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ANNUAL CONVENTION
& SCIENTIFIC ASSEMBLY

OTOLARYNGOLOGY SECTION

WILLIAM HARRY BARNES MEDICAL SOCIETY

2026 NMA CONVENTION PROGRAM



SHERATON PUERTO RICO RESORT AND CASINO
200 CONVENTION BOULEVARD
SAN JUAN, PUERTO RICO
SHERATON - ROOM (6)



CME Information

AMA Physicians Recognition Award

The National Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The National Medical Association designates this live in-person and live-streaming activity for a maximum of *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Format & Activity Description

Workshops, “firsthand” activities, and seminars addressing the critical concerns of medical specialists will be held during this activity. Lectures, panels, and demonstrations will be given as well.

Learning Objectives:

After participating in this learning activity, learners will:

1. Identify the elements crucial to providing high-quality otolaryngology care, for example, enhanced recovery protocols.
2. Discuss strategies to design quality and safety tools for otolaryngology care in one's practice (e.g., surgical dashboards).
3. Explain the benefits, components, and indications of a multidisciplinary approach to patient care in patients with otolaryngological conditions.
4. Identify metrics used to determine if inequities in care and resources occur in otolaryngological care (e.g., opportunity index).

All scientific sessions throughout the week are open to registered convention participants. However, pre-registration may be required for special workshops.

Disclosure of Unlabeled or Unapproved Uses of Drugs:

Please note that this activity may contain discussions of unlabeled uses of FDA-approved products AND/OR discussions of investigational products not yet approved by the FDA. Please refer to the official prescribing information for approved indications, contraindications, and warnings.

General Disclaimer:

The National Medical Association and its staff are not responsible for injury or illness resulting from the use of medications or modalities discussed during this educational activity.



Disclosure Policy Statement:

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The following planners, moderators, and speakers declare no relevant relationship with commercial entities.

Ronda Alexander, MD
Cassie Bowers, BS
Oluebubecukwu, Eze, BS
Erynne A. Faucett, M.D.
Earl H. Harley, Jr., MD, FACS, FAAP
LaKeisha Henry, MD, FACS
Lamont R. Jones, MD, MBA
Charles E. Moore, MD, FAACE
Ernest M. Myer, MD, FACS
Cedric Pritchett, MD, MPH, FAAP, FACS
Duane Taylor, MD
Sara Forastieri Vicente, BS
Jonathan Vuillier, BS

The following planners, moderators, and speakers declare the following relations with commercial entities.

CME Certificate Process

Attendees will not be required to scan into sessions to claim CME credit for the convention. After the meeting, attendees will print their CME certificates from Cadmium, NMA's Learning Management System. In the system, attendees will self-select the sessions attended, and a certificate will be ready for printing. The next page may be helpful for tracking which sessions were attended. This information may be used to prepare for and print CME certificates after the meeting. An email announcing that the System is ready to print certificates will be sent by August 18, 2026.



**2026 Annual Meeting National Medical Association
Otolaryngology Section
William Harry Barnes Medical Society**

**Co-Sponsored by: Henry Ford Health
LaKeisha Henry, MD, FACS, Chair**

Transforming Healthcare

Saturday, July 25, 2026

8:00 am Breakfast Sheraton Puerto Rico Resort & Casino Room 6

9:00– 9:10 am Welcome

LaKeisha Henry, MD, FACS
Associate Partner and Comprehensive Otolaryngologist, Ear, Nose, and Throat
Consultants of Nevada
Clinical Associate Professor, Dept. of Surgery, USUHS
Colonel (Retired), United States Air Force, Medical Corps, Flight Surgeon
Henderson, Nevada

Section Moderator:

LaKeisha Henry, MD, FACS
Associate Partner and Comprehensive Otolaryngologist, Ear, Nose, and Throat
Consultants of Nevada
Clinical Associate Professor, Dept. of Surgery, USUHS
Colonel (Retired), United States Air Force, Medical Corps, Flight Surgeon
Henderson, Nevada

**9:10-9:30 am Clinical and research topics in Facial Plastic and Reconstructive
Surgery**

Lamont R. Jones, MD, MBA
Department of Otolaryngology HNS
Facial Plastic and Reconstructive Surgery
Co-Director, Cleft and Craniofacial Clinic
Associate Chief Medical Officer, Henry Ford Medical Group
Medical Director, Ambulatory Surgery, Henry Ford Health
Clinical Professor, Department of Surgery, Michigan State University
Clinical Professor, Wayne State University School of Medicine
West Bloomfield, MI



