



Department News



Chair's Welcome

Fall is here!



Summers in southern Arizona are known for being very hot. Yes, you get used to it. And of course... it's a dry heat. I have always enjoyed the beauty of all the seasons. Living in Arizona, everyone learns there's a predictable pattern or cycle of the seasons which soon becomes

familiar. The dry heat of June gives way to the monsoon rains of July and August, bringing a sudden flowering of the Sonoran Desert landscape. There's a scent in the morning air that comes around the second week of September which heralds the Fall season, and we know that for at least the next eight months, there will be spectacular outdoor weather to remind us why we choose to live in Arizona. Fall also means the return of school, youth sports and other activities related to the school year. For us in the UArizona Department of Otolaryngology, the start of the academic year means we get to welcome new residents and fellows and start a new series of didactic conferences and Grand Rounds lectures.

The world has been through an unprecedented journey with many unexpected turns over the last 2 ½ years. It seems, perhaps unlike initial expectations, that so-called 'normal' life will not return all at once but rather with fits and starts. The familiar cycles of the seasons and the associated activities that are returning this Fall are perhaps the surest sign that the world is moving on. Recently, I was in Philadelphia attending the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery in-person for the first time in 3 years. It was wonderful to see many old friends and colleagues. During the Opening Ceremony of the Academy meeting, a highlight was the John Conley Lecture on Ethics.

This year's speaker, Dr. Andrew Shuman, Associate Professor of Otolaryngology at the University of Michigan, reflected on recent events—from the COVID pandemic to the Supreme Court decision overturning *Roe v. Wade*—that present ethical choices to us as otolaryngologists. His lecture indicated to me that in today's world, otolaryngologists and other physicians cannot easily separate their clinical practice from the major issues of the day. Dr. Shuman's lecture is also a reminder that the Fall season means another annual rite for Americans. It's the middle of campaign season, and there's a general election vote in November. This election, although without a vote for US President, nonetheless, features many state and local candidate choices and important down ballot votes for school boards and other impactful issues which could affect all of us, whether as physicians or otolaryngologists or as members of our communities and citizens of the nation. So this Fall, please get involved, get engaged, and make your voice heard.

The annual Academy meeting demonstrated that the otolaryngology specialty has not just survived but continues to thrive and flourish. Multiple panels and talks highlighted the challenges that otolaryngologists face today, both old and new. What's also clear is that the impact of COVID-19 on ENT practices continues, whether it be in the patients we see with post-COVID airway, smell, and hearing disorders, or in the way the day-to-day clinical practice has changed, whether it's that masks and other enhanced PPE for in-office endoscopy have become standard, or the increasingly common acceptance of ENT physicians wearing scrubs in clinic.

This Fall, the UArizona Department of Otolaryngology is fully engaged in all our core missions of education, research, and clinical care. Our residency program continues its expansion – for the second consecutive year, there are two residents beginning their PGY-1 year,

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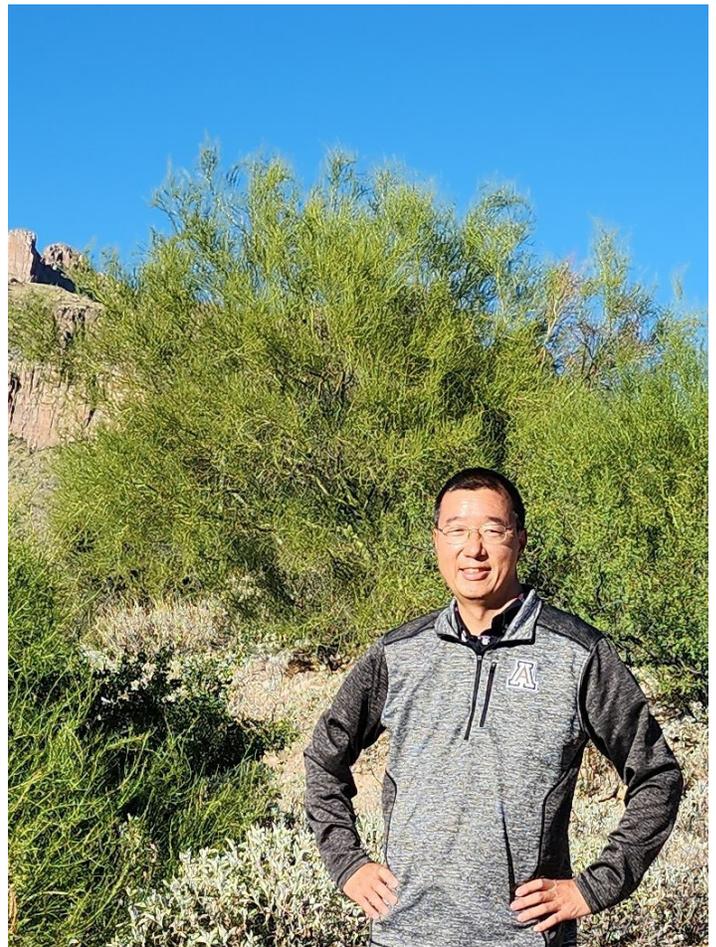


