Potter completed his internship and residency at Royal Melbourne Hospital. His medical school training was at the University of Melbourne.

**Fellows:**

**Grace Nimmons, MD** (’13F), Head and Neck Cancer Fellow: join Park Nicollet, a healthcare provider in the Minneapolis area.

**Christopher Baranano, MD** (’13F), Pediatric Otolaryngology Fellow: pursue academic medicine position at the University of Oklahoma Medical Center

**Andrew Heaford, MD** (’08F, ’12R, ’13F), Pediatric Otolaryngology Fellow: pursue opportunities in Grand Rapids, Mich.

**NAME**

Kristi Chang, MD, Clinical Associate Professor

**TRAINING**

MD: University of Southern California

Residency: Los Angeles County Hospital, USC Medical Center

Fellowship: Head & Neck Oncology, University of Iowa Hospital and Clinics

**HOMETOWN**

Los Angeles, Calif.
Setting an example

When Greg Delamore was just 10 years old he was dealt a tough blow. Diagnosed with a rare, aggressive cancer known as rhabdomyosarcoma – a cancer of connective tissues that can occur in the head and neck area – the young boy faced a difficult and uncertain future.

Surgery and radiation treatment helped Delamore survive. Still, he was not expected to live long enough to graduate from high school.

Despite the long odds, Delamore graduated before facing a recurrence of cancer at age 20. He was referred to specialists at University of Iowa Hospitals and Clinics for further treatment including a difficult surgery and another round of radiation treatments that saved his life a second time.

Henry Hoffman, MD, MS, FACS, professor of otolaryngology – head and neck surgery and a head and neck cancer expert in the UI Holden Comprehensive Cancer Center, began following Delamore’s case and focused on managing the long-term effects of radiation therapy on him. Hoffman eventually advised Delamore that he was at risk of respiratory arrest and recommended a tracheotomy in 2002.

The procedure went well, and Delamore continues to live with a small tube in his throat. His health challenges have not hindered career and personal pursuits as he has been able to pursue a successful career in information technology and now resides with his family in North Carolina.

The culmination of Delamore’s medical history and additional health concerns, however, prompted him to evaluate and alter his estate plans. Grateful for the care he had received from doctors and staff of the Department of Otolaryngology – Head and Neck Surgery, he decided to designate a portion of his estate to support the department’s mission.

“The biggest thing that impressed me (about UI Hospitals and Clinics), even on the first visit, was the caring and concern of all the staff and doctors. There was a real partnership between me and the doctors in terms of my care. There was an ongoing transparency about my treatment, and the doctors were always available for questions. They really made it a much less frightening experience.”

—Greg Delamore

A charitable bequest through Delamore’s estate will support two important areas: research involving the larynx and Iowa Head and Neck Protocols, an educational resource that provides clinically relevant information to health care providers and patients. Currently valued as a percentage of the estate, the size of the gift will continue to grow as the value of the estate appreciates. “I want to advance the research so that others can benefit in the future,” Delamore says.

“It has been a pleasure to be a part of Greg’s health care team,” says Hoffman. “When I learned of Greg’s gift, I was humbled by his generosity. The type of support Greg has offered is needed to sustain our mission and continue to advance the quality of medical care.”

At 58 years old, Delamore continues to lead an active lifestyle. He has gone skydiving and rappelling, and he works out with a trainer three times per week. “I pursue these things in part to prove to myself that I can do it but also to show others that it is possible to survive and be successful even through difficult circumstances,” says Greg.

For more information about estate planning and other ways to give, visit www.uifoundation.org/ways

The University of Iowa Foundation

The University of Iowa Foundation as the preferred channel for private contributions that benefit all areas of the university. For more information or to make a donation, visit the University of Iowa Foundation’s secure website at www.givetoiowa.org/2014oy01

There are many ways to make a difference through charitable donations. To learn more about how philanthropic support helps advance the important work of the UI Department of Otolaryngology—Head and Neck Surgery, please contact:

Sean Matthys
Assistant Director of Development, UI Foundation
319-467-3649 or 800-648-6973
sean-matthys@uiowa.edu
Tell us your story
Sharing your story can make a difference in the work we do. Help inform others about the compassionate patient care we provide. Your story can inspire others to support innovative research and care with a charitable gift.
Contact us at iowaoto@uiowa.edu

Cancer screening
Kristi Chang, MD, clinical associate professor of otolaryngology - head and neck surgery, examines a patient for symptoms of head and neck cancer at a free screening event held this past April. In observance of Oral, Head and Neck Cancer Awareness Week, UI specialists screened more than 80 individuals, with a quarter of those being recommended for further evaluation.

OBSERVANCES

World Voice Day
Sweta Soni, a classically-trained soprano, performed at UI Hospitals and Clinics in observance of World Voice Day on April 16. Soni recently completed a clinical fellowship in the hospital’s Speech and Swallowing Service, where she specialized in providing voice therapy.

September is Thyroid Cancer Awareness Month
More than 60,000 estimated new cases of thyroid cancer will be diagnosed in the United States in 2013. Learn about the prevention, causes, testing, treatment, clinical trials, and more about thyroid cancer at http://cancer.gov/cancertopics/types/thyroid

Back-to-School ENT Health
As the new school year approaches, many parents are preparing children by buying school supplies, new clothes, and organizing fall sporting events. But in order to help kids get a healthy head start to the school year, the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) is offering some additional resources to protect a child’s ear, nose, and throat health. Learn more at www.entnet.org/AboutUs/Back-To-SchoolENTHealth.cfm
LOUD&CLEAR EVENTS

Mark your calendars

Sep. 29–Oct. 2  AAO-HNSF Annual Meeting, Vancouver, BC
Sep. 29       Iowa Alumni Reception at AAO-HNSF Meeting, Vancouver, BC
October 3–5   UI Homecoming Reunion Weekend (Classes of ’78, ’83, ’88, ’93, and ’03), Iowa City

Future Dates

June 13–14, 2014  22nd Annual Tinnitus Conference, Iowa City
June 2014        47th Head and Neck Cancer and Reconstructive Surgery Course, Iowa City
June 2014        Research Day, Iowa City
June 2014        Resident and Fellow Graduation, Iowa City

July 2014        Iowa Basic Science Course, Iowa City

Aug. 16–22, 2014* Continuing Education Meeting, Homer, Alaska

* For more information about the Alaska meeting, contact Dan Jorgensen, MD (’78MD, ’83R), at alaskamedicalconference@gmail.com

Updated event information with dates and details is at www.medicine.uiowa.edu/oto/courses/

Join us in Vancouver

The AAO-HNSF Annual Meeting
Vancouver, BC

Iowa Alumni Reception
Sunday, Sep. 29
6:00 p.m.–8:00 p.m.
Blue Water Café and Raw Bar
1095 Hamilton Street
Vancouver, BC

To RSVP and for information, contact iowaoto@uiowa.edu