9:30-10:00 am **The Ethics of Futile Surgery in Pediatric Otolaryngology: A Structured Review**

Earl H. Harley, Jr., MD, FACS, FAAP
Georgetown Professor of Otolaryngology and Pediatrics
Georgetown University School of Medicine
Washington DC

10:00-10:30 am **Leadership in Otolaryngology: Navigating Change and Shaping the Future**

Duane J. Taylor, MD, D.Sc.h.c.
Private Practice
Bethesda, Maryland

10:30-11:00 am **Bias**

Ernest M. Myer, MD, FACS
Private Practice
Silver Spring, MD 20695

11:00-11:30 am **Pediatric Sleep Apnea**

Erynne A. Faucett, M.D.
Associate Professor
Director of Inclusive Excellence, GME
UC Davis Health | Department of Otolaryngology- Head & Neck Surgery
Sacramento, California

11:30-12:00 pm **Neurogenic Cough for the Otolaryngologist**

Ronda Alexander, MD
Assistant Professor
Department of Otorhinolaryngology - Head and Neck Surgery
Director, Laryngology Division
Montefiore Einstein
Bronx, NY 10467

12:00-3:30 pm **Lunch - El Asador - The Grill House 350 C. de San Francisco, San Juan, PR**

3:30-4:00 pm **The Impact of Environmental Change on Otolaryngologic Conditions**

Charles E. Moore, MD, FAACE
Professor and Eminent Physician, Emory University
Chief of Service, Dept. of Otolaryngology, Grady Health System



Director, Emory Urban Health Initiative
 Founder, HEALing Community Health
 Past President, American Association for Cancer Education
 Atlanta, Georgia

4:00-4:30 pm Overcoming Societal Challenges to Pediatric Cochlear Implantation

Cedric Pritchett, MD, MPH, FAAP, FACS
 Chief, Division of Pediatric Otolaryngology
 Co-Director, Ear, Hearing & Communication Center
 Orlando, Florida

4:30-5:00 pm Business Meeting

View Poster Presentation – Sara Forastieri Vicente, BS, outside of Room (6)

Sunday, July 26, 2026

12:00 Noon Fogo De Chao Restaurant 15 Ave Munoz Rivera Ste. 2080, San Juan, PR 00901

Section Moderator: Lamont R. Jones, MD, MBA

Department of Otolaryngology HNS
 Facial Plastic and Reconstructive Surgery
 Co-Director, Cleft and Craniofacial Clinic
 Associate Chief Medical Officer, Henry Ford Medical Group
 Medical Director, Ambulatory Surgery, Henry Ford Health
 Clinical Professor, Department of Surgery, Michigan State University
 Clinical Professor, Wayne State University School of Medicine
 West Bloomfield, MI

11:30 am-1:00 pm Lunch and Learn

Fogo De Chao Restaurant, 15 Ave Munoz Rivera Ste. 2080, San Juan, PR

1:00-1:30 pm Severe Oropharyngeal Trauma in Children

Earl H. Harley, Jr., MD, FACS, FAAP
 Georgetown Professor of Otolaryngology and Pediatrics
 Georgetown University School of Medicine
 Washington, DC

1:30-2:00 pm Artificial Intelligence in Otolaryngology

Duane J. Taylor, MD, D.Sc.h.c.
 Private Practice



Bethesda, Maryland

2:00-2:30 pm

Announcement of Awardees

LaKeisha Henry, MD, FACS

Associate Partner and Comprehensive Otolaryngologist, Ear, Nose, and Throat Consultants of Nevada

Clinical Associate Professor, Dept. of Surgery, USUHS

Colonel (Retired), United States Air Force, Medical Corps, Flight Surgeon Henderson, Nevada

Hinton/Gladney Lectureship-2026 Awardee: *Angela Powell, MD*

Fortson/Harley Historical Lectureship-2026 Awardee: *Dana Thompson, MD*

Monday, July 27, 2026

Virtual Presentations (Zoom to be provided)

Section Moderator: Ronda Alexander, MD

Assistant Professor

Department of Otorhinolaryngology - Head and Neck Surgery

Director, Laryngology Division

Montefiore Einstein

Bronx, NY 10467

9:00-11:00 am

Virtual Residents and Research Presentations

Zoom Link TBP

Students:

Vocal Cord Paralysis Risk Following Taxane Versus Vinca Alkaloid Chemotherapy

Cassie Bowers, BS

New Freedmen's Clinic: Executive Director

Health Advocacy Interest Group: Chair of Community Outreach

M.D Candidate

Howard University College of Medicine

Washington, DC

Vocal Cord Dysfunction Following Taxane Therapy in Breast Cancer

Jonathan Vuillier, B.S.