Faculty of the Department of Otolaryngology - Head and Neck Surgery

and a new rhinology fellow started her one-year advanced surgical fellowship. Head and neck cancer research scientist, Dr. Carlos Caulin, was recently awarded his second RO1 NIH grant. Our clinicians continue to offer unique, differentiating otolaryngology care to patients across the region, while also navigating a range of extra challenges from medical supply chain issues to clinical staffing and resource limitations.

In this issue of our newsletter, we welcome a new faculty member of the department, Dr. Helena Wichova, a neurotologist who joined us in September. We also welcome a new Rhinology fellow, Dr. Shireen Samargandy. For our faculty spotlight, we celebrate the career of Dr. Bruce Stewart, who will be retiring in December after a many-decade affiliation with the University of Arizona College of Medicine. For our clinical spotlight, I describe the new and changing landscape of head and neck cancer. Our resident spotlight is on Dr. Andrew Johnson, a PGY-4 Resident, who shares his experiences as a trainee in the department. We also have started a new feature, Alumni update, and in this issue we catch up with Dr. Tyson Nielsen, who completed his residency with us two years ago.

Happy Fall!



Dr. Steven Wang, Chair, Department of Otolaryngology

Welcome New Faculty

– Dr. Helena Wichova

Dr. Helena Wichova is our newest addition to the Otology/Neurotology Division in the Department of Otolaryngology – Head and Neck Surgery at the University of Arizona. She graduated with honors from the University of Southern California with a degree in Biomedical Engineering and was awarded the Presidential Academic Scholarship. She then completed medical school at the University of Nevada, School of Medicine. She proceeded to complete her Otolaryngology – Head and Neck residency training at the University of Kansas, where she was awarded the Resident Teaching Award and won numerous Basic Science Research Awards. Following residency, she completed a competitive two-year advanced fellowship training in Neurotology and Skull Base surgery at the House Ear Institute, under the mentorship of Dr. William Slattery and Dr. Derald Brackmann. Dr. Wichova was extensively trained in the clinical and surgical management of chronic ear disease and lateral skull base tumors.

Dr. Wichova’s clinical interests span both disorders of the middle ear including cholesteatoma, conductive hearing loss, chronic ear infections, and cochlear implants, as well as a close working relationship with her neurosurgery colleagues for treatment of lateral skull base pathology such as encephaloceles, tegmen defects, superior semicircular canal dehiscence and resection of lesions of the cerebellopontine angle. She is excited to join the growing Otolaryngology/Neurotology Division, provide excellent patient care and encourage strong resident education in an academic setting.

Outside the hospital, Dr. Wichova loves to explore the Arizona desert. You can find her hiking or taking frequent walks with her newly adopted husky, Parker.



Dr. Helena Wichova and Dr. Christopher Le, with Parker

StARS Conference

Associate Professor and Director of Pediatric Otolaryngology Dr. Jonathan Skirko facilitated the third annual Stakeholders’ Alliance for Robin Sequence (StARS) Conference in Aurora, Colorado on July 21-24, 2022. The conference is part of an ongoing effort to build a network of parents, clinicians, and researchers involved with Robin Sequence (RS). Infants with RS are born with a small lower jaw, resulting in difficulties breathing and eating due to their tongue blocking their airway. Often, the presence of a cleft palate compounds these breathing and eating problems, greatly impacting the infant and the caregiver. The purpose of the StARS project is to involve parents and caregivers in patient-centered outcomes research and to give RS researchers the knowledge they need to conduct comparative effectiveness research. In addition to the annual conference, stakeholders are engaged at the local level and through monthly webinars. The long-term goal of the StARS project is to design and implement studies and trials that answer questions derived from RS parents/caregivers.



Dr. Jonathan Skirko with a group of StARS



Faculty Spotlight – Dr. Bruce E. Stewart,

The Man Behind the Mustache



Dr. Bruce Stewart is “semi-retiring” at the end of this year from UArizona Department of Otolaryngology at Banner University Medicine - Tucson. He will continue working at the Veteran’s Hospital on Wednesdays and will fill in at the ENT Clinic from time to time as needed. We asked him to reflect on his life and career.

Tell us about your background.

I am a Tucson native. My parents, Harry and Marjorie Stewart, had me when my sisters, Bonnie and Judy, were 10 and 13, so in a very real sense, I grew up having three moms. My dad—who was born in Globe when Arizona was still a territory—taught Electrical Engineering at the University of Arizona, and my mom was a homemaker and volunteer. They met during a blind date at the circus and were married three months later; this was during World War II.

In junior high, I started doing yardwork for Robert MacCaa, who had competed in the Olympics. He was like a grandfather to me. He was an avid coin collector and got me started in the hobby. I continued to work for him until his death while I was in college. I kept some seeds from the poppies he grew—they were beautiful but not DEA approved.

I studied Electrical Engineering at the University of Arizona but didn’t take classes with my dad to avoid any conflict of interest. It wasn’t until my junior year that I decided I would apply to medical school. My senior project was helping to develop a digital blood pressure monitor. I attended the University of Arizona Medical School, also. I will make you all jealous if I tell you that as a faculty brat, I was charged \$110 per semester, so I won’t tell you that.

I met my future wife, Jennifer, at the PLATO Lab at the UA. She was programming teaching lessons on her college summer breaks, while I was coding economic game simulations for Dr. Vernon Smith, who later received the Nobel Prize in Economics.

I decided pretty early on that I wanted to do surgery. I liked how patients—in general—got better once you fixed what was wrong—and it was a lot faster than prescribing pills. I chose Otolaryngology after being assigned it for my Junior surgical specialty clerkship. (Don’t tell anyone, but it wasn’t my first choice.) I found the surgery fascinating, and the attending and resident doctors all seemed happy and didn’t throw instruments in the OR.

Jennifer and I got married soon after my graduation from medical school, loaded our possessions into the moving truck and my ’62 Impala, and off we went to Salt Lake City, where I did my residency, and Jennifer finished her M.B.A. and worked

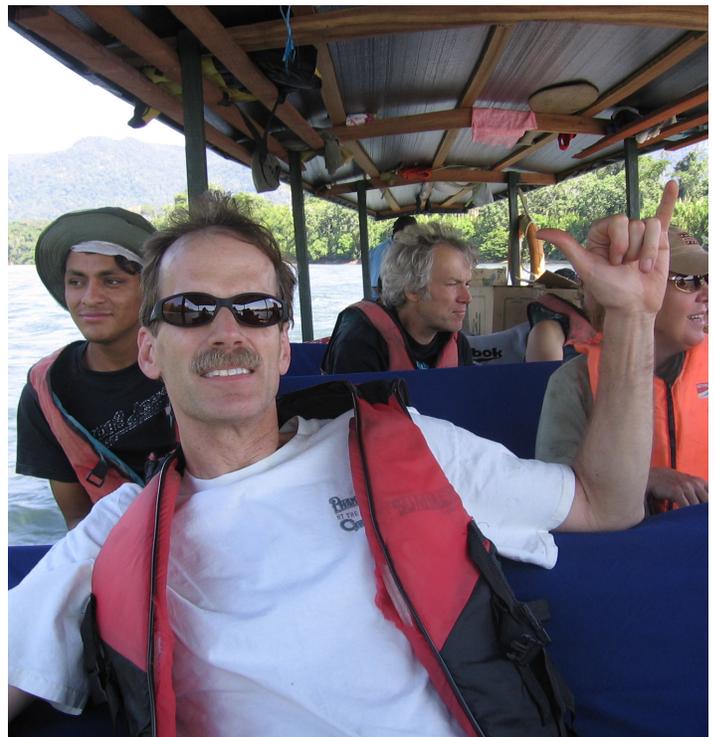
as an executive at American Express.

I did a year of general surgery, then I studied under Drs. James Parkin, Michael Stevens, and Leland Johnson. It was a small program with six residents. By pure coincidence, the resident three years ahead of me was the son of my parents’ next-door neighbor. At that time the residents were all from out of state. We quickly learned the byzantine rules of alcohol purchase and consumption in the Mormon mecca. One perk as chief resident was staffing the Miles City, Montana VA clinic once a month. We got to fly in a Learjet with a great view of the Grand Tetons. Sometimes the landings were a bit hairy in the winter. It was also a chance to bring some contraband alcohol back home.

Even though I spent five years in Salt Lake City, I never learned to downhill ski. But I also never hobbled around on crutches.

Our first daughter, Miranda, arrived 10 days after my residency graduation, and two weeks later we moved back to Tucson, where I began private practice with Tucson Ear, Nose and Throat. I was also an assistant professor in Otolaryngology at the University of Arizona.

We quickly had two more daughters, Robin and Amy—three girls: jackpot! —but in 1999, I was feeling restless. We decided to pull the girls out of school, and we went to Nepal to do medical mission work for three months. It really was a life-changing experience in many ways and cemented my resolve to give back whenever I could.



Dr. Stewart on a trip to the Amazon Rain Forest in Peru.

When we returned to Tucson, I left private practice and began working as a specialist at Davis Monthan Air Force Base. I stayed there for 12 years, taking care of air force personnel and their families. In 2011 when that contract ended, I cold called Dr. Alex Chiu, and he hired me to start the ENT clinic at South Campus, where I've been ever since. My first week there, I saw a homeless man with necrotizing fasciitis of his neck. Banner South is still the place where many of Tucson's poor people go for medical care, many of whom never had preventive care, and I felt needed. At South Campus, I'm the generalist. Everyone else has a specialty or even a subspecialty, but I'm the guy you want to see if you have earwax, need to be worked up for dizziness, are experiencing hearing loss, or whatever. For many years, I did lots of tubes and tonsils. Children are my favorite patients. In the past few years, with the pandemic, I've done many more tracheostomies. I have really enjoyed teaching the new residents how to do some of their first surgeries.

What advice would you like to give to residents?

If possible, put away money early for your retirement. Over many years, compound interest is amazing. Another thing that is bankable and pays off when you are as old as I am is exercise. I start the day on my exercise bike, and I lift weights three days a week. What you do every day matters. And don't forget to have fun! Somehow, I don't think this advice is needed. What a wonderful tight-knit group we have. This department really functions like a family.

What advice would you like to give to your colleagues?

Giving back to your community is important, plus it's also fun. My parents started a family foundation many years ago, with which I continue to fund many worthy nonprofit organizations like Make Way for Books. My wife and I are Flying Samaritans. We help staff an all-volunteer weekend clinic in Baja, México, flying down in teeny tiny planes that are almost as old as I am. I see patients, and Jennifer assists. I am also active in my church, serving on the Mission Team, taking care of the church finances, and delivering donated food to the Community Food Bank.



Dr. Stewart and his wife, Jennifer, volunteering with Flying Samaritans.

What do you do in your spare time, and do you have any plans for retirement?

I love to hike, and my wife and I would like to visit many more national parks. We also plan to do more international travel with our family when it is safe to do so. We are the Stewart Clan, so everyone wants to go to Scotland. I also will volunteer, perhaps with the Community Food Bank. I think it will be fun to drive a forklift.

Final words?

I would like to thank my boss, Dr. Steven Wang, my colleagues, the nurses, and staff for all they do—I wish I could list all their names here, but there are too many. But please know I appreciate and am grateful to you all. I am leaving, but I'm planning to help fund the Temporal Bone Lab, so that future residents have a chance to hone their surgical skills.

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|--------------------|----------------|
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Resident Spotlight – Andrew Johnson, MD – PGY4

My name is Andrew Johnson. I was born and raised in Fairbanks, Alaska. I attended the University of Washington in Seattle, WA where I received a degree in bioengineering. I then moved to Cleveland, Ohio to attend medical school at Case Western Reserve University. I was first introduced to the field of otolaryngology at the end of my first year of medical school and was involved in research on pediatric hearing loss throughout medical school. I was drawn to the field of otolaryngology by its diverse surgical and clinical practice and the fascinating anatomy of the head and neck.

What attracted you to UArizona?

At my interview day, I sensed the feeling of community that is present within the department and the passion that our attendings have for teaching. I like the small program size because I feel that it provides an excellent opportunity to work closely with our outstanding faculty mentors. I believe that we have a unique opportunity to grow as surgeons during our residency because of how well our faculty get to know us and are able to specifically tailor our surgical training.

What is your favorite surgery to be involved in?

I enjoy surgeries in all subspecialties of otolaryngology, but I particularly enjoy sinus surgery and free flaps.

What do you enjoy doing in your spare time?

In my free time, I enjoy playing golf, mountain biking, hiking, running, and skiing.

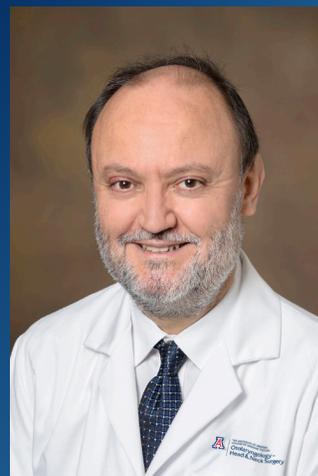
What are your long-term goals?

After residency, I plan to have a busy, comprehensive general ENT practice.

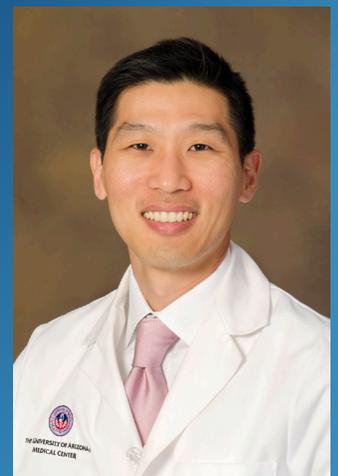


Faculty Promotions

Effective July 1, 2022, Dr. Eugene Chang was promoted to Professor with Tenure, and Dr. Carlos Caulin was promoted to Associate Professor with Tenure. We are fortunate to have such accomplished and talented faculty in our department. Congratulations!



Dr. Carlos Caulin



Dr. Eugene Chang

Alumni Update – Dr. Tyson Nielsen

After finishing his residency in Otolaryngology – Head and Neck Surgery at the University of Arizona in 2020, Dr. Tyson Nielsen and his family moved to Omaha, Nebraska. There Dr. Nielsen completed an advanced head and neck surgery fellowship including robotic and microvascular free tissue transfer training through the Methodist – Creighton University health system. Upon completion of his fellowship Dr. Nielsen and his family had the opportunity to return home to Idaho, where Dr. Nielsen joined Southwest Idaho Ear, Nose, & Throat in Boise. Dr. Nielsen became the first and remains the only fellowship-trained head and neck surgeon in Idaho. The Niensens have very much enjoyed being back home in Idaho with family.

Their oldest daughter, Madelynn, started high school this year and has her permit to drive (look out!). Annabelle is in 7th grade and remains the only fashionable person in the family, at least according to her. The twins, Jensen and Everett, started kindergarten this year. To ensure that Pam didn't enjoy too much peace and quiet with all the kids off to school, the family adopted an Irish Wolfhound puppy named Ares. Outside of work Dr. Nielsen has been enjoying escape rooms, a vacation to Hawaii complete with successful surfing, and a trip to Washington D.C. and New York City. His newest hobby is training to become a BBQ pitmaster, smoking meat, and embarking on amateur BBQ competitions.



Welcome New Rhinology Fellow – Shireen Samargandy, MD



My name is Shireen Samargandy. I was born in a beautiful city overlooking the Red Sea in Saudi Arabia where I grew up and completed medical school. In 2017, I moved half-way across the world to Toronto, Canada where I spent five amazing years in

residency. I was privileged to join the Rhinology & Skull Base Fellowship program here in Tucson, Arizona. I am still in awe of the major change in scenery for me from concrete jungle to mountain landscapes. I am looking forward to hikes when non-summer weather arrives.

What attracted you to UArizona?

The Rhinology Fellowship Program at UArizona has everything an aspiring rhinologist wants in order to grow. There is an excellent variety of cases, from advanced endoscopic sinus surgery, orbital decompressions, sinonasal tumors, fungal sinusitis, to pituitary and clival tumors. There are also plenty of opportunities for robust clinical and translational research. The warm weather is a welcome bonus.

What is your favorite surgery to be involved in?

ESS and sinonasal tumor cases are especially fun.

What do you enjoy doing in your spare time?

I enjoy movie nights with my husband and our two cats, Scarlett and Hazel. We are foodies and love going to restaurants as well. When we have time off, we love to travel (to locations with beaches whenever possible).

What are your long term goals?

I aspire to be an excellent clinician, educator, and researcher in my future professional career in Rhinology.



Clinical Spotlight – The Changing Landscape of Head and Neck Cancer

What is Head and Neck Cancer?

Head and neck cancers originate in the mucosal surfaces of the mouth, the nose, and the throat. These cancers are also known as head and neck squamous cell carcinoma (HNSCC). HNSCCs are further categorized by the anatomic site within the head and neck from which they arise. The anatomic subsites of HNSCCs include the oral cavity (mouth), nasopharynx, oropharynx, larynx, hypopharynx, nose and paranasal sinuses, and the salivary glands. There are subtle but clinically important differences in the behavior and response to treatment for HNSCC depending on which anatomic subsite the cancers originate.

Overall, HNSCC is the sixth most common cancer worldwide, including three percent of all cancers in the US. These cancers occur twice as often among men as among women and are more common after age 50. There are 55,000 new cases of HNSCC each year in the US, including approximately 1,200 new cases of HNSCC in Arizona.

Significance and Causes

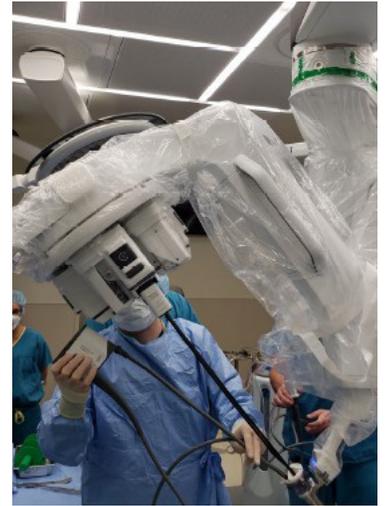
Head and neck cancer affects the key organs through which we interface with the outside world and can profoundly impact a person's speech and voice, ability to eat and swallow, as well as affect their sense of smell, vision and hearing. Managing the negative functional impact of head and neck cancer is often as important as treating the cancer itself.

Historically, tobacco has been the cause of most head and neck cancers, and until recently, nearly all head and neck cancer patients were active or former smokers. However, the "typical" head and neck cancer patient and the overall demographics of HNSCC have changed dramatically, and that story is a fascinating one which is worth reviewing. In the US, the incidence of HNSCC peaked in the 1970s and has been gradually declining since, roughly in parallel with the decline in overall smoking rates, thanks to decades of active public health efforts. Today, less than 1 in 5 adult Americans are active smokers. However, even as the overall incidence of HNSCC has declined, a subset of throat cancers, specifically oropharyngeal cancers, has been rapidly rising. In 2019, the



number of oropharyngeal cancers in the US was roughly double compared to 1975. What is also interesting is that the 5-year survival rate for oropharyngeal cancers has improved, too, from less than 40% in 1975 to nearly 80% in 2019. At the same time, the 5-year survival rate for other HNSCC sites has, sadly, remained essentially unchanged. What could be going on?

The explanation for this mystery is the finding that these oropharyngeal cancers were not caused by tobacco exposure but rather by the human papilloma virus, or HPV. HPV is responsible for the rapid increase in incidence of oropharyngeal cancer in North America over the past 30 years. Today, more than 80% of new cases are caused by HPV, and the incidence of oropharyngeal cancer now surpasses cervical cancer, the other common HPV-related human disease. Furthermore, HPV-associated HNSCC tends to affect a younger population compared to tobacco-related HNSCC. HPV-associated HNSCC also tends to have a more favorable prognosis and better response to treatment.



In addition to the new group of HPV-associated HNSCC patients, an additional different new group of HNSCC patients has been identified which has also contributed to the changing demographics of today's HNSCC patient population. Over the past couple of decades, there has been an increasing trend of patients who have never smoked who are developing oral cavity cancers, especially of the tongue—currently, approximately half of all tongue cancers occur in patients without significant tobacco history. This new group of never smoker HNSCC patients remains incompletely understood, but what must be emphasized is that these cancers are definitely not linked to HPV. However, despite much investigation, the cause of this group of cancers is unknown. Also, for never smoker, non-HPV-associated oral cavity cancers, the prognosis, unfortunately, is the same or in some cases worse than tobacco-related oral cancers.

In summary, while tobacco remains an important cause of HNSCC, there are increasing numbers of patients diagnosed with HNSCC who have little or no history of smoking. For some, the cause of these cancers is HPV, but for others, the cause remains a mystery.

Treatment

Treatment of head and neck cancer is complex, and the optimal strategy for treatment is best achieved when patients are evaluated with a multidisciplinary approach that involves head and neck surgeons, radiation oncologists, and medical oncologists, along with key ancillary services provided by a comprehensive cancer center. The University of Arizona Cancer Center (UACC) at Banner University Medicine – Tucson recently received renewed status as a National Cancer Institute (NCI)-Designated Comprehensive Cancer Center, the only one in Arizona. The designation indicates the UACC meets the highest standards for providing cancer care to our patients and conducting cancer research.

Dr. Steven Wang is Co-Leader of the Head and Neck Cancer Program at the UACC, which meets weekly as a Multidisciplinary Head and Neck Tumor Board to review new head and neck cancer patients and consider treatment options that emphasize efficacy, minimize toxicity, and provide the best functional and quality of life outcomes for patients.

Dr. Wang, Dr. Audrey Baker, Dr. Shethal Bearely, Dr. Christopher Le, and other UArizona Department of Otolaryngology faculty are renowned head and neck cancer surgeons who apply their highly specialized skills and the latest technologies to provide the most advanced cancer surgery and state-of-the-art reconstructive techniques. These surgeons make use of 3D-image guidance and pre-operative virtual surgical planning to achieve a surgical result that is safer, more precise, and provides better outcomes for patients. Banner University Medical Center -Tucson is the only hospital in Southern Arizona with the da Vinci SP surgical robot, which helps Drs. Wang and Bearely to remove throat cancers through the mouth, a minimally invasive surgical approach shown to provide superior cancer and functional outcomes compared to conventional surgery.

Dr. Jared Robbins and Dr. Christopher Morrison are radiation oncologists at UArizona with many years of experience treating head and neck cancers. Dr. Ricklie Julian, a medical oncologist, is Co-Leader of the Head and Neck Cancer program and is the principal investigator of multiple innovative, cutting-edge clinical trials for head and neck cancer patients. Clinical trials offered at comprehensive cancer centers like UACC allow patients to access new medical treatments and technologies not offered elsewhere, which has been shown to lead to better results and outcomes. Currently, the UACC has an extensive portfolio of clinical trials open for enrollment including a trial for patients undergoing initial primary surgery or radiation and chemotherapy, as well as a trial for patients with recurrent head and neck cancers or those who have already failed conventional treatments.



Dr. Baker performs microvascular head and neck free flap reconstruction.



2022 Resident Graduation

On June 11, 2022, our annual otolaryngology resident graduation ceremony took place at the Westin La Paloma Resort. Dr. Samuel Barber received his certificate as the sixth graduate from the University of Arizona Department of Otolaryngology Residency Program. Dr. Barber's clinical interest during his residency has been lateral skull base and endoscopic ear surgery. His research explores the application of medical imaging and virtual technologies for pre-operative planning and surgical navigation. After graduation, he is pursuing a Neurotology Fellowship at Louisiana State University.

During the graduation dinner, remarks were given by Steven Wang, MD, Professor and Chair, Department of Otolaryngology, and Audrey Baker, MD, Residency Program Director. The following awards were presented during the evening's event:

The Stephen Goldstein Memorial Teaching Award: Established to honor a faculty member who offers excellence in teaching the principles and practice of Otolaryngology. The 2021-2022 recipient was Christopher Adams, PA-C.

Affiliated Clinical Faculty Teaching Award: Presented to an affiliated faculty member within the Tucson community. The 2021-2022 awardee was Dr. Robert Cravens.

Highest In-Service Score Award: Presented to the resident earning the highest in-service score. After years of narrowly coming in second, Dr. Samuel Barber was the proud recipient of the 2021-2022 award.

Outstanding Research Presentation Award: Given for the best presentation at the Research Symposium held the day prior to graduation, where senior residents showcase their ongoing research projects. The 2021-2022 recipient was Dr. Matthew Groysman, for his outstanding project, "Evaluating the Aerosolization of Tracheostomy in a Porcine Model."



Otolaryngology Department Fall Picnic



Our annual picnic was held on September 17, 2022 at Brandi Fenton Memorial Park. The kids cooled off in the splash pad, and everyone enjoyed great food and conversation.



Dr. Carlos Caulin awarded NIH Grant



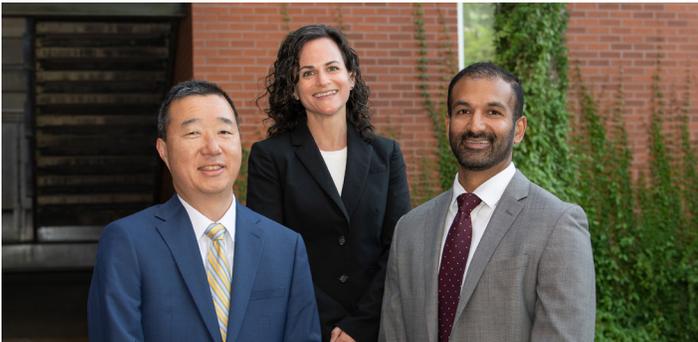
Dr. Carlos Caulin, Associate Professor, Department of Otolaryngology – Head and Neck Surgery received a \$2.5 million grant from the NIH-NCI to study genomic alterations that promote malignant progression of oral premalignant lesions (OPLs), and to identify therapeutic strategies to prevent oral cancer development.

Dr. Caulin is Director of Translational Head/Neck Cancer Research and member of the Cancer Biology Program at the University of Arizona Cancer Center (UACC). Co-investigators on this award include Dr. Megha Padi, Assistant Professor of Molecular and Cellular Biology and Co-Director of the UACC Biostatistics and Bioinformatics Shared Resource, and Dr. Robert Klein, Associate Professor of Pathology.

During the past 15 years, Dr. Caulin’s team has been investigating the consequences of mutations in p53, a gene found mutated in over 70% of the oral squamous cell carcinomas (OSCC), the most common malignancy of the head and neck. Recent studies from this group suggest that p53 mutations that arise in OPLs confer high risk of progression to OSCC. “It is estimated that approximately 30% of the oral preneoplastic lesions continue to progress to malignant carcinoma. However, we do not have reliable biomarkers that predict which lesions progress to OSCC. This is an extremely active area of research because patients with high risk OPLs could benefit from preventive strategies that block the malignant progression of OPLs.”

With support from this award, Dr. Caulin’s team will study mechanisms that confer high risk of progression to p53-mutated OPLs and will investigate therapeutic approaches designed to prevent their progression to OSCC. “Using in vivo models that recapitulate the genetic and histopathological features observed in human oral cancer development, we will identify genomic alterations that co-exist with p53 mutations in OPLs and gene expression programs that promote progression to OSCC. We have evidence to suggest that induction of an immunosuppressive microenvironment in OPLs is critical for the tumor-promoting activities of mutant p53. Based on these observations we will evaluate therapeutic strategies designed to reinvigorate the immune system against p53-mutated OPLs.”

Residency Updates



Dr. Steven Wang, Dr. Audrey Baker, and Dr. Shethal Beareilly

New Residency Director

After leading the residency program for nine years, founding director Dr. Audrey Baker is stepping aside to take the role of Mentor in the Societies Program at the University of Arizona College of Medicine, where she continues to shine in her commitment to training medical students.

Dr. Baker is passing the mantle of Residency Director to Dr. Shethal Beareilly, who has served as Associate Residency Program Director since 2018. Dr. Baker and Beareilly have worked closely in the development of curriculum that emphasizes progressive responsibility for patient care and meets ACGME requirements in the core competencies for board certification.

Dr. Beareilly has been instrumental in developing an environment that encourages candid feedback from residents and faculty to ensure the health of the program, the safety of patients, and the improvement of each resident’s performance.

Surgical Skills Lab

With the ACGME approval in 2020 to increase our program to two residents per year, we are steadily working toward a full complement of ten residents. This makes for a tight fit in our temporal bone lab, which contains only two surgical simulation workstations. Practice time in the lab is essential for our residents to master surgical techniques, particularly in the area of the middle ear, mastoid and temporal bone. However, the need for trainees to work with cadaveric tissue is not unique to the Department of Otolaryngology. Currently the Departments of Surgery, Orthopedic Surgery, Neurosurgery, and Otolaryngology are collaborating on plans to convert approximately 1600 square feet of space in the Arizona Health Sciences Center into a fresh tissue lab. Dean Abecassis has included construction of the surgical skills lab in the Strategic Plan for the College of Medicine. The completed lab will include six workstations for our otolaryngology residents. Donations to this project can be made by clicking the “Donate Today” button on the bottom of our website.

