Data mining for answers

**Why — adverb:** for what reason or purpose — used to offer a suggestion or to say that a course of action is not necessary.

It is a central question for physicians and scientists who are working to solve medical mysteries. The question is also a driving force behind the research of Nitin Pagedar, MD, assistant professor of otolaryngology – head and neck surgery (pictured on right). He is examining population and epidemiological data involving head and neck cancer and melanoma with the objectives of better clinical diagnoses, choice of treatments, and patient outcomes.

Pagedar’s interest in the statistical numbers took hold while completing his master’s degree at the University of Iowa College of Public Health. During that time, he became interested in analyzing data collected over the years by the Iowa Cancer Registry and other similar sources of cancer statistics. He was curious about the outcomes of patients included in the registry.

Could he identify any important or significant patterns in the data? Could he draw from the statistics and information to make better diagnoses for his own patients? Could the analysis lead to alternative or improved treatment plans for a broader group of patients and physicians? Pagedar went to the source to start his search for answers.

The National Cancer Institute’s Surveillance, Epidemiology, and End-Results (SEER) Program is a leading source for cancer statistics among the U.S. population (seer.cancer.gov). The program collects information on cancer cases from various locations and sources throughout the United States. Cancer incidence and population data associated by

"Better outcomes" continues on page 4

**DID YOU KNOW?**

The University of Iowa Holden Comprehensive Cancer Center is the only National Cancer Institute (NCI)-designated comprehensive cancer center in Iowa.

NCI-designated cancer centers are institutions dedicated to research in the development of more effective approaches to prevention, diagnosis, and treatment of cancer.
Treatment and services are 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

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iowaoto@uiowa.edu
uihealthcare.org/oto

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:
medicine.uiowa.edu/oto/courses

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

UI improves parking for hospital patients, families, and visitors

UI Hospitals and Clinics recently announced improvements to patient parking. The changes include: increasing the “first 15 minutes free” to “first 30 minutes free” for quick in/out visits; reducing the first hour of parking from 90 to 60 cents; reducing the maximum daily parking ramp fee with validation from $18 to $10; and offering other discounted and longer-term parking options.

Changes stem from listening to patient and family advisory groups, as well as a review of other academic medical centers in similar circumstances conducted by University of Iowa Parking and Transportation Services.

OBSERVANCES

World Voice Day
The American Academy of Otolaryngology – Head and Neck Surgery is observing “World Voice Day,” an international health observance day for the human voice. On April 16, the public is asked to celebrate the power of the healthy voice and recognize that harmful speaking techniques and/or alcohol and tobacco abuse can easily and irrevocably damage the voice. For information, visit world-voice-day.org

Oral, Head & Neck Cancer Awareness Week
The 16th Annual Oral, Head and Neck Cancer Awareness Week*, sponsored by the Head and Neck Cancer Alliance, is scheduled for April 20-26, 2014. This weeklong series of events promoting awareness of oral, head, and neck cancer, is highlighted by a day of free oral cancer screenings. At UI Hospitals and Clinics, screening will be held on Wednesday, April 23. Visit uihealthcare.org/HeadandNeckCancer

Better Hearing and Speech Month (May)
This annual event provides opportunities to raise awareness about communication disorders and to promote treatments that can improve the quality of life for those who experience problems with speaking, understanding, or hearing. Resources available at asha.org/bhsm
In September 2012, 6-year-old Aidan Hanson complained to his mother, Tena, about a noise in his left ear. Thinking it was an ear infection, she took Aidan to their local clinic. But when the nurse looked in Aidan’s ear, she said to Tena, “You’ve got to see this.”

Aidan’s eardrum appeared crumpled. The Hansons were referred to a local ear, nose, and throat doctor, who decided surgery was the best way to determine what was wrong. Almost immediately, the doctors found a large mass behind Aidan’s eardrum. They ended the surgery and referred the Hansons to University of Iowa Children’s Hospital.

“When we came to UI Children’s Hospital, we felt like we needed a lot of questions answered,” recalls Tena.