Pronouns: He/Him/His

M.D. Candidate | Class of 2027

Howard University College of Medicine



Washington, DC

Sudden Sensorineural Hearing Loss and Subsequent Neurovascular and Cardiovascular Risk: A Population-based Study

Oluebubechukwu E. Eze, BS, BSN

MD Candidate Class of 2027

VP of ENT Interest Group

Howard University College of Medicine

Washington, DC

Benchmarking Tracheostomy Outcomes at the University of Puerto Rico Within the Global Tracheostomy Collaborative (Poster)

Sara Forastieri Vicente, VA

Second Year Medical Student

Universidad Central del Caribe

San Juan, Puerto Rico



PRESENTERS, ABSTRACTS, AND BIOS 2026



Ronda Alexander, MD
Assistant Professor
Department of Otorhinolaryngology - Head and Neck Surgery
Director, Laryngology Division
Montefiore Einstein
Bronx, NY 10467

Bio:

Ronda Alexander, MD, is a native New Yorker who has been a practicing Laryngologist since 2008. A graduate of Xavier University of Louisiana (New Orleans), she completed her MD at the Weill Medical College of Cornell University (New York, NY). After her residency in ORL-HNS at Montefiore Medical Center/Albert Einstein College of Medicine, she pursued fellowship training in Laryngology and Neurologic Diseases of the Head & Neck. After 12 years of clinical practice in Southeast Texas, she returned to the Bronx, NY in 2021 to direct the Laryngology Division of the Department of ORL-HNS at Montefiore Medical Center. She has been named a Castle Connolly Top Doctor every year since 2014 and was named among Castle Connolly's Exceptional Women in Medicine in 2019. "Dr A," as she is affectionately known, is a fellow of the American College of Surgeons and of the American Academy of Otolaryngology-Head and Neck Surgery. She is a Past President of the Harry Barnes Society and has held leadership positions in the AAO-HNS, Harris County Medical Society, Texas Medical Association, Texas Association of Otolaryngology-Head & Neck Surgery, Harris County Medical Society and Houston Society of Otolaryngology- Head & Neck Surgery.

Abstract:

Neurogenic Cough for the Otolaryngologist

Chronic Cough is a common presenting concern in ORL offices. This talk will review the American Thoracic Society CHEST Cough guidelines as relevant to the office evaluation of cough in the outpatient setting, as well as advances in the understanding of Neurogenic cough.



Cassie Bowers, B.S.
New Freedmen's Clinic: Executive Director
Health Advocacy Interest Group: Chair of Community Outreach
M.D Candidate
Howard University College of Medicine

Bio:

Cassie Bowers is a third-year medical student at Howard University College of Medicine in Washington, DC, with a primary interest in otolaryngology. She earned her Bachelor of Science in Neuroscience with a minor in Sociology from Trinity University in San Antonio, Texas, graduating cum laude. During her time at Trinity, she was a varsity soccer student-athlete and team captain. These experiences have shaped her leadership style and commitment to teamwork.

Cassie's clinical and research interests are centered on otolaryngology, where she has contributed to multiple projects focused on head and neck cancer and related conditions. Her work includes investigations into cancer risk among patients with dermatomyositis, as well as outcome-based studies within otolaryngology. She has presented her research at national conferences and continues to pursue projects that advance understanding within the field.

In addition to her specialty focus, Cassie is deeply engaged in surgical education research and health equity. She had peer-reviewed and published work, examining the educational outcomes and career trajectories of graduates from historically Black college and university general surgery programs. She highlights the critical role these institutions play in diversifying the surgical workforce. Through this research, she aims to contribute to more equitable training pathways and long-term improvements in diversifying the surgical workforce.

Cassie also serves as Executive Director of The New Freedmen's Clinic, where she leads initiatives to expand access to primary and specialty care for underserved communities in Washington, DC. She is currently expanding to get surgical and vaccination access for these patients. Outside of medicine, she enjoys soccer, cooking, and exploring new restaurants with her friends.



Abstract

Vocal Cord Paralysis Risk Following Taxane Versus Vinca Alkaloid Chemotherapy

Cassie Bowers BS, Jonathan Vuillier BS, Oluebubechukwu Eze BS, Khalid Mohamed BS, Oluwasegun Akinyemi MD, PhD, Adedoyin Kalejaiye MD

Background: Chemotherapy-induced neuropathy is a well-recognized adverse effect of both vinca alkaloids (VA) and taxanes. However, progression of chemotherapy-induced neuropathy to vocal cord paralysis (VCP) is rare and has largely been described in isolated case reports. Although both agents disrupt microtubule function, the comparative risk and timing of VCP following exposure remain poorly characterized. This study aims to compare the incidence and time to onset of VCP following taxane versus VA therapy.

