

## ***Inside this issue***

Methodology

In Development

Updated Quality Knowledge Products

Beyond AAO-HNSF



**GTF**



# GUIDELINES **TASK FORCE**

2014 | ISSUE 1



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

FOUNDATION

# GTF

## 2014 Newsletter, Issue 1

### Guidelines Task Force

The mission of the Guideline Task Force (GTF) is to provide oversight to Clinical Practice Guideline (CPG) and Clinical Consensus Statement (CCS) development, dissemination and implementation. The GTF provides a forum for education on topics related to CPGs including development standards and dissemination techniques. A primary function of the GTF is to rank, prioritize, and vet topics submitted for development into either CPGs or CCSs.

*The GTF is composed of individuals within otolaryngology, including 12 specialty societies and AAO-HNSF leadership.*

### GTF Winter Meeting in Alexandria, VA

The GTF held its biannual meeting at the American Academy of Otolaryngology–Head and Neck Surgery/Foundation (AAO-HNS/F) headquarters on December 9, 2013. Mary Nix, MS, PMP Health Scientist Administrator at NGC, presented Revised Criteria for Inclusion of CPGs in the National Guideline Clearinghouse (NGC) and implications to AAO-HNSF.

The purpose of this newsletter is to highlight the major accomplishments shared and discussed at the December 9, 2013, meeting.



### MARK YOUR CALENDAR

The following will be presented at the AAO-HNSF 2014 Annual Meeting & OTO EXPO<sup>SM</sup>

#### MINISEMINAR

##### **AAO-HNSF Clinical Practice Guideline: Tinnitus**

Sunday, September 21, 2014, 10:30 - 11:50 am

Moderator: David E. Tunkel, MD

#### INSTRUCTION COURSE

##### **Understanding Clinical Practice Guidelines**

Sunday, September 21, 2014, 12:30 - 1:30 pm

Instructors: Richard M. Rosenfeld, MD, MPH and Stephanie Jones

#### MINISEMINAR

##### **AAO-HNSF Clinical Consensus Statement: Chronic and Recurrent Pediatric Sinusitis**

Monday, September 22, 2014, 8:00 - 9:20 am

Moderator: Scott E. Brietzke, MD, MPH

#### MINISEMINAR

##### **AAO-HNSF Clinical Practice Guideline: Allergic Rhinitis**

Monday, September 22, 2014, 9:30 - 10:20 am

Moderator: Michael D. Seidman, MD

## GTF Representatives

**Seth R. Schwartz, MD, MPH**  
*GTF Chair, Methodologist*

**Richard M. Rosenfeld, MD, MPH**  
*Methodologist, AAO-HNSF Senior Consultant for Quality and Guidelines, Immediate Past GTF Chair, Specialty Society Advisory Council (SSAC) Chair*

**Sujana S. Chandrasekhar, MD**  
*Methodologist*

**Lisa E. Ishii, MD, MHS**  
*Consultant, Dissemination and Implementation and AAO-HNSF Coordinator-Elect Research & Quality Improvement*

### GTF Society Representatives in Attendance at the Winter 2013 Meeting

**Cindy J. Dawson, MSN, RN, CORLN**  
*Society Otorhinolaryngology Head—Neck Nurses*

**Joseph Han, MD**  
*American Rhinologic Society*

**Amy Clark Hessel, MD**  
*American Head and Neck Society*

**Timothy S. Lian, MD**  
*American Academy of Facial Plastic & Reconstructive Surgery*

**Robert H. Miller, MD, MBA**  
*American Board of Otolaryngology*

**Ashkan Monfared, MD**  
*American Neurotology Society and American Otological Society*

**David E. Tunkel, MD**  
*American Society of Pediatric Otolaryngology*

**Mark S. Courey, MD**  
*American Laryngological Association (ALA)  
American Broncho-Esophagological Association (ABEA)*

### AAO-HNS Representatives

**Stacey L. Ishman, MD, MPH**  
*AAO-HNS Board of Governors*

**Sonya Malekzadeh, MD**  
*AAO-HNS Education Coordinator*

**Emily F. Boss, MD, MPH**  
*AAO-HNS 3P Workgroup*

### Guests not able to send representatives

*Association of Otolaryngology Administrators (AOA)*

*The American Laryngological, Rhinological and Otological Society, Inc. aka The Triological Society*