The next day, the Hansons met with Bruce Gantz, MD, professor of otolaryngology – head and neck surgery, who examined Aidan and ordered a CT scan. Gantz determined that Aidan had a cholesteatoma—an abnormal skin growth in the middle ear.

A cholesteatoma can form as a result of an infection, but in Aidan’s case it was congenital, meaning for six years it had been growing in his ear, destroying his hearing bones, and filling the attic along his brain.

The diagnosis was shocking to Tena and Cory, Aidan’s father. “He was a seemingly healthy kid,” says Tena. “We didn’t realize he’d been suffering hearing loss. It seems he had gotten pretty good at lip reading over the years, and we didn’t realize it.”

While cholesteatomas are not cancerous, they are destructive and must be removed. If a person with this mass got an ear infection, for example, the infection could travel along the mass into the brain. If large enough, cholesteatomas can also hit facial nerves, causing facial paralysis.

Gantz showed the family pictures of the procedure and described his surgical technique. Cholesteatomas can return after removal, requiring additional surgeries, but Gantz performs a hybrid of multiple surgical methods. His recurrence rate is less than 3 percent.

Aidan underwent surgery to remove the cholesteatoma in November 2012. For months afterward, he had to regain balance and refrain from physical activity so the incision and eardrum could heal.

Afterward, Gantz made sure Aidan knew how the surgery had helped him. “He explained to Aidan that his bones in his head were like LEGOs,” remembers Tena. “He did a great job explaining it to Aidan and making it understandable to him—that his head would be put back together like LEGOs.”

Aidan returns to UI Children’s Hospital for scans and hearing tests. In June 2013, he had reconstructive surgery to place a titanium prosthetic hearing bone that will help conduct sound. There is currently no evidence of recurrent disease.

Today, Aidan is back to fishing, building, and spending time with his sister, Hailey. “A year ago we were terrified,” remembers Tena. “We were really feeling hopeless about what he was faced with. At this point, it’s miraculous to us what he’s been through this past year and how well he’s come through it. We’re just thrilled, absolutely thrilled.”

Read more about Kid Captain program and watch inspirational patient stories at uichildrens.org/kidcaptain
A medical device advisory committee of the U.S. Food and Drug Administration (FDA) recently voted favorably on the Cochlear™ Nucleus® Hybrid™ L24 Implant System. This first of its kind system, offered by Cochlear Americas, is designed for the treatment of adults with severe to profound sensorineural hearing loss in the high frequencies and normal to moderate hearing loss in the low frequencies.

“The Nucleus Hybrid System is a technological breakthrough when it comes to treating patients with hearing loss,” said Bruce Gantz, MD, head of the department of otolaryngology – head and neck surgery and clinical investigator for the Hybrid System. Gantz adds, “This device will open the doors to a whole new way of hearing both acoustically and electrically for those patients who cannot be treated effectively today with hearing aids.”

The nearly unanimous decision by the panel of respected physicians and researchers generally carries considerable weight in the final review and device approval by the FDA.
Helping veterans overcome hearing loss
Department of Defense awards UI for cochlear implant research involving veterans

Veterans and service members are often exposed to high levels of noise during their military duties. This can occur as the result of a signal loud blast or as prolonged exposure to loud noise over time. Noise exposure such as this causes a loss of high-frequency (high-pitched) hearing, resulting in significant communication difficulties because sounds that are critical for understanding speech contain mostly high-frequency information.

Hearing aids are often provided to individuals with this type of hearing loss, but many still experience significant communication problems. This often leads to depression, social isolation, and a diminished quality of life.

University of Iowa researchers seeking solutions that restore hearing function have been awarded a grant from the Department of Defense, Congressionally Directed Medical Research Program to study hearing loss in veterans. The award, valued at nearly $2 million and covering a four-year period, was submitted through the Iowa City VA Medical Research Foundation.

Marlan Hansen, MD, professor of otolaryngology – head and neck surgery and neurosurgery, and Bruce Gantz, MD, the Brian F. McCabe Distinguished Chair and UI professor and head of otolaryngology – head and neck surgery, are collaborating with fellow researchers to study the use and effectiveness of cochlear implants in this patient population.