Methods: We performed a retrospective longitudinal cohort study using de-identified electronic health record data from the TriNetX US Collaborative Network. Propensity score matching was conducted using 1:1 nearest-neighbor matching with a caliper of 0.1 of the pooled standard deviation to balance baseline demographics and comorbidities between cohorts. Patients receiving taxanes (docetaxel, paclitaxel, cabazitaxel) were compared with those receiving VAs (vincristine, vinblastine, vinorelbine). Patients with a prior diagnosis of VCP were excluded. First exposure to the medication class served as the index event. The primary outcome was diagnosis of VCP at 3 months, 6 months, 1 year, and 5 years. Risk estimates and Kaplan–Meier time-to-event analyses were performed.

Results: After propensity score matching, 44,555 patients were included in each cohort. Compared with the VA reference cohort, patients receiving taxanes had a higher risk of developing VCP. Within 3 months of treatment initiation, VCP occurred in 58 patients in the taxane cohort compared with 31 in the VA cohort (RR 1.87, 95% CI 1.21–2.89; $p = 0.004$). Time-to-event analysis demonstrated earlier onset among taxane recipients (log-rank $\chi^2 = 8.22$, $p = 0.004$; HR 1.87, 95% CI 1.21–2.90).

This increased risk persisted at later follow-up intervals. Within 6 months, VCP occurred in 158 patients receiving taxanes compared with 83 receiving VAs (RR 1.90, 95% CI 1.46–2.48; $p < 0.001$), with earlier onset on Kaplan–Meier analysis (log-rank $\chi^2 = 24.37$, $p < 0.001$; HR 1.93, 95% CI 1.48–2.52). At 1 year, 247 patients receiving taxanes developed VCP compared with 136 patients receiving VAs (RR 1.82, 95% CI 1.47–2.24), with persistent separation of survival curves (log-rank $\chi^2 = 36.03$, $p < 0.001$; HR 1.88, 95% CI 1.52–2.32). By 5 years, cumulative incidence increased to 384 cases among taxane recipients and 227 cases among VA recipients (RR 1.69, 95% CI 1.44–1.99; $p < 0.001$), with continued earlier onset in the taxane cohort (log-rank $\chi^2 = 59.96$, $p < 0.001$; HR 1.89, 95% CI 1.61–2.23).



Conclusion:

Taxane exposure was associated with a significantly higher and earlier risk of VCP compared with VAs. The findings of this study suggest that the increased risk of VCP is associated with longer regimens of VA and taxane therapy, more particularly with taxanes. Chemotherapy-related laryngeal neuropathy should be considered in the differential diagnosis of new-onset dysphonia in patients receiving taxanes and VAs. Further studies are indicated to better understand the underlying mechanism of how drugs in this class increase the risk of chemotherapy-related laryngeal neuropathy.



Oluebubechukwu Eze, BS1

M.D Candidate Class of 2027

VP of ENT Interest Group

1Howard University College of Medicine, Washington, DC, USA

2Department of Surgery, Division of Otolaryngology/Head and Neck Surgery, Howard University College of Medicine, Washington, DC, USA

3The Clive O. Callendar Outcomes Research Center, Howard University College of Medicine, Washington, DC, USA

Abstract:

Sudden Sensorineural Hearing Loss and Subsequent Neurovascular and Cardiovascular Risk: A Population-based Study

Oluebubechukwu Eze BS1, Eric Yalley BS1, Jonathan Vuillier BS1, Cassie Bowers BS1, Oluwasegun Akinyemi MD, PhD3, Adedoyin Kalejaiye MD2

Background: Sudden sensorineural hearing loss (SSNHL) has been hypothesized to reflect underlying vascular dysfunction, yet its relationship with subsequent neurovascular and cardiovascular events remains incompletely defined. Large-scale population-based studies may clarify whether SSNHL represents an early marker of systemic vascular risk.



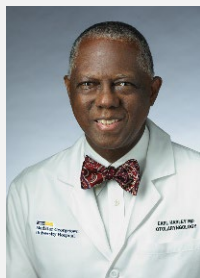
Objective: To evaluate the association between SSNHL and subsequent neurovascular and cardiovascular outcomes across multiple follow-up intervals using a large multicenter electronic health network database.