*AAO-HNS Public Relations Committee*

*American Academy of Otolaryngic Allergy (AAOA)*

# New Research & Quality Improvement Staff

1

## Maureen Corrigan

*Research & Quality Improvement Analyst*

Maureen has spent her entire education and career to date in the medical field. Maureen has her BA in Hearing and Speech Sciences from the University of Maryland, College Park, and has completed five years of coursework toward her PhD in Audiology. Maureen previously worked as a Research Manager for the American Speech-Language and Hearing Association (ASHA) and her previous roles include being a Graduate Research Assistant in the Clinical Auditory Physiology Lab and the Hearing Science Lab at the University of Maryland. Maureen's background and related knowledge enables her to be extremely effective in her new role at the Academy.

3

## Leslie Caspersen, MBA

*Senior Manager, Research & Quality Improvement, Guideline Implementation and Dissemination*

Leslie has a wealth of background and experience in the health care arena, most recently as the Director of Quality Improvement at Community Care of the Sandhills in Pinehurst, NC. Leslie also served as the Operations Manager at Centene Corporation in Tampa, FL; and Corporate Research Analyst/Grants Technical Analyst, for Shriners Hospitals for Children. Leslie has an undergraduate degree from the University of Colorado and an MBA in Nonprofit Management from Walden University. In addition to her MBA, Leslie has completed all but the dissertation for her doctorate in Business Administration.

2

## Lorraine Nnacheta, MPH

*Research & Quality Improvement Analyst*

Lorraine has her MPH from Walden University. Lorraine's experience in research includes being a Prevention Associate for the National Alliance of State and Territorial AIDS Directors (NASTAD), a Fellow for the Foundation for AIDS Research (amfAR), a Clinical Research Coordinator for the Institute for Asthma and Allergy, and a Clinical Research Associate for Medstar Research Institute. Lorraine also spent eight years at *The Washington Post* as a Finance and Research Reporting Assistant where she worked directly with Personal Finance columnist, Michelle Singletary.

4

## Gene Cunningham, MS

*Senior Manager, Research & Quality Improvement, focused on Quality Measures*

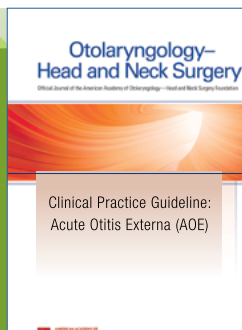
Gene has direct work experience in this area including being a Project Manager for Performance Measures at the National Quality Forum (NQF) and more recently as a Quality Consultant at INOVA Health Systems. Gene has his MS in Health Care Policy and Management from Carnegie Mellon University.





# Quality Knowledge Products in Development

## Updated Quality Knowledge Products



### Clinical Practice Guideline: Acute Otitis Externa (AOE)

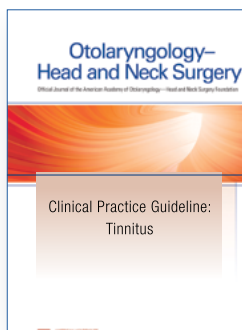
The AOE guideline is the first AAO-HNSF Clinical Practice Guideline to be updated five years post-publication. The original guideline was reviewed for relevancy and it was determined that it would undergo a minor revision. The revision is now complete and appeared in the February 2014 issue of *Otolaryngology-Head and Neck Surgery*.

Changes in content and methodology from the prior guideline include:

- Addition of a dermatologist and consumer advocate to the guideline development group
- Expanded action statement profiles to explicitly state confidence in the evidence, intentional vagueness, and differences of opinion
- Enhanced external review process to include public comment and journal peer review
- New evidence from 12 randomized, controlled trials and 2 systematic reviews
- Review and update of all supporting text
- Emphasis on patient education and counseling with new tables that list common questions with clear, simple answers and provide instructions for properly administering ear drops

#### Panel members include:

Richard M. Rosenfeld, MD, MPH (Chair); Seth Schwartz, MD, MPH (Methodologist); C. Ron Cannon, MD; Peter Roland, MD; Geoffrey R. Simon, MD; K. Ashok Kumar MD; William W. Huang, MD, MPH; Helen Haskell (Consumer); Peter Robertson, MPA (staff liaison); and Maureen Corrigan (staff liaison).

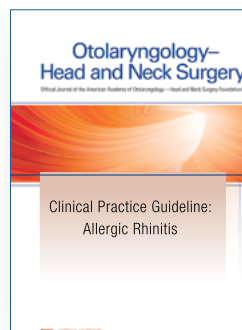


### Clinical Practice Guideline: Tinnitus

This is the first evidence-based clinical guideline developed for the evaluation and treatment of chronic tinnitus. The focus of the guideline is on tinnitus that is persistent, lasting six months or longer, often with a negative impact on the patient's quality of life. This guideline is intended for all clinicians who evaluate and treat patients with tinnitus. The target patient population is limited to adults (18 years and older) with primary tinnitus. The guideline recommendations will assist in managing primary tinnitus, emphasizing use of interventions and therapies deemed beneficial to improve symptoms and quality of life among those with tinnitus and avoidance of those which are time-consuming, costly, and ineffective. The guideline was submitted to the Journal in April 2014 and is under review. Estimated publication in *Otolaryngology-Head and Neck Surgery* is October 2014.

#### Panel members include:

David E. Tunkel, MD; Carol A. Bauer, MD; Gordon H. Sun, MD, MS; Richard M. Rosenfeld, MD, MPH; Sujana S. Chandrasekhar, MD; Sanford M. Archer, MD; Brian W. Blakely, MD, PhD; John M. Carter, MD; Evelyn C. Granieri, MD, MPH, MEd; James A. Henry, PhD; Deena Hollingsworth, RN, MSN, FNP; Fawad A. Khan, MD; Scott Mitchell; Ashkan Monfared, MD; Craig W. Newman, PhD; Folashade S. Omole, MD; C. Douglas Phillips, MD; Shannon K. Robinson, MD; Malcolm B. Taw, MD; Richard S. Tyler, PhD; Richard W. Waguespack, MD; Elizabeth J. Whamond; Gene Cunningham, MS (staff liaison)



### Clinical Practice Guideline: Allergic Rhinitis

This multidisciplinary guideline is being developed to address quality improvement opportunities for all clinicians in any setting who are likely to diagnose and manage patients with Allergic Rhinitis. The target population is inclusive of both adults and children presenting with Allergic Rhinitis.

The guideline has completed development and is currently undergoing external peer review and public comment. Journal submission is scheduled for August 2014 with tentative publication in January 2015.

#### Panel members include:

Michael D. Seidman, MD, (Chair); Richard K. Gurgel, MD, (Assistant Chair); Sandra Y. Lin, MD, (Assistant Chair); Seth R. Schwartz, MD, MPH, (Consultant/Methodologists); Fuad M. Barood, MD; James R. Bonner, MD; Douglas E. Dawson, MD; Mark S. Dykewicz, MD; Jesse Hackell, MD; Joseph Han, MD; Stacey L. Ishman, MD, MPH; Helene J. Krouse, PhD, ANP-BC, CORLN; Sonya Malekzadeh, MD; James (Whit) W. Mims, MD; Folashade Omole, MD; William Reddy, L.Ac., Dipl.Ac.; Dana V. Wallace, MD; Sandy Walsh, BS (MdT); Barbara Warren, PsyD, MEd; Meghan N. Wilson, MD; Lorraine Nnacheta (staff liaison).

 **Additional information about our quality products including the full text of each guideline can be found at:**  
<http://www.entnet.org/guidelines>

### Clinical Consensus Statement: Chronic and Recurrent Pediatric Sinusitis

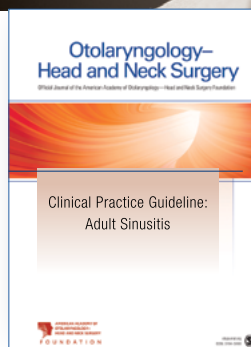
### Clinical Consensus Statement: Chronic and Recurrent Pediatric Sinusitis

The AAO-HNSF has recently developed a clinical consensus

statement on the optimal diagnosis and management of pediatric chronic rhino-sinusitis (PCRS). A nine member panel with no relevant conflicts of interest was assembled to consider the best approaches to diagnose and manage PCRS. The target population was pediatric patients age 6 months to 18 years without craniofacial syndromes or immunodeficiency. A modified Delphi Method was used to distill expert opinion into clinical statements that met a standardized definition of consensus. Twenty-two statements met the standardized definition of consensus. The clinical statements were grouped into 4 categories: 1) Definition and Diagnosis of PCRS, 2) Medical Treatment of PCRS, 3) Adenoidectomy, and 4) Endoscopic Sinus Surgery (ESS). This expert panel consensus will provide helpful guidance for the otolaryngologist in the diagnosis and management of PCRS in uncomplicated pediatric patients.

The CCS manuscript was submitted to the journal in May. Publication is expected in September 2014.

**Panel members include:** Scott E. Brietzke, MD, MPH (Chair); Jennifer Shin, MD, SM (Assistant Chair); Richard M. Rosenfeld, MD, MPH (Methodologist); Sukgi Choi, MD; Jivianne Lee, MD; Sanjay Parikh, MD; Maria T. Pena, MD; Jeremy Prager, MD; Hassan Ramadan, MD; Maria Veling, MD; and Maureen Corrigan (Staff Liaison)



### Clinical Practice Guideline: Adult Sinusitis

This Adult Sinusitis guideline is the second AAO-HNSF Clinical Practice Guideline to be updated five years post publication. The original guideline was reviewed for relevancy and it was determined that it would undergo a moderate update. The revision is currently undergoing guideline implementability appraisal, external peer review, public comment and journal submission. Changes in content and methodology from the prior guideline include:

- A consumer advocate added to the guideline development group
- New evidence from 5 clinical practice guidelines, 42 systematic reviews, and 70 randomized controlled trials
- Emphasis on patient education and counseling with new explanatory tables
- Expanded action statement profiles to explicitly state quality improvement opportunities, confidence in the evidence, intentional vagueness, and differences of opinion
- Enhanced external review process to include public comment and journal peer review
- New algorithm to clarify decision making and action statement relationships
- Extension of watchful waiting (without antibiotic therapy) as an initial management strategy to all patients with uncomplicated acute bacterial rhinosinusitis regardless of severity, not just patients with "mild" illness (prior guideline)
- Change in recommendation from first-line antibiotic therapy for acute bacterial rhinosinusitis amoxicillin, with or without clavulanate, from amoxicillin alone (prior guideline)
- Addition of asthma as a chronic condition that modifies management of chronic rhinosinusitis
- Three new key action statements on managing CRS that focus on polyps as a modifying factor, a recommendation in favor of topical intranasal therapy (saline irrigations, corticosteroids), and a recommendation against using topical or systemic antifungal agents

The draft manuscript is scheduled for submission to the journal in November with tentative publication in February 2015.

**Panel members include:** Richard M. Rosenfeld, MD, MPH (Chair); Jay Piccirillo, MD (Assistant Chair); Sujana S. Chandrasekhar, MD MPH (Methodologist); Itzhak Brook, MD, MSc (IDSA); K. Ashok Kumar, MD, FRCS, FFAFP (AAFP); Maggie Kramper, RN, FNP, CORLN (SOHN); Richard Orlandi, MD (AAOA); James Palmer, MD (ARS); Zara M. Patel, MD (AAO-HNS BOG); Anju Peters, MD (AAAA); Sandy Walsh (Consumer); and Maureen Corrigan (Staff Liaison).

Clinical Practice Guideline	Date Released	National Guideline Clearinghouse (NGC) Page views through April 2014	Google Scholars Citations through May 2014
Clinical Practice Guideline: Acute Otitis Externa	7/14/2006	99,060	125
Clinical Practice Guideline: Adult Sinusitis (removed 11/2012)	8/22/2008	61,861	555
Clinical Practice Guideline: Cerumen Impaction (removed 12/2013)	4/17/2009	49,353	65
Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (removed 12/2013)	4/17/2009	57,630	268
Clinical Practice Guideline: Hoarseness (dysphonia)	4/23/2010	42,285	100
Clinical Practice Guideline: Tonsillectomy in children	3/15/2011	44,829	180
Clinical Practice Guideline: PSG for Sleep Disordered Breathing Prior to Tonsillectomy in Children	12/1/2011	28,997	56
Clinical Practice Guideline: Sudden Hearing Loss	4/1/2012	38,243	94
Clinical Practice Guideline: Improving Voice Outcomes after Thyroid Surgery (posted 1/2014)	6/1/2013	4,398	14
Clinical Practice Guideline: Tympanostomy Tubes in Children (posted 1/2014)	7/1/2013	4,667	25
Clinical Practice Guideline: Bell's palsy (posted 4/2014)	11/4/2013	2,065	6
Total		433,388	1,488

# Beyond AAO-HNSF

## AAO-HNSF Partners with International Guideline Central



Recently, the Academy Foundation formed a partnership with International Guideline Central (IGC). IGC is a producer of evidence-based quick reference guides in both paper pocketcard and mobile and web application

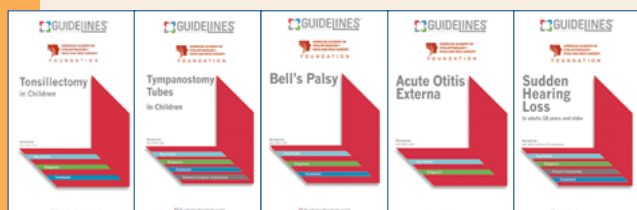
formats for healthcare professionals. AAO-HNSF has joined with IGC to help develop full text clinical guidelines into quick reference tools.

The IGC relationship will allow AAO-HNSF to (1) increase the dissemination of its CPGs to a much broader audience and (2) provide quick reference tools in both the pocket card and app format to its members. The CPG guideline development group leadership, Foundation staff, and the IGC medical director, collectively develop the content to be included in the pocketcard and app from the AAO-HNSF guidelines.

The guideline apps and pocketcards feature diagnosis and assessment information, treatment options including their associated levels of evidence, and other recommendations from the AAO-HNSF CPGs. The pocketcards and apps are a tool for providers for point of care decision making and quality improvement.

The following pocket cards are now available: Tonsillectomy in Children, Bell's Palsy, Tympanostomy Tubes in Children, Sudden Hearing Loss and Acute Otitis Externa with additional AAO-HNSF CPGs to follow.

Learn more at [www.entnet.org/guidelines](http://www.entnet.org/guidelines)



Members receive 10% Discount by using promo code **OTOCPG**

## Integrating Multiple Chronic Conditions into Clinical Practice Guidelines

There is growing interest in ensuring that CPGs include patients with Multiple Chronic Conditions (also referred to as multimorbidities). Below is an update on what each group is currently doing.

### HHS Initiative on Multiple Chronic Conditions.

The U.S. Department of Health and Human Services (HHS) has convened several conference calls with guideline developers, including the AAO-HNSF, to discuss how each is addressing multiple chronic conditions (MCCs) and what the barriers to including patients with MCCs are. Many CPG developers have expressed concerns that patients with MCCs have been traditionally excluded from clinical trials, therefore there is little evidence. In response to this, the Food and Drug Administration (FDA) is encouraging drug developers to include a diverse, "real world" patient population in the clinical trials used to study the effects of a drug in development. FDA internal policy now instructs that a closer examination of the populations to be included in clinical trials should be a regular part of FDA's assessment of clinical trials and FDA expects the development plans proposed by drug developers to include patients with MCCs. FDA's goal is to ensure that products coming to market will be as safe and effective as possible for all members of the public, and clinical trials that closely mirror the current patient population are an important part of achieving this goal.

### G-I-N Multimorbidity Working Group.

The G-I-N Board of Trustees agreed to establish the Multimorbidity Working Group after considerable interest was shown in the topic at the 2013 G-I-N annual conference. The activities of the working group will include:

- Maintaining a section on the G-I-N website that will stimulate networking and contain references, materials, and tools on the management of multimorbidity
- Providing a forum for the discussion and refinement of emerging methodology and recommendations on how multimorbidity can be addressed in guidelines
- Arranging meetings and workshops at G-I-N conferences
- Providing a forum for the development of collaborations for guideline organizations and research groups who wish to improve the care of patients with multimorbidity
- Writing a position paper for G-I-N on multimorbidity

Several members of the work group recently published A Framework for Crafting Clinical Practice Guidelines that are Relevant to the Care and Management of People with Multimorbidity on January 18, 2014, in the Journal of General Internal Medicine (DOI: 10.1007/s11606-013-2659-y).

### CMSS CPG Component Group.

The Council for Medical Specialty Societies (CMSS) CPG Component Group is the most recent group to get involved in the discussion for how best to integrate MCCs into CPGs. Stephanie Jones (AAO-HNSF) and Mark Somerfield (ASCO) have agreed to serve as the CMSS CPG Liaisons to the G-I-N Multimorbidity Working Group to ensure efforts are not duplicated. Current activities include asking organizations to provide an update on what steps they are taking to include patients with MCCs into their CPGs.



## What is the AAO-HNSF doing to address Multiple Chronic Conditions?

The AAO-HNSF *Clinical Practice Guideline Development Manual, Third Edition. A Quality-Driven Approach for Translating Evidence into Action* published in January 2013 includes a new section entitled "The Importance of Multiple Chronic Conditions". While the AAO-HNSF does not specifically outline steps to be taken during CPG development, this was meant to bring awareness to the issue. The next edition of the manual will include greater detail of actions being taken by the AAO-HNSF. Recent activities include:

- The July 2013 publication of the CPG: Tympanostomy Tubes in Children includes a section entitled *Generalizability of Evidence Regarding Risks and Benefits*. This section highlights the most high-quality evidence on tympanostomy tube efficacy and adverse events from published studies that have been conducted using otherwise healthy children without comorbid illnesses, syndromes, or disorders. Thus recommendations must be interpreted with the caveat that they may involve extrapolations from studies performed in otherwise healthy children.
- The February 2014 publication of the CPG: Acute Otitis Externa included a key action statement specifically targeted to modifying factors. The purpose of the statement is to emphasize the importance of identifying patients with AOE who may have other disease processes that could seriously affect the outcome of AOE.



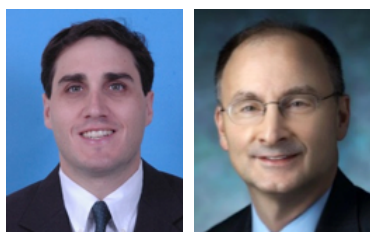
## 2014 Guidelines International Network Meeting

### Congratulations to the 2014 G-I-N Scholars!

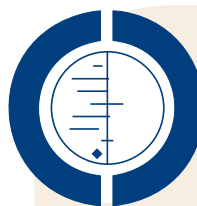
Congratulations to David Tunkel, MD and Stephen Maturo, MD for being selected as the AAO-HNSF 2014 G-I-N Scholars.

The 11th G-I-N Conference will be held August 20-23, 2014, in Melbourne, Australia. The G-I-N 2014 theme is, "Creation and Innovation: Guidelines in the Digital Age" and will be addressed through plenary presentations, workshops, oral and poster presentations and much more.

The conference will provide a unique opportunity to learn and share knowledge and experiences regarding innovative approaches to guideline development, adaptation, implementation, and integration into electronic systems of care. Drs. Tunkel and Maturo will each receive \$3,500 in travel reimbursement to attend the meeting and in exchange they both agree to (1) write a commentary for Otolaryngology-Head and Neck Surgery in the coming year related to the guidelines and (2) to serve on an upcoming guideline panel within 12 months of completing the training program.



From left: Stephen Maturo, MD, Brooke Army Medical Center and David Tunkel, MD, Johns Hopkins University



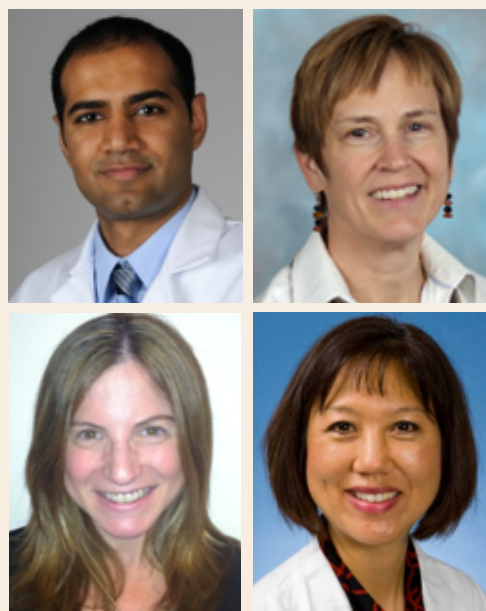
## 2014 Cochrane Colloquium

September 19-23, 2013  
Quebec, Canada

Congratulations to Marilene Wang, MD, Emily Boss, MD, MPH, Sarfaraz Banglawala, MD, and Carol Bier-Laning, MD for being selected as the 2014 AAO-HNSF Cochrane Scholars.

The 22nd Cochrane Colloquium is being held in Hyderabad, India, September 21-26, 2014. Unfortunately, this is the same time as the AAO-HNSF 2014 Annual Meeting & OTO EXPO<sup>SM</sup>, therefore, we have created our own training program in collaboration with the Cochrane ENT Group, which will host us in Oxford July 7-8, 2014. This is the 7th year for the program, now sponsored by SAGE. The goal is to foster AAO-HNS member involvement in systematic reviews. In exchange for receiving an AAO-HNSF travel grant, Cochrane Scholars agree to initiate and submit a systematic review to the Journal for publication consideration within 12 months.

### Congratulations to the 2014 Cochrane Scholars!



Clockwise from top left: Sarfaraz Banglawala, MD, USC Otolaryngology, Carol Bier-Laning, MD, Loyola University School of Medicine, Emily Boss, MD, MPH, Johns Hopkins Children's Center and Marilene Wang, MD, UCLA Medical Center.

## 10th G-I-N Conference held in San Francisco, CA, August 18-21, 2013

G-I-N is truly a global organization whose mission is to lead, strengthen and support collaboration and work within the guideline development, adaptation, and implementation community. The G-I-N 2013 theme was, *Integrating Evidence into Practice—Strategies for the Future*. The conference was a unique venue for learning from worldwide attendees who shared their knowledge and experiences regarding guideline development, dissemination, adaptation and, especially, implementation.

The AAO-HNSF presented two posters including (1) How cultural differences in treatment approach affect interpretation of literature and guideline recommendations by Seth R. Schwartz, MD, MPH, and Caitlin Murray Drumheller and (2) Engaging consumers in the guideline development process: U.S. Perspective by



Peter J. Robertson, MPA, Heather M. Hussey, MPH, and Stephanie Jones. The conference was attended by Stephanie Jones along with the 2013 G-I-N Scholars and our team of guideline methodologists and consultants.



**Photo 1: G-I-N Scholars (left to right)** Jennifer J. Shin, MD, SM, Richard K. Gurgel, MD, Benjamin R. Roman, MD, and Scott E. Brietzke, MD, MPH.

**Photo 2: Methodologists (left to right)** Seth R. Schwartz, MD, MPH, Lisa E. Ishii, MD, MHS, Sujana S. Chandrasekhar, MD, and Richard M. Rosenfeld, MD, MPH



## 21st Cochrane Colloquium, Québec City, Canada, September 19-23, 2013

This was the sixth year, that the publisher of *Otolaryngology–Head and Neck Surgery* has sponsored AAO-HNS members to attend the Cochrane Colloquium in exchange for developing and publishing a systematic review in the journal. The first three years were sponsored by Elsevier and the last three have been sponsored by SAGE.

The theme of this year's conference was *Better Knowledge for Better Health*. The schedule included five days of meetings and workshops, along with a full program of scientific sessions. The 2013 Colloquium also marked the culmination of The Cochrane Collaboration's 20th Anniversary celebrations, and included a number of special events commemorating this important milestone.

Founded in 1993, The Cochrane Collaboration is the largest global network of scientists, researchers, health policy-makers and consumer advocates involved in the production of systematic reviews of healthcare evidence to answer questions about health care. Systematic reviews provide the basis for developing clinical practice guidelines, therefore this partnership with SAGE enables us to increase the evidence base for otolaryngology, while also increasing the impact factor for *Otolaryngology–Head and Neck Surgery*.

## GUIDELINES TASK FORCE 2014 / ISSUE 1

Contact Us For more information:

**Stephanie L. Jones**  
Director, Research and  
Quality Improvement  
[sljones@entnet.org](mailto:sljones@entnet.org)  
1-703-535-3747

**Gene Cunningham, MS**  
Senior Manager, Research and  
Quality Improvement  
[gcunningham@entnet.org](mailto:gcunningham@entnet.org)  
1-703-535-3750

**Leslie Caspersen, MBA**  
Sr. Manager, Research and QI,  
Guideline Dissemination and  
Implementation  
[lcaspersen@entnet.org](mailto:lcaspersen@entnet.org)  
1-703-535-3748

**Lorraine Nnacheta, MPH**  
Analyst, Research and  
Quality Improvement  
[lnnacheta@entnet.org](mailto:lnnacheta@entnet.org)  
1-703-535-3751

**Maureen Corrigan**  
Analyst, Research and  
Quality Improvement  
[mcorrigan@entnet.org](mailto:mcorrigan@entnet.org)  
1-703-535-3746

[www.entnet.org/guidelines](http://www.entnet.org/guidelines)



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY–  
HEAD AND NECK SURGERY  
FOUNDATION