One option for affected individuals is a cochlear implant (CI), which consists of an external processor that picks up sounds from the environment, converts them to an electrical signal, and sends them to an electrode array that is surgically inserted into the inner ear (cochlea). These electrodes send signals via the auditory nerve to the brain.

In patients with severe to profound hearing loss, traditional-length CIs provide significantly improved speech understanding and quality of life. A disadvantage of traditional-length CIs, however, is that implantation of the CI often results in loss of all natural hearing. Because hearing loss caused by noise exposure mainly affects the high-frequency area of the inner ear, it is desirable to preserve the low-frequency natural hearing.

Recently, shorter and smaller CI electrodes have been developed that only provide high-frequency information. Research of these short CIs demonstrates preservation of useful low-frequency natural hearing in a high percentage of patients. Preliminary studies demonstrate that the combination of the electrical hearing with the short CI to provide high-frequency information and the natural low-frequency hearing provides significant improvements in speech understanding, determination of sound location, and music appreciation for many users.

Iowa researchers theorize that these hybrid implants will be particularly effective in veterans and military service members, since noise affects the high-frequency region of the inner ear. They will be implanting veterans or military service members who are 60 years of age or younger with one of two different lengths of short CIs. Benefits will be determined by comparing speech perception in quiet and in noise, music recognition and appraisal, and localization ability with hearing aids prior to implantation to performance over the first two years following implantation.

The team believes that successful rehabilitation of this hearing loss with short CIs will improve the overall quality of life for these patients, significantly improving their ability to function in social and work environments.

Read about how the University of Iowa is at the forefront of auditory advancements and cochlear implant technology. Check out the Summer/Fall 2013 edition of Medicine Iowa, the magazine of University of Iowa Health Care. Visit medcom.uiowa.edu/medicine
UI study shows fruit fly is ideal model to study hearing loss in people

Story by Gary Galluzzo

If your attendance at too many rock concerts has impaired your hearing, listen up.

University of Iowa researchers say that the common fruit fly, Drosophila melanogaster, is an ideal model to study hearing loss in humans caused by loud noise. The reason: The molecular underpinnings to its hearing are roughly the same as with people.

As a result, scientists may choose to use the fruit fly to quicken the pace of research into the cause of noise-induced hearing loss and potential treatment for the condition, according to a paper published in the journal Proceedings of the National Academy of Sciences.

“As far as we know, this is the first time anyone has used an insect system as a model for NIHL (noise-induced hearing loss),” says Daniel Eberl, PhD, corresponding author on the study and adjunct associate professor of otolaryngology – head and neck surgery.

Hearing loss caused by loud noise encountered in an occupational or recreational setting is an expensive and growing health problem, as young people use ear buds to listen to loud music and especially as the aging population enters retirement. Despite this trend, “the molecular and physiological models involved in the problem or the recovery are not fully understood,” Eberl notes.

Enter the fruit fly as an unlikely proxy for researchers to learn more about how loud noises can damage the human ear. Eberl and Kevin Christie, lead author on the paper and a post-doctoral researcher in biology, say they were motivated by the prospect of finding a model that may hasten the day when medical researchers can fully understand the factors involved in noise-induced hearing loss and how to alleviate the problem. The study arose from a pilot project conducted by UI undergraduate student Wes Smith, in Eberl’s lab.

“The fruit fly model is superior to other models in genetic flexibility, cost, and ease of testing,” Christie says.

The fly uses its antenna as its ear, which resonates in response to courtship songs generated by wing vibration. The researchers exposed a test group of flies to a loud, 120-decibel tone that lies in the center of a fruit fly’s range of sounds it can hear. This over-stimulated their auditory system, similar to exposure at a rock concert or to a jack hammer. Later, the flies’ hearing was tested by playing a series of song pulses at a naturalistic volume, and measuring the physiological response by inserting tiny electrodes into their antennae. The fruit flies receiving the loud tone were found to have their hearing impaired relative to the control group.