Methods: This retrospective cohort study used de-identified electronic health record data from the TriNetX US Collaborative Network (>110 million patients) between 2015 and 2025. Patients with SSNHL (ICD-10-CM H91.2x) were compared with patients with hearing-related encounters without SSNHL identified through audiologic procedure codes (CPT 92552, 92553, 92556, 92557, 92567) and hearing examination encounters (Z01.11). Propensity score matching was performed using 1:1 nearest-neighbor matching with a caliper of 0.1 of the pooled standard deviation, balancing baseline demographic characteristics and pre-existing comorbidities between cohorts. Outcomes included ischemic stroke (I63), transient ischemic attack (G45), intracranial hemorrhage (I60–I61), myocardial infarction (I21–I22), all-cause mortality, and major adverse cardiovascular events (MACE). Risks were evaluated at 90 days, 1 year, 3 years, and 5 years.

Results: Prior to matching, patients with SSNHL were older (mean age 56.6 ± 18.6 years vs 33.5 ± 29.1 years, $p < 0.001$), more frequently White (75.9% vs 66.8%), and had a higher prevalence of cardiometabolic comorbidities, including hypertension (37.1% vs 20.7%) and diabetes mellitus (15.7% vs 8.3%). Propensity score matching generated 16,616 patients per cohort. Within 90 days, SSNHL was associated with increased risk of intracranial hemorrhage (RR 2.15, 95% CI 1.14–4.05, $p = 0.016$), all-cause mortality (RR 1.53, 95% CI 1.16–2.02, $p = 0.002$), and MACE (RR 1.36, 95% CI 1.10–1.67, $p = 0.004$). At 1 year, SSNHL was associated with increased risk of ischemic stroke (RR 1.32, 95% CI 1.02–1.70, $p = 0.031$), all-cause mortality (RR 1.26, 95% CI 1.03–1.53, $p = 0.023$), and MACE (RR 1.24, 95% CI 1.07–1.45, $p = 0.006$). Over 3–5 years of follow-up, most neurovascular and cardiovascular outcomes were not significantly different between cohorts, although time-to-event analyses suggested a modest increase in cumulative stroke incidence.

Conclusion

SSNHL was associated with an early increase in neurovascular and cardiovascular risk, particularly within the first year following diagnosis, with attenuation of this association over longer-term follow-up. These findings support the hypothesis that SSNHL may reflect transient vascular vulnerability and may serve as a clinical marker of neurovascular and cerebrovascular risk.



Earl H. Harley, M.D., FAAP, FACS
 Department of Otolaryngology
 Georgetown University Hospital
 Washington, DC 20007

Bio:

Noted otolaryngologist, medical educator, and Navy veteran Earl H. Harley, Jr., MD, FACS, FAAP, has been a member of the Georgetown University School of Medicine faculty for more than 25 years. In that time, he distinguished himself with his love of teaching and tireless mentorship of students and residents, as well as his contributions to pediatric otolaryngology through research and patient care.

Harley was born in Jacksonville, Florida. He spent his formative years in Detroit, Michigan, where he graduated from the former Eastern High School. Harley then attended Delaware State University, graduating in 1967 with a degree in chemistry. He went on to earn his medical degree from Howard University School of Medicine in Washington, DC, in 1971.

Following medical school, Harley began active duty in the United States Navy, embarking on a career that would span from the Vietnam Era to the first Persian Gulf War. In 1972, Harley completed his internship at the National Naval Medical Center in Bethesda, Maryland (now Walter Reed), then pursued a residency at the San Diego Naval Regional Medical Center in pediatrics.

After his pediatrics training, he interrupted his medical education to serve in the fleet, stationed both in the U.S. and the Western Pacific. This included two tours as a flight surgeon, where, among other duties, he was deployed on the aircraft carrier USS Ranger (CV 61) and was assigned to the 2nd Marine Airwing during the first Persian Gulf War.

From 1980 to '84, he pursued a residency in otolaryngology at Oakland Naval Hospital in California. Later, he was chief of otolaryngology at Long Beach Naval Hospital from 1984 to '85 and an attending otolaryngologist at San Diego Regional Naval Medical Center from 1985 to '87. Harley completed two pediatric ear, nose, and throat (ENT) fellowships, the first at Children's National Medical Center and George Washington University in DC in 1988, and the second at the



Massachusetts Eye and Ear Infirmary and Harvard University in Boston, Massachusetts, in 1989. That same year, he returned to San Diego Regional Naval Medical Center, where he became the first pediatric otolaryngologist in the U.S. Navy and vice chair of the department until 1993.

In 1993, Harley concluded his naval career, retiring as a Navy captain, and returned to Washington, DC. He became chief of otolaryngology of the Georgetