

“The Next 19”

Presidential Address by Dr. Jeffery Myers given during the 2017 AHNS Annual Meeting

The title of my Presidential Address was “The Next 19”. The subject of the talk included a brief history of the American Head and Neck Society (AHNS) including the pre-19, the many years before we officially became the American Head and Neck Society; the first 19 years of the AHNS; where the society is today and what is going to happen in the next 19 years.

In the pre-19 era, there were two societies—the Society for Head and Neck Surgeons (SHNS) founded in 1954 by Dr. Hayes Martin, a General Surgeon considered by many to be the “Father of modern head and neck surgery”, and the American Society for Head and Neck Surgery (ASHNS) founded in 1959 by Dr. John Conly, a highly respected Otolaryngologist-Head and Neck Surgeon. These were societies with missions devoted to research, education and clinical care. There were interactions between the societies. For example, these societies developed the Joint Training Council which set standards for and approved fellowships in Head and Neck Oncologic Surgery. This joint venture was highly successful and eventually the leadership of the two societies realized that there would be tremendous value in merging the two societies. In 1998, the two sections merged and formed the largest organization in North America for the advancement of research and education in head and neck oncology. The Co-Presidents, Dr. Ashok Shaha and Dr. K. Thomas Robbins led the AHNS in its inaugural year, and worked harmoniously to bring about the transition that led to the great integrated society that we have today.

The slide show presented at the meeting includes a list of the past AHNS presidents, luminaries of head and neck surgery that most of you know – through your training, collaborations or their presentations and leadership at the annual AHNS meetings. Our current AHNS Executive Committee includes the President, President-Elect, Vice-President, Secretary and Treasurer, who work along with the three most recent Past Presidents.

Our leadership council meets twice each year at the Annual Meetings of the AHNS and the Academy of Otolaryngology Head and Neck Surgery at which time we meet face to face and address the many issues that arise throughout the year. After deliberating on and summarizing these important issues, we bring them to the AHNS membership at the business meeting and through email and our website. Every two years, the AHNS Executive Committee (EC) and Council have a planning retreat that includes discussion of current issues of concern across the mission areas of the society and goal setting for the next two years.

Our most recent retreat in 2015 was led by President, Dennis Kraus. Dr. Kraus had the very insightful idea to bring in two expert facilitators, Mr. Tom Nelson and Mr. Colin

Rory whose company provides consultative services for medical organizations like ours. These individuals worked with the AHNS Executive Committee and Council, the Foundation President, and several others who had unique perspectives or expertise to contribute. The facilitators took us through a process in which we asked ourselves basic questions: Why do we need a society? What are our major priorities? What should we try to accomplish over the next three years? It was a very thoughtful discussion and as a result we established our mission, core values, and goals to be accomplished prior to our next retreat, in 2019 when Dr. Cherie Ann Nathan will be the President of AHNS.

One of the simple questions we asked ourselves at the retreat is “why be a member of a head and neck society?” If you ask many head and neck surgeons why they joined the American Head and Neck Society, they’d say if you are a head and neck surgeon, it’s what you do. This behavior has been modeled by our mentors and senior colleagues who saved their best work to present at this meeting, and it was just a behavior we all did, but without necessarily thinking about it. However, at the retreat we felt that it was worthwhile for us to think about it a bit more, given that the up and coming generations have choices and may make such decisions differently than we did. One answer to this question that came forward is that it is an honor to be a member of the AHNS since you first have to be vetted and become a Fellow of the American College of Surgeons and then approved by the AHNS credentials committee based on training, commitment, and track record of accomplishment in the specialty.

There are also many practical reasons to join the AHNS since the Society provides a great deal for us including its website, Annual Meeting, Joint Training Council, humanitarian outreach, as well as offering research grants and educational opportunities. It is also important to ask the question in another way; “why shouldn’t I join AHNS?” There are so many other peer societies, including surgical societies like the American College of Surgeons, American Academy of Otolaryngology-Head and Neck Surgery, American Laryngological Association, Triological Society, that all have meetings and other similarities. Likewise, there are many oncologic societies such as American Society of Clinical Oncology, American Society for Radiation Oncology, and the American Association for Cancer Research. We also have the International Federation of Head and Neck Oncologic Societies and the International Academy of Oral Oncology. In today’s world one can turn on their computer, go to these societies’ websites, and get a lot of information and/or attend the meetings of these other societies, leading to the question, “Is there a reason to belong to AHNS when you can get most of the content without it and then you don’t have to pay the dues?” It’s an important question, and I am going to tell you how the AHNS adds tremendous value for its members, and to let you know what the society is doing, and what it can do for you and your patients.

At our retreat, we had breakout sessions and discussed multiple topics starting with defining our mission, and putting it in a short statement that encapsulates what we do. We all agreed that the **Mission of the AHNS is to advance education, research and the**

quality of care for head and neck oncology patients. It was unanimous amongst the breakout groups that the AHNS is really all about our patients, and I truly believe that we all agree with that.

What are our core values as a society? These are, **patient-centric, ethical, collaborative, innovative, value-based, and global.** So, what are our goals? Our goals are; **in education, to be the premier educational resource for head and neck surgery and oncology; in Research to be a leader in head and neck cancer research; in Membership to maximize member engagement and organizationally, to have sufficient capacity to achieve the missions and the goals just stated.**

Education is a major focus of the AHNS, and Dr. Terry Day, a Past President of the society, has been one of the leaders of our educational efforts. He was asked by the EC to create a Task Force on accreditation and certification (TAC) to discuss whether our head and neck and thyroid training programs should be accredited and lead to certificates awarded by governing bodies such as the American Board of Otolaryngology (ABO) or the Accreditation Council for Medical Education (ACGME). Another idea advanced by TAC was to develop curricula for the different areas of our discipline and come up with ways of measuring how successful we are in teaching the core content of these sub-specialty areas.

A major component of the AHNS training mission is the responsibility of the Advanced Training Council (ATC) in Oncologic Head and Neck Surgery. We are fortunate to have two outstanding leaders of that council, Dr. Ara Chalian, Chair and Dr. Don Weed, Secretary. There are ten active fellows who serve on the ATC. Each serves a five-year term. The ATC conducts site visits to evaluate each training program every five years to see that Fellows have ample opportunity to achieve their training objectives and those of the ATC. Currently, the ATC and TAC are looking into what constitutes adequate training. We realize these programs are different from one another. Some are more focused on endocrine or head and neck while some place greater emphasis on skull base surgery or microvascular reconstruction. It is a challenge to preserve some of this diversity while making certain that there are certain core elements of head and neck oncologic surgery that all ATC trained fellows acquire during their training. We are fortunate to have Dr. Babak Givi, Chair of the AHNS Education Committee, who is working towards a Masters Degree in Education and is focused on understanding and defining and developing 'core curricula' for our training programs. He and his team are developing critical curriculum components for reconstruction, skull-base, endocrine, robotic surgery and other areas within our specialty.

To initiate this effort, Dr. Givi interviewed many program directors, trainees, and senior leaders within our specialty and inquired about their programs and reviewed their case logs. During these interviews he asked questions such as: why do we need fellowships? What kind of applicants should we be looking at? How can we improve training? What

should we do about such certification or certificates of added qualifications? Should we be an ACGME or ABO subspecialty area? How do we add diversity? What do we do about international candidates? Based on this extensive survey, Dr. Givi formulated a list of recommendations, including suggested case numbers which vary based on program emphasis in endocrine or reconstructive surgeries, and to have structured ambulatory care experience where trainees can learn to discuss the diagnoses, end-of-life issues and multidisciplinary decision-making. It is also important for programs to have a multidisciplinary tumor board as well as exposure to the other disciplines and to maintain endocrine surgery within head and neck.

It was agreed by the AHNS leadership that we need a formal standardized national curriculum for the ATC approved Head and Neck Fellowship Programs. We anticipate that in one to two years, Dr. Givi and the TAC and ATC will define the core elements of fellowship training and develop the means of measuring the effectiveness of each program, possibly in the form of a formal Examination process that will result in a certificate. This is very important work in progress that will truly enrich our specialty and help patients with head and neck cancer. An AHNS poll revealed that most members (84%) are in favor of formal fellowship certification and there has been some discussion about ACGME accreditation. The most current plans of the TAC are to focus on organizing our curriculum and certification process and study the issue of ACGME accreditation in the future.

Another important aspect of education is educating one another throughout the duration of our professional careers, much as we are doing now at this meeting. In this last week, we have successfully done this in a number of different ways. To begin the week, the first ever American Association for Cancer Research-American Head and Neck Society Head and Neck Cancer Conference was held, which focused on basic clinical and translational research. I chaired this meeting along with Drs. Jennifer Grandis, Silvio Gutkind, and Quynh Le. Dr. Waun Ki Hong opened the meeting by providing a historical perspective of important research developments in head and neck oncology. There were 211 registrants, 7 panels, 6 proffered papers sessions, and 79 posters. This was a successful meeting in many ways. We received great feedback, generated revenue, and the AACR has invited us to co-sponsor this meeting again in 2019 and 2021. Following that successful event, we hosted the pre-meeting courses which included a robotics course, an ultrasound course, and the course for residents and fellows.

Our current AHNS Annual Meeting has been put together by Program co-Chairs, Dr. Anna Pou and Dr. David Goldenberg, and Poster-Chair, Dr. Neil Gross with tremendous support from the team at BSC, our management company, and our CME team led by Dr. Paul Friedlander, as well as AHNS-secretary Dr. Brian Burkey. There are 458 registrants for the annual meeting, 30 registrants each for the pre-meeting ultrasound and robotics courses, and more than 100 participants in the thyroid and parathyroid course for fellows and residents.

A large part of the success of the current meeting can be attributed to the participation and engagement of the Program Committee. This Committee highlights the very bright future for our society as it was comprised mostly of younger and mid-career level individuals who really work very hard to serve the society, our specialty, and our patients. When we began to plan this meeting with them, there was a great deal of momentum from the tremendously successful International AHNS Meeting in Seattle in 2016, and the program committee came up with 26 different ideas for panels which we had to pare down to eight in order to fit into the footprint of the COSM meeting.

Another upcoming event in our menu of meeting offerings is a collaborative meeting with the American Society of Clinical Oncology and the American Society for Radiation Oncology that we have every two years and will be held in February 2018. These meetings comprise of a larger portion of what we do as part of our educational mission. A third area of our educational mission deals with educating the public about head and neck cancer. A major challenge for us and our patients is that there is a lot of information about head and neck cancer available on the internet, but it is difficult to quality control it, and there are not clearly reliable sources for individuals to go to for this information. Therefore, we want to help our patients and their families when they are looking for information on head and neck cancer to find us first in order to get the most reliable information about their disease. To accomplish this, we enlisted the combined efforts of the Web Committee, the Education Committee and the AHNS webmaster, Mr. Jason Levine, and a medical education company called CMedEd, led by Ms. Phyllis Pittman. cMedEd is a Houston based company that has developed patient education materials for many different cancers including head and neck cancers, cutaneous malignancies, and thyroid tumors. Dr. Randal Weber had been an advisor to them and was the one who connected us to the company.

These materials are very patient-friendly, and are written at an eighth-grade level so that people who have a lower educational level can read and understand them. The colorful drawings are much nicer for patients to look at than some of the actual photographs that come up on an internet search for head and neck cancer. The site includes basic information about different types of head and neck cancer, including the relevant anatomy, risk factors, associated symptoms, and how the diagnosis is made, how biopsies are done. Information included on staging and treatment options including, surgery, radiation, proton therapy, chemotherapy, as well a list of important questions for people to ask their doctor. This is useful for patients who feel as though they should be asking questions but are not sure what to ask. This content is available in both English and Spanish.

We have a three year contract with cMedEd and the contents are now available on the AHNS website under patient information <https://www.ahns.info/patient-information/>. We are also working to enhance the “find a doctor” function, so when patients come to our

site to find information on their disease, they can find a physician who is an AHNS member by typing in their zip code. We think this will be really a great service to our patients as well as being good for practice building for AHNS members; another great reason to be a member of our Society.

Research is another mission critical activity of the AHNS. Dr. James Rocco has led our Research Committee. Each year the Research Committee reviews applications from established researchers and trainees for several grants totaling more than \$80,000 annually. This year there were more than 36 applications and ten AHNS research committee members met on a weekend, reviewed all the applications, gave a summary statement similar to an NIH grant review, ranked the projects and then the committee selected the four awardees for the year.

Prior to this year, the money to support these awards has come from general operating funds from the AHNS annual budget. However, the Research and Education Foundation of the American Head and Neck Society, which is chaired by Dr. Jatin Shah, has completed one of its major goals thanks to the generous donations from our members which has resulted in a corpus of \$3M. The interest will now provide enough money to make these awards every year in perpetuity, thereby freeing up our Head and Neck Society's general operating funds to support other mission critical activities. We should all be very proud of accomplishing this important fundraising goal. Along those lines, there are many ways that members can support the foundation. One can become a member of the Centurion Club if they make a \$1,000.00 contribution. The contribution also provides access to the Centurion Club members' lounge at our annual meeting. There is also a new fund drive initiative from our Task Force on Diversity for an endowment to support funding an annual educational opportunity for medical students and trainees from underrepresented minorities to learn about our wonderful specialty. You could also give a one-time gift to the foundation in any amount. You can do that online on our website or you can mail it to the AHNS Foundation.

Another important mechanism for fundraising in our society in addition to contributions is through industry sponsorship. Dr. Bert O'Malley has been very successful in leading this development effort for many years. For our last International Conference on Head and Neck Cancer, the Development team set an Industry Sponsorship goal of \$388,000.00 but were actually able to raise over half a million. For this meeting, we nearly doubled our goals, so we are grateful to Dr. O'Malley for his leadership in Development with the support of Mrs. Colleen Elkins from BSC.

The Women in Head and Neck Surgery Committee led by Dr. Amy Chen is another important committee within the AHNS. This active committee organized a panel on unconscious bias at this meeting. They also co-hosted a networking event with the Young Surgeon's Committee and Diversity Task Force, and recently completed a web based demographic and lifestyle survey of the AHNS membership. This survey provides a

glimpse into the current status of our society with respect to inclusiveness of women and minorities. The survey which had a 13 percent response rate revealed that our membership is 30 percent female and 70 percent male. In terms of diversity, 70 percent of AHNS members describe themselves as white, with 19 percent Asian, 6 percent Hispanic, and 1 percent African-American members. We have made progress in diversity of our membership, but still have a great deal of room for improvement in the next 19 years.

To address some of these diversity issues, I appointed an ad hoc Committee on Diversity and appointed Dr. Keith Wilson and Dr. Eddie Mendez as Co-Chairs. The following is their mission statement:

“To promote diversity in all forms including cultural, ethnic, racial, sexual, religious, and disability status across the professional spectrum of the society and to educate the society members about the importance of maintaining diversity and aligning our efforts with other organizations in this regard, such as the American College of Surgeons.”

The committee has developed a medical student fellowship to generate interest amongst medical students from minority backgrounds in our specialty at an earlier time in medical school so they will consider a career in head and neck surgery and thereby enrich the diversity of our workforce and our society. This fellowship will be offered to first year medical students during their summer break to spend six to eight weeks in a leading Department of Head and Neck Surgical Oncology, and work with identified mentors. This experience can include a spectrum of activities including clinical observership, different types of research, or work in health care quality and value. To fund this position, my father, Dr. Eugene N. Myers, and I, and our wives, have contributed a total of \$125,000.00, which will provide a stipend of \$5,000.00 a year to support the student awardees in their travel and living expenses. Hopefully, the participants in the Myers Family Diversity Fellowship Program will become motivated and pursue a career in our specialty. The Co-Chairs of the Task Force on Diversity, Drs. Wilson and Mendez are excited about this, and they will be raising additional funds to support a second position. Our two Past Presidents, Dr. Kraus and Dr. Girod have made a leadership pledge of \$5,000 per year for 5 years towards the second fellowship in the 5 in 5 fundraiser which is \$5,000.00 for five years, and have already contributed their last year's \$5,000.00 for this.

The administration of a society which has grown so successfully in so many directions is a real challenge. Dr. Ehab Hanna has developed a new administrative structure for the society that is more efficient and nimbler so that we can now carry out all the aspects of our mission more readily. In this new organizational scheme, there are Divisions that align with the main mission areas of Research, Education, Patient Care, as well as an Administrative division. There are services that correspond to our old committees. We also have sections which deal with a particular disease site or academic area.

The first section is the Endocrine Section, and I will now tell you about that section and how it got started. Before the AHNS International Meeting in New York in 2014, President Terry Day called me and said we have been talking with the endocrine surgeons within our specialty as they are trying to find an organizational home. While they have an overlapping interest with the AEES, they have been denied access to that society as full members, and therefore they want to be part of a society that can represent them in their unique clinical research and societal interest, and I would like for you to lead a Task Force on this topic. I told Dr. Day that he had “the wrong guy”, as I don’t really do much endocrine surgery. However, he said that this made me less biased and therefore the right person to lead this effort and help develop a solution that would be mutually beneficial to the AHNS and its members with an endocrine emphasis. I accepted his offer and began working together with four individuals: Drs. Greg Randolph, Brendan Stack, David Terris, the current Leader of the Endocrine Section, and Masie Shindo, the secretary for that group. To quote Dave Terris from yesterday, this group had a lot of pent-up energy and ideas that they wanted to re-actualize and they needed a home to do that in, so we worked it out over several years of discussion that they would have a section within the AHNS. Membership in that section is open to any AHNS member. The Endocrine Section has developed their organizational structure, and they are working with Dr. Marilene Wang to develop new AHNS bylaws that will help address their unique concerns. In addition, the Endocrine Section has improved their pages on our website. In education, they have just led a successful pre-meeting ultrasound course, as well as a course for Residents and Fellows.

The Endocrine Section plans to lead a session at the World Congress of Thyroid Cancer in Boston. Another facet of their activity is liaison work with the ATA, a society of endocrinologists that can help build relationships that will ultimately lead endocrinologists in the community to refer patients to AHNS members. Another really important area is in developing video endocrinology, an effort which is led by Dr. Brendan Stack. Also, the Endocrine Section is linked to ThYCA, a thyroid cancer survivor’s organization. The Endocrine Section has set the bar high with its energy, enthusiasm, and productivity that serves our members and enriches our society.

The question of, “How do I get to be a leader within the Head and Neck Society?” is frequently asked. The short answer is that leadership comes through service to this society. This starts with serving on committees. If you are interested in serving, please look at the committees that we have on our website, and after the meeting send an email to us and say I would like to be on this committee or that committee and the Vice-President will look into it and put it before the executive committee and council to get you assigned to a committee. The next step is to show full engagement by working on the committee. This entails service year round and not just prior to the Annual Meeting. I encourage the Committee Chairs to meet every few months by phone, and keep the agenda flowing throughout the year to maintain some momentum. Other pathways to AHNS leadership have been service as the society Treasurer, Secretary or the Leader of

the International Conference on Head and Neck Cancer. It seems that with the new organizational structure that Dr. Hanna has designed, there will be some new opportunities for others to move up within the society.

There are many questions about what can the American Head and Neck Society do for its members. Why should you be a member? Well, we have wonderful Annual meetings, we have the sections and subspecialty organizations within the AHNS where you can develop professional and social contacts, you can help us standardize the curriculum across our training programs and you can help get the best information available to people with head and neck cancer through our internet and social media platforms. In addition, you can have patients linked back to you and help build your practice through these platforms. No matter whether you become involved either as a follower or a leader you will benefit from your membership.

For me, it's been a great honor to follow, serve, and lead this wonderful organization. I look forward to following the talented leaders of the future, and I believe our future is even brighter than our past with a broader and deeper talent pool. I have seen it at the meeting, and at our AHNS Council Meeting in young members like Drs. Mark Zafereo, Carole Fakhry, Jeremy Richman, Urjeet Patel, and others. It is really very exciting and it gives me a sense of relief that when I finish leading the AHNS this year I know that all the work will get done and the society will be even better than it has been. So, just as I had the footsteps of great leaders to follow in, I look forward to getting out of the way after three more years as Past President to give those younger people the opportunity to lead.

Finally, I want to thank my support system including: my parents, Barbara and Gene Myers, my wonderful wife of 27 years, Lisa Myers and our boys; Keith, Brett, and Blake.

I want to thank you for the honor of being your President for the last year. It was an extraordinary experience, and I feel gratified to know that I left the AHNS better than I found it.