When the flies were tested again a week later, those exposed to noise had recovered normal hearing levels. In addition, when the structure of the flies’ ears was examined in detail, the researchers discovered that nerve cells of the noise-rattled flies showed signs that they had been exposed to stress, including altered shapes of the mitochondria, which are responsible for generating most of a cell’s energy supply. Flies with a mutation making them susceptible to stress not only showed more severe reductions in hearing ability and more prominent changes in mitochondria shape, they still had deficits in hearing seven days later, when normal flies had recovered.

The effect on the molecular underpinnings of the fruit fly’s ear is the same as experienced by humans, making the tests generally applicable to people, the researchers note.

“We found that fruit flies exhibit acoustic trauma effects resembling those found in vertebrates, including inducing metabolic stress in sensory cells,” Eberl says. “Our report is the first to report noise trauma in Drosophila and is a foundation for studying molecular and genetic conditions resulting from NIHL.”

Learn more about Eberl’s research at biology.uiowa.edu/eberl
Dr. Ahmad is in her third year of residency after completing two years of research studying Schwann cells and nerve injury. *Loud & Clear* caught up with her in between rotations.

**What attracted you to medicine and otolaryngology-head and neck surgery?**

“I really enjoyed science in school and also love being around people. Medicine seems to offer a perfect mix of the science and social elements. I found head and neck anatomy to be very interesting and intricate. At this stage, I am finding it very rewarding to study anatomy and at the same time have the ability to perform surgery.”

**What attracted you to the University of Iowa for residency training?**

“While in medical school, I recall hearing about Iowa being a very supportive place for academic training and research. I’ve found this to be true and have been able to tailor my residency training to my interests.”

**What do you enjoy about the University of Iowa residency training program? Anything surprising about the program?**

“I have had the opportunity to learn from some wonderful role models. The senior residents are fantastic and the clinical faculty are extremely supportive. Dr. Hansen is a tremendous mentor and I also appreciate my female mentors, Drs. Chang and Kacmarynski. I have been pleasantly surprised by the great friendships I’ve been able to form already with all my fellow residents. Iowa is a very warm and friendly place where I am building lifelong friends. I couldn’t imagine being anywhere else!”

**What is living in Iowa City like for you?**

“Iowa City is great-size community. The commute and access to the hospital is so easy, which is important to residents who are balancing home and personal lives with their training and call requirements.”

**Any hobbies or interests that you pursue in your limited free time?**

“Besides enjoying time with my two young children and husband, I love to cook. It started with an interest in preparing traditional Indian food and preserving my family’s recipes. Now I’m trying to share my love for cooking and baking with my 2-year-old daughter. My fellow residents seem to enjoy my cooking, too!”

**What do your future plans look like right now?**

“I’m beginning to consider fellowship options in different subspecialties. Longer term, I want to pursue a career in academics – something involving research and medical education.”

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**Read more about Shearer’s work at now.uiowa.edu/2013/12/deafness-genomics-era**

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**Resident Profile: Iram Ahmad, MD**

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**NAME**
Iram Ahmad, MD

**TRAINING**
Internship: University of Iowa Hospitals and Clinics
MD: University of Michigan Medical School
BS: University of Arizona

**HOMETOWN**
Tucson, Ariz.

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**Medical student recognized for work in genetic testing for deafness**

Using recent advances in DNA sequencing, University of Iowa medical student Eliot Shearer helped create a single test that screens for all 70 known deafness-causing genes, making diagnostic testing more cost-effective for patients. Shearer helped design and implement a targeted sequence capture platform called OtoSCOPE®. He also established an efficient protocol that enables scientists to reproduce gene sequence samples.

The UI’s Graduate College honored Shearer with the inaugural Rex Montgomery Dissertation Prize, which recognizes excellence in doctoral research at Iowa in the area of disease prevention and/or the translation of research into clinical practice. He was chosen to advance to the national competition as the UI’s nominee in the biological sciences for the Council of Graduate Schools/University Microfilms International Distinguished Dissertation Award.

Shearer is a Doris Duke Clinical Research Fellow and graduate research assistant in the Molecular Otolaryngology and Renal Research Laboratories, which are led by Richard J. Smith, MD, professor of otolaryngology. His dissertation, “Deafness in the Genomics Era”, has contributed to a paradigm shift in the care of patients with hearing loss.
Tony Canonie knows about perseverance and the power of a positive attitude.

While playing college football in the late 1960s he endured a major injury and had to spend over five months in a full-body cast. During that time, he learned about perseverance, how to deal with adversity, and the importance of a positive outlook on life – qualities that helped him navigate a successful career in construction, environmental remediation, and consulting.

After phasing into retirement, Canonie encountered a different health challenge when on Memorial Day 2011 he woke up with a loud ringing in his ear. He had experienced mild ringing prior to then, but believed this was much different.

Canonie began experiencing considerable ear pain and other serious symptoms that prompted him to seek care. He visited a local ear, nose, and throat doctor who referred him to specialists at the University of Michigan and later Johns Hopkins University. Both locations conducted testing and diagnosed him with tinnitus and hyperacusis, but concluded that there was not much they could do to help or cure him.

Persistent about finding more answers, Canonie continued to investigate his treatment options. Coincidentally, each of the specialists he had seen mentioned Dr. Richard Tyler and the University of Iowa as another place active in research involving tinnitus and hyperacusis. He contacted Dr. Tyler and promptly made an appointment in the Tinnitus and Hyperacusis Clinic at UI Hospitals and Clinics.

Tyler, a professor of otolaryngology – head and neck surgery who has been active in the field for more than 20 years, met with Canonie and invited him to attend a tinnitus support group and learn about treatments available at the University of Iowa.

“Some patients are in need of devices that can be very helpful, but they don’t have the resources. Tony has changed people’s lives by providing financial support to enable patients to use tinnitus and hyperacusis sound therapy devices. This has enabled these patients to move forward with their lives.”

—Richard Tyler, PhD
Helping advance research and care for others

Tony Canonie enjoys a Christmas pose with his two grandchildren.

“I’d like to help advance the research and see funds help others with the same devices and types of treatment options I’ve been able to use.”

—Tony Canonie

group meeting to learn more about what others were going through and how they cope with the condition. Canonie wanted to learn all he could about his condition, so he attended the group meeting, following up shortly afterwards with attendance at the annual Management of the Tinnitus Patient conference that Tyler conducts.

“They presented lots of information about what is known and not known about the condition, which I found very refreshing. I finally found a great source of ongoing research and was encouraged to stay in touch. They really helped me with my situation,” states Canonie.

Canonie keeps in contact with Tyler and audiologist Shelley Witt, who have helped him with counseling strategies and sound therapy approaches to improve daily function. He maintains a positive attitude and contends that he feels blessed compared to others facing the same medical conditions. He recalls, “During a visit, I can still remember a young girl whose tinnitus was so loud. She couldn’t cope with it. I felt bad for her; she was much worse than me. I wanted to help her and others like her.”

Grateful for the care and treatment he received and determined to help, Canonie decided to support Dr. Tyler’s research and clinic through charitable giving. “I support the things I believe in. Dr. Tyler and Shelley were so sincere and I wanted to make sure I could help his research and the department in a way that I could,” he states.

His philanthropy has helped Tyler’s team complete a thorough review of the hyperacusis field and produce an article that provides clear direction to future research focused on finding cures. Tyler comments, “There will be a cure for some group of tinnitus patients. Philanthropic support can help us hire researchers who can assist us in collecting pilot data and writing the next generation of grant applications to find those cures.”
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

The University of Iowa Foundation

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

The UI acknowledges the UI 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 UI Foundation’s secure website at givetoiowa.org/OTO

Nurture what makes you successful

When Robin W. Schilling, Jr., MD (’74R) completed his residency training with the department of otolaryngology—head and neck surgery at the University of Iowa, he felt that he was well-prepared for the career choices ahead of him.

“My training at Iowa opened multiple opportunities for me to consider. I felt I had a broad-based education with clinical experiences backed by academic excellence. I could have chosen academics as a career but pursued private practice,” recalls Schilling.

He returned to his home state of Georgia and joined Augusta Ear Nose and Throat in Augusta, where he practiced medicine for nearly 40 years. In his practice, Dr. Schilling was able to fulfill his desire to provide the finest care for his patients as well as pursue his interests in teaching. He served as an adjunct clinical professor for the Medical College of Georgia (now Georgia Regents University) and taught residents in his private practice office.

Throughout his professional years and into retirement, Schilling always felt a need to support his residency alma mater. He has made annual gifts since his training days at Iowa and continues to do so each year now. To Schilling, his giving serves as a reminder of the gratitude he feels for what was given to him in the form of training, medical education, and memories.

Dr. Schilling fondly recalls his days in Iowa City with fellow residents, faculty and patients, all of whom he felt were important in his training experience. He keeps in touch with many of his Iowa contacts throughout the year and by way of annual Christmas cards. “I enjoyed living in Iowa and found the people to be hard-working, genuine, and friendly,” comments Schilling about his time in Iowa and first experience outside of the southeast area of the country.

“I was a beneficiary of the department and the people who were there before me,” comments Schilling. His giving along with other alumni gifts help continue Iowa’s academic excellence and nurture future generations of otolaryngologists and head and neck specialists.
Van Daele named UIP leader; receives certification

Douglas Van Daele, MD, associate professor of otolaryngology – head and neck surgery, has been named the physician leader of University of Iowa Physicians (UIP) and associate dean of clinical affairs for the UI Carver College of Medicine.

In addition to his new role with UIP, Van Daele serves as chief medical information officer for UI Hospitals and Clinics. He played an integral role in the successful transition to Epic and helped to incorporate Epic medical records in University of Iowa Health Alliance partner locations, improving UI Health Care’s ability to coordinate care and examine system wide outcomes.

Van Daele also recently achieved board certification in the subspecialty of clinical informatics. He is among the first class of diplomates in clinical informatics, defined as the application of informatics and information technology to deliver health care services.

Meet your CME needs and more in the Last Frontier!

Join ENT specialists and colleagues for an educational experience like no other! The UI Department of Otolaryngology – Head and Neck Surgery and UI Carver College of Medicine are partnering with Alaska Professional Seminars Inc. to host a continuing education meeting in Homer, Alaska on Aug. 16-23, 2014.

The meeting features top-named speakers such as Shan Baker, Linda Gage-White, Bruce Gantz, John Houck, and Michael Maves. There will be numerous social activities for all to enjoy with bear watching, glacier tour, fishing excursions, kayaking, guided hiking, nature tour, sailing, and a trolley tour of the Homer area. There's something for everyone! A block of rooms is reserved at the Land's End Resort, including rooms with an incredible ocean view, so book your room today.

Participants have the opportunity to earn up to 20 hours of AMA PRA Category 1 credit so the time and money will be well spent! For more information and to register, visit alaskaprofessionalseminars.com or contact alaskamedicalconference@gmail.com

Promotions

We are pleased to announce the promotion of Marlan Hansen, MD, to professor of otolaryngology and neurosurgery. Dr. Hansen’s specialties include cochlear implants, neurotology, and acoustic neuroma.

David M. Hasan, MD, is now associate professor of neurosurgery and otolaryngology. His clinical and research interests include endovascular, cerebrovascular, skull base neurosurgery, and complex spine conditions.

LOUD & CLEAR is published periodically for alumni, colleagues, and friends of the Department of Otolaryngology—Head and Neck Surgery at The Roy J. and Lucille A. Carver College of Medicine.

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WINTER 2014
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<td>UI Carver College of Medicine Alumni Reunion (Classes of ‘44, ’49, ’54, ’59, ’64, ’69 and ’74), Iowa City</td>
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Updated event information with details at [medicine.uiowa.edu/oto/courses](http://medicine.uiowa.edu/oto/courses)