

The UCSF Department of Otolaryngology -  
Head and Neck Surgery  
Presents  
**UCSF Pacific Rim Otolaryngology Head and Neck  
Surgery Update**  
February 14 - 17, 2026

Moana Surfrider, A Westin Resort & Spa, Waikiki

### Course Overview:

Each day is packed with insightful sessions starting with a continental breakfast, followed by presentations from leading experts such as Dr. Charles Limb, Dr. Steven Pletcher, Dr. Alejandro Rivas, Dr. Stacey Gray, and more. Topics range from the management of mixed hearing loss and invasive thyroid cancer to the latest in stapes surgery and the role of circulating tumor DNA in HPV-associated head and neck cancer. Don't miss the cocktail reception, case presentations, and evening sessions, which provide the perfect opportunity to connect with peers and faculty, share insights, and discuss the latest advancements in the field.

## Educational Objectives:

An attendee completing this course will be able to improve skills and strategies for:

1. Apply standardized diagnostic tools and evidence-based algorithms to identify CRS patients who may benefit from biologic therapy
2. Strategies to minimize the risk of complications in endoscopic sinus surgery
3. Methods to prevent hypocalcemia post-thyroid surgery
4. Techniques for endoscopic ear surgery
5. The role of GLP-1 agonists in treating OSA
6. Vocal fold injection for vocal fold paralysis
7. Diagnosis and treatment of semicircular canal dehiscence
8. 8 Strategies for improved surgical access with challenging direct laryngoscopy

## Accreditation:

In support of improving patient care, the University of California, San Francisco Office of Continuing Medical Education (CME) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This CME activity meets the requirements under California Assembly 1195, continuing education, and cultural and linguistic competency.

## Designation:

UCSF designates this Live Activity for a maximum of 22.00 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 22.00 ABIM MOC Part 2 in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

## Credit Claiming Instructions:

In order to receive credit, you must certify your attendance in this live activity and claim your credits earned in the activity within 30 days of its conclusion.

## Additional Information:

Feedback person for this educational activity is: [RobCorbett@ucsf.edu](mailto:RobCorbett@ucsf.edu)

## Acknowledgement of Commercial Support:

Acclarent (J&J; Integra Life Services)

Aerin Medical

Amgen

Fujifilm Healthcare

GSK

Hemostasis

Johnson & Johnson DePuy Synthes

Karl Storz

KLS Martin

Medtronic ENT / Surgical Technologies (online app for exh)

Naveris

Olympus America Inc Exhibit

Precigen (Eversana)

Regeneron Sanofi

Stryker

Vertex Pharmaceuticals, Inc

## Faculty:

- Kelly Anderson, MD, Tripler Army Medical Center
- Macario Camacho, MD, Physician, Sleep Surgery, Tripler Army Medical Center
- Jolie L Chang, MD, Professor, UCSF
- Sean Chislett, MD, Rhinology, Professor, Tripler Army Medical Center
- Jonathan R George, MD, UCSF
- Stacey T Gray, MD, Associate Professor, Harvard Medical School
- Nicole Tin-Lok Jiam, MD, UCSF
- Charles J Limb, MD, Professor, UCSF
- Garani S. Nadaraja, MD, UCSF Department of Otolaryngology Head and Neck Surgery
- Steven D. Pletcher, MD, Professor, UCSF
- Alejandro Rivas, MD, University Hospitals - Case Western Reserve University
- Clark A Rosen, MD, Professor, UCSF
- Paulus Tsai, MD, Physician, Tripler Army Medical Center
- Keith Volner, DO, Pediatric Otolaryngology - Head and Neck Surgery, Tripler Army Medical Center
- Katherine Wai, MD, Assistant Professor, UCSF
- VyVy Young, M, Professor, UCSF
- Bovey Zhu, MD, Tripler Army Medical Center

## Disclosures:

Due to regulations required for CE credits, all conflicts of interest held by persons in a position to control or influence the education must be fully disclosed to participants. In observance of this requirement, we are providing the following disclosure information: all relevant financial relationships disclosed below have been mitigated.

Name of individual	Individual's role in activity	Nature of Relationship(s) / Name of Ineligible Company(s)

Kelly Anderson, MD	Faculty	Nothing to disclose - 02/03/2026
Macario Camacho Jr., MD, Physician	Faculty	Nothing to disclose - 02/03/2026
Jolie L Chang, MD	Faculty	Consulting Fee-Inspire Medical Systems (Relationship has ended) Consulting Fee-LivaNova - 12/23/2025
Sean Chislett, MD	Faculty	Nothing to disclose - 12/28/2025
Jonathan R George, MD	Faculty	Nothing to disclose - 01/14/2026
Stacey T Gray, MD	Faculty	Royalties or Patent Beneficiary-Wolters Kluwer - 01/21/2026
Nicole Tin-Lok Jiam, MD	Faculty	Consulting Fee-Cochlear Americas Grant or research support-Advanced Bionics Grant or research support-Hearing Research Institute Grant or research support-Mount Zion Health Fund - 01/05/2026
Charles J Limb, MD	Co-Director, Faculty	Consulting Fee-Spiral Therapeutics Consulting Fee-Jazz Surgical - 08/27/2025
Garani S. Nadaraja, MD	Faculty	Nothing to disclose - 10/22/2025
Steven D. Pletcher, MD	Co-Director, Faculty, Peer Reviewer	Nothing to disclose - 10/09/2025
Alejandro Rivas, MD	Faculty	Consulting Fee-Grace Medical, Inc. Consulting Fee-Cochlear Corp Grant or research support-Cochlear Corp Grant or research support-Cook Medical, Inc. - 02/05/2026
Clark A Rosen, MD	Faculty	Royalties or Patent Beneficiary-

		Instrumentarium Ownership- AmplioVox LLC Other: Shareholder-Aether Devices Inc Other: Shareholder- Reflux gourmet - 01/18/2026
Paulus Tsai, MD, Physician	Faculty	Nothing to disclose - 01/26/2026
Keith Volner, DO	Faculty	Nothing to disclose - 12/10/2025
Katherine Wai, MD	Faculty	Stocks or stock options, excluding diversified mutual funds-IIAM - 01/05/2026
VyVy Young, MD, Professor	Faculty	Nothing to disclose - 12/29/2025
Bovey Zhu, MD	Faculty	Nothing to disclose - 12/15/2025

This UCSF continuing education activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

UCSF adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CE activity, including content planners, reviewers, authors, presenters, moderators, panelists, or others are required to disclose all financial relationships with ineligible entities. All relevant financial relationships have been mitigated prior to the commencement of the activity.

## Copyright, Privacy & Social Media Policy:

All educational materials presented are the intellectual property of the presenters. Participants may not share content, images, resources, videos, PDFs, PowerPoint presentations, or handouts in electronic (including any form of social media) or hard copy format without the express written authorization and/or informed consent of the intellectual property owner(s) and any person whose image, likeness, or health/identifying information would be shared, including, but not limited to, patients, employees, faculty, staff, students, and visitors.

Federal and State Law Regarding Linguistic Access and Services for Limited English Proficient Persons:

### I. Purpose.

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

### II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons.

A copy of HHS's summary document entitled "Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary" is available at HHS's website at: <http://www.hhs.gov/ocr/lep/>.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that "reasonable steps" may differ depending on the Recipient's size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient's program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient's analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient's LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS's guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS's guidance also establishes a "safe harbor" that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS's Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

III. California Law – Dymally-Alatorre Bilingual Services Act.

The California legislature enacted the California's Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person's English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services to ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff and translate documents into additional languages to represent the clientele they serve. Public agencies must also conduct a needs assessment survey every two years, documenting the items listed in Government Code section 7299.4, and develop an implementation plan each year that documents compliance with the Act. You may access a copy of this law at the following URL: <http://www.spb.ca.gov/bilingual/dymallyact.htm>