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SPECIAL REPORT: Inclusion of Asthma in Otolaryngologic Clinical Practice



Turn to page 12 for a discussion of the importance of treating asthma and allergic rhinitis together.

What Is the Best Technique for Diagnosing Esophageal Diverticulum?

By Gretchen Henkel

Jeffrey Landis [not his real name], 74, had been complaining of swallowing problems for a couple of months. His wife urged him to go to the doctor, but he delayed a visit, thinking that his symptoms would resolve. But one day, during his afternoon duties as a reading tutor, he regurgitated a piece of sandwich he had eaten at lunch—and it was undigested. In addition to his embarrassment, Mr. Landis was alarmed, and called up his otolaryngologist's office for a visit the next day.

Otolaryngologists—head and neck surgeons would most likely identify Mr. Landis's symptoms as suspicious for esophageal diverticulum. How they would go about establishing a definitive diagnosis and planning treatment was a topic ENT Today explored recently with head and neck surgeons who see patients with esophageal diverticula in their practices.

Continued on page 16 Blind pouch of Zenker's diverticulum on CNE.



Courtesy of Dinesh K. Chhetri, MD

Marketing Challenges and Opportunities in Otolaryngology

Unified Marketing Plan Yields Increase in Patient Load

Part 1 of 3 articles

By Gretchen Henkel

Editor's note: This three-part series will feature case studies of marketing strategies employed in three different practice settings: the academic practice; the large multispecialty practice; and the private practice. All have unique as well as common challenges in our current economy. Otolaryngologists in each of the three settings will share the principles that have worked best for

them to attract new patients and new referrals, as well as maintain their established patient base.

Academic otolaryngology—head and neck surgical practices often have a built-in draw for referrals of new patients. With their emphasis on research, education, and clinical excellence,

these practices become known for their expertise, and colleagues in the community and around the country may refer their complicated cases.

But is scientific and educational excellence enough to buoy the academic practice through these challenging times?

Continued on page 14


 COLLECTED  
letters

### SLIT Research

In regard to comments made by Dr. Steven Levine in the February 2009 issue of *ENT Today* comparing SLIT vs SCIT: Q&A:

He comments that “sublingual immunotherapy is the application of FDA-approved antigens to the sublingual mucosa rather than injected.” He is wrong. SLIT is not FDA-approved in the USA.

His comment that “Typically, in our practice, we’ll mix as many as 20 antigens in a single bottle” is once again wrong. For SLIT, only a few antigens have been studied mixed together, but never 20 mixed together in one bottle.

If you are going to quote someone, they need to have their data more up-to-date before sending out the wrong message, which leads to more errors for the patient.

*Jose R. Arias, Jr, MD  
Allergy and Immunologist, Central Florida*

*Steven B. Levine, MD, replies:*

I welcome Dr. Arias’ comments, since they highlight misperceptions even within the allergy community.

With regard to the US Food and Drug Administration (FDA), antigens are approved by the FDA for subcutaneous injection, acknowledging that such injections may cause reactions including life-threatening anaphylaxis. Such use of antigens is no longer available in Great Britain, due to their experience with reactions. Even the World Health Organization has a position statement regarding the safety and clinical value of SLIT. The FDA has not yet approved the application of such “FDA-approved antigens” into the oral cavity or specifically to the floor of mouth. However, I understand that FDA Phase III clinical trials are under way.

With regard to treating SLIT with mixed antigens, I referred to my practice protocol and did not refer or allude to the published literature. The vast majority of studies demonstrating efficacy of immunotherapy (subcutaneous or sublingual) are single-antigen studies. There are at least 90 peer-reviewed studies published since 1995 on SLIT specifically.

*Steven B. Levine, MD  
Assistant Clinical Professor  
Yale University School of Medicine*

*Mary Morris, MD, replies:*

Dr. Harold Nelson just did a review in *JACI* (still in press) reviewing

multiallergen immunotherapy. Since 1967 there have been a total of 13 multiantigen studies published. Eleven used SCIT, one used SLIT, and one used SLIT and SCIT. Five of the studies used more than three antigens.

Although in clinical practice multiple antigen immunotherapy is the norm, very few studies have been

done on SCIT or SLIT. He states, “It is concluded the simultaneous administration of more than one allergen extract is clinically effective.” More studies are needed for multi-antigen immunotherapy with SCIT and SLIT.

I think there is the general thought among allergists thinking there are lots of studies looking at multialler-

gen SCIT. In fact there are very few, and the studies are also relatively old. The current US SCIT practice is also based on single-antigen studies (most of them also done in Europe).

*Mary Morris, MD  
Allergy Associates of La Crosse  
La Crosse, WI*