increased dramatically over the past several years, and many surgeons are eager to learn how and when to apply the technology. There are many logistical and technical hurdles to developing a TORS program. The learning curve for TORS is steep, but complications can be avoided with special attention to proper patient selection and technical strategies to optimize exposure and control. This miniseminar will review the experience of the authors in developing TORS programs and will include a discussion of sentinel cases that highlight specific techniques to avoid complications. The miniseminar will also include an analysis of the contemporary literature and will be presented in an open discussion format that incorporates didactic slides, videos and on-line access to helpful resources.

**Educational Objectives:**
1) Understand which practices are amenable to developing a TORS program. 2) Recognize the challenges to developing a TORS program, including requisite training. 3) Understand practical techniques for minimizing complications from TORS during early program development.

**Head and Neck Cutaneous Melanoma: A 2012 Update**

Cecelia E. Schmalbach, MD (moderator); Carol R. Bradford, MD; Jeffrey N. Myers, MD; Brian Nussenbaum, MD; Robert A. Frankenthaler, MD; William H. Sharfman, MD

**Program Description:** This case-based interactive session will provide a comprehensive overview of cutaneous melanoma management. Work-up, including radiology, biopsy, and sentinel lymph node mapping, will be reviewed. Discussion will include surgical management, adjuvant therapy (radiation, interferon, and clinical trials), and follow-up recommendations. Information will be evidence based, emphasizing 2012 practice guidelines.

**Educational Objectives:**
1) Be able to counsel patients on melanoma workup to include imaging, biopsy, and the indications for sentinel lymph node mapping. 2) Understand current recommendations for local and regional melanoma surgical management (including surgical margins), as well as patient follow-up. 3) Learn current guidelines for adjuvant therapy, including radiation, interferon, and available clinical trials.

**Health Disparities in Head and Neck Cancer**

Duane J. Taylor, MD (moderator); Amy Y. Chen, MD; Randal A. Otto, MD; Charles E. Moore, MD; Anna K. Meyer, MD; Howard W. Francis, MD; Tamer A. Ghanem, MD

**Program Description:** Current basic science and clinical research will be presented as it pertains to health disparities in head and neck cancer and otolaryngologic diseases. It will include a look at prevalence, identification, management, and outcomes as they pertain to certain populations (racial, ethnic, socioeconomic, and cultural) in our country in adult and pediatric populations. It will also include a review of implications for how our specialty might address these diseases with regard to identification, education, and treatment to help close the gap with these populations.

**Educational Objectives:**
1) Understand the prevalence of certain head and neck cancers in certain populations and the health disparities that exist. 2) Understand the impact of socioeconomics on health disparities in otolaryngologic diseases. 3) Understand health disparities that exist for pediatric patients with otolaryngologic disorders.

**Imaging Update: What’s New, What’s Used, and What Works**

Michael G. Moore, MD (moderator); Lisa A. Orloff, MD; Jonas T. Johnson, MD; Christine G. Gourin, MD

**Program Description:** This interactive discussion will focus on select imaging modalities useful in the assessment of patients with benign and malignant neoplasms of the head and neck. Neck ultrasound has become increasingly used in the clinic setting as an extension of physical exam and to improve the accuracy of fine needle aspiration. Positron emission tomography, when combined with CT technology (PET/CT), is a powerful technology that can be implemented in the assessment of patients with head and neck cancer and can help tailor their treatment. A newer technology, single photon-emission CT (SPECT), has gained applications in the evaluation of thyroid and parathyroid pathology, but is also showing promise in areas such as sentinel lymph node mapping. The three panelists will highlight the uses and potential limitations of these technologies in an otolaryngology practice.

**Educational Objectives:**
1) Understand the applications and limitations of ultrasound in the head and neck. 2) Understand the use of PET/CT when used in the evaluation of a patient with an unknown primary head and neck cancer. 3) Better appreciate the appropriate timing for use of PET/CT in head and neck cancer patients. 4) Understand the rationale behind SPECT imaging and when it should be implemented in the workup of an otolaryngology patient. In addition, the effectiveness of SPECT in melanoma sentinel lymph node mapping will be outlined.

**CPG: Improving Voice Outcomes after Thyroid Surgery**

Sujana S. Chandrasekhar, MD (moderator); Gregory W. Randolph, MD; Michael D. Seidman, MD; Richard M. Rosenfeld, MD, MPH

**Program Description:** The miniseminar will present the recommendations of the newly developed AAO-HNSF clinical
practice guideline ‘Improving Voice Outcomes after Thyroid Surgery.’ The guideline will focus on the excision of thyroid tissue using any method or with any surgical approach and the planned perioperative assessment of the voice.

**Educational Objectives:**
1. Understand the guideline development group’s recommendations on voice in thyroid surgery.
2. Learn about the guideline’s development methodology.
3. Learn about future research needs.

**Innovations in Thyroid and Parathyroid Surgery**

Ronald B. Kuppersmith, MD, MBA (moderator); Phillip K. Pellitteri, MD; Gregory W. Randolph, MD; David L. Steward, MD; David J. Terris, MD

**Program Description:** New technologies for thyroid/parathyroid surgery offer benefits to surgeons/patients. Each has a learning curve, controversies, and potential costs relative to standard techniques. Advances (including molecular evaluation of FNA specimens, outpatient surgery, intra-operative parathyroid localization, and central neck dissection) will be discussed. Audience participation will be used to facilitate discussion.

**Educational Objectives:**
1. Learn about the role of molecular testing on thyroid FNA specimens.
2. Describe which patients are the best candidates for outpatient thyroid and parathyroid surgery, and the best techniques for the intraoperative localization of abnormal parathyroid glands.
3. Be able to determine when central neck dissection should be performed.

**Lymph Nodes in Thyroid Cancer: Are They All the Same?**

David L. Steward, MD (moderator); Ralph P. Tufano, MD; Brendan C. Stack, MD; Gregory W. Randolph, MD; David Cooper, MD; Robert L. Ferris, MD

**Program Description:** Lymph node metastases are clinically evident in papillary thyroid carcinoma in approximately 20% of cases, but occult metastases are present in 50% to 80%. Prophylactic node dissection may upstage a large proportion of patients over age 45. Recent work within the American Thyroid Association Surgical Affairs Committee with representation from the AAO-HNS Endocrine Committee has defined micrometastasis as <0.2 cm and has demonstrated that clinically N0 but pathologically N1 disease has a similar low rate of recurrence (3 cm, those with extracapsular spread, or multiple positive nodes are all associated with worse prognosis). Until summary TNM staging systems go beyond simply multiple positive nodes are all associated with worse prognosis.

1. Describe the risk of recurrence of papillary thyroid cancer as a function of clinical and pathological nodal stage.
2. Describe optimal initial management of clinically node negative and node positive papillary thyroid carcinoma.

**Management of Salivary Gland Malignancies: Update 2012**

Kelly M. Malloy, MD (moderator); Stephen Y. Lai, MD; Daniel G. Deschler, MD; Richard J. Wong, MD; Patrick K. Ha, MD

**Program Description:** While not commonly encountered, salivary gland malignancies can be a challenging problem for the otolaryngologist–head and neck surgeon. Salivary gland malignancies may be identified during work-up, but may also be discovered during surgery for presumed benign disease. The next best step in management may not be obvious. Consideration of additional surgery, elective neck dissection, and/or adjuvant radiation treatment is required. Management of the facial nerve remains challenging, especially with regard to facial nerve monitoring, intraoperative considerations related to sacrifice of the nerve, and overall reconstruction/rehabilitation. Even a benign pleomorphic adenoma can behave malignantly, as in the case of multiply recurrent benign mixed tumor or carcinoma ex pleomorphic adenoma. This miniseminar will gather expert surgeons for discussion of these important issues regarding management of salivary gland malignancies, and the approach to counseling patients regarding these difficult topics will be specifically addressed. The best available evidence will be presented to support the approaches to this diverse group of malignancies. Difficult clinical cases will be presented for audience and panel discussion regarding current management strategies.

**Educational Objectives:**
1. Understand the latest developments in the treatment of salivary gland malignancies.
2. Manage complicated situations such as an unexpected malignancy, an involved facial nerve, and other issues of reconstruction and function.
3. Evaluate the utility of facial nerve monitoring during parotid surgery.

**Salivary Endoscopy**

Barry M. Schaitkin, MD (moderator); Rohan R. Walvekar, MD; Ricardo L. Carrau, MD; David W. Eisele, MD; Robert A. Irvine, MD

**Program Description:** Salivary endoscopy has emerged as a dramatic improvement in the minimally invasive treatment of salivary gland inflammatory disease. This miniseminar will consist of a panel discussion of case selection, operative