



# University of Florida Health Science Center, Jacksonville

## Residency Newsletter

### Department of Oral & Maxillofacial Surgery

Volume 4, Issue 2/ Winter 2013

#### “Welcoming the new year”

As the New Year moves forward, I truly hope each and every one of you had a wonderful and prosperous holiday season in 2012. Welcome to the latest edition of our residency newsletter. I am grateful to have the opportunity to bring you up to date regarding the latest developments in the Department of Oral & Maxillofacial Surgery at UF Jacksonville.

The first 6 months of being an independent department at our medical center has been fulfilling. Multiple projects are currently underway as a result of our newly found independence. Perhaps one of the biggest projects, designed to improve patient care and access, is the creation of a new outpatient office in the Southside area. The Southside office, a 1600 square foot office in the Roger Main Building, located in the St. Vincent’s Southside campus, will accommodate cosmetic surgery patients, head and neck patients, as well as other types of patients seeking care. This office will officially open in Spring 2013. Be on the lookout for our open house invitation!

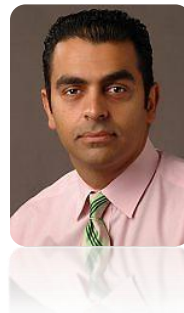
As far as the Chair position is concerned, the University will begin a formal Chair Search

sometime in the early part of 2013. Myself, as well as other interested candidates will meet with the Dean of the College of Medicine and the search committee members during this period. It is expected that by July 2013, a permanent Chair for our department will be chosen.

As always, I want to thank all of you for your continued support of our academic mission here at UF Jacksonville. Our goal is to continue our efforts in creating one of the best OMS programs in our country. I wish you the best in 2013.

Sincerely,

Tirbod Fattahi, MD, DDS, FACS



#### In this issue....

1. AAOMS Meeting in San Diego
2. Meet our new Head & Neck fellow
3. Head & neck cancer and HPV
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## Annual AAOMS Meeting—San Diego, CA



Our department had a large presence at the last AAOMS annual meeting in San Diego in September 2012. There were 16 resident and/or faculty presentations from UF Jacksonville in San Diego including surgical clinics, symposia, scientific sessions and abstracts.



## Meet our new Head & Neck Fellow



Anthony Morlandt, DDS, MD

Dr. Tony Morlandt is the new head and neck/microvascular fellow in our department. Dr. Morlandt completed his OMS training at the University of Alabama in Birmingham and began his fellowship in Jacksonville on January 1, 2013. He joins Dr. Carolos Ramirez, our other head and neck fellow, who started in his fellowship in July 2012. Addition of a 2nd fellow will significantly enhance patient care and patient access for the busy head and neck surgery section. Drs. Fernandes, Pirgousis and Goldman will continue to serve as the faculty members of the section of head and neck surgery.

## Head and Neck Cancer and HPV: What do I need to know?

Recently, there has been a prevailing thought that head and neck cancer is in a state of change. This fact is reflected in the number of scientific publications as well as the media. The intent of this letter is to share with colleagues some of the subtle but important changes in the field of head and neck oncology.

The overall incidence of head and neck cancer in the United States continues to rise even though the incidence of squamous cell carcinomas (SCCa) arising from the established risks of tobacco and alcohol consumption are showing a decrease over the past several years. This fact is important because it leads to the question as to what is contributing to the increase in incidence. For decades we have known that the risks of squamous cell carcinoma have been attributed to smoking and or heavy consumption of alcohol. The normal demographic for most of our patients were males older than 65 years of age with an overall lower socioeconomic status. Recently, the rise in the incidence in head and neck has been attributed to infection with the human papilloma virus (HPV), in particular, the HPV 16, and 18 strains. These patients have a very different demographic profile.

The vast majority of these patients are young, well educated, Caucasian males who are in a higher socioeconomic status. These patients are much younger in age, usually in their mid 40's, and usually don't have the other risk factors. The location of these tumors is most often in the oropharynx (tonsils, base of tongue, and pharynx) with as much as 75% of these tumors being positive for HPV. In contrast to those tumors in the oropharynx, only a small percent of tumors found in the oral cavity are HPV positive. This fact should alert all of us to perform a comprehensive head neck cancer exam with equal emphasis in the oropharynx in all of our patients.

The diagnosis of HPV positive tumors can be confirmed by sending the biopsy for testing for the P16 staining. The P16 is over expressed in patients who are HPV positive.

Once the diagnosis is confirmed, if the tumor originates in the oropharynx, the primary treatment modality will be radiation therapy in most instances. In a small percentage of these patients with early, small tumors, the treatment may be done with transoral robotic surgery (TORS) or transoral laser microsurgery (TLM).

One of the interesting factors of these HPV positive cancers relates to the prognosis. Literature shows that the 5 year survival outcome for these patients is much more favorable than for the same staged HPV negative tumors.

Recently there has been a series of news reports related to the prevention of HPV positive SCCa of the head and neck by vaccination. The two vaccines currently in the market are a bivalent and a quadrivalent vaccine to protect against HPV 16 and 18. These vaccines were initially approved for the protection against cervical, anal, vulvar, and vaginal cancer. The two FDA approved vaccines are *Gardasil* and *Cervarix*. Currently, neither one of these two has been approved for the prevention of oropharyngeal cancer. The public reception to these vaccines have been somewhat mixed.

Overall, we must continue to be vigilant for the presence of head and neck cancer in all of our patients and do the very best to diagnose those afflicted with tumors irrespective of their age, socioeconomic status, and social habits.



Rui Fernandes, DMD, MD, FACS  
Chief, Section of Head & Neck Surgery

## Match Day 2013

Following the Match Day 2013, our department welcomes three new residents and one non-mariculated intern. Dr. Anthony Massaro (NOVA Southeastern), Dr. Steven Adams (UNLV), Dr. Anastasia Quimby (U. of Chicago, Illinois) and Dr. Samman Harouni, (USC) will begin their respected program as of July 1, 2013. Please join me in welcoming all 4 of them.

Overall, there were 394 applicants across the country applying for 217 OMS positions. Over 75% of the applicants matched to their 1<sup>st</sup> or 2<sup>nd</sup> choices. The other good news, as depicted by the table below is that the number of students applying to OMS programs has remained fairly steady over the past 5 years.

OMS	2009	2010	2011	2012	2013	
Applicants Participating in the Match*	367	387	383	396	394	(-2)
Positions Offered	206	216	210	217	223	(+6)
Matches / Positions Filled	200	206	199	209	213	(+4)
Unfilled Positions	6	10	11	8	10	(+2)

## Thank you

The department of OMS would like to thank the following people for their generous donations to our residency educational fund over the past 6 months.

- Dr. Greg Caldwell, Lexington, Massachusetts
- Dr. David Kirkpatrick, Lakeland, Florida
- Dr. Douglas Johnson, St. Augustine, Florida

In these tough economic times, it is refreshing to know that our alumni and colleagues place a special emphasis and value on the educational training of the future of our specialty and the next generation of oral and maxillofacial surgeons graduating from UF Jacksonville. For more information regarding donations to our educational fund, please feel free to contact us through email at: [Tirbod.Fattahi@Jax.Ufl.Edu](mailto:Tirbod.Fattahi@Jax.Ufl.Edu)

Thank you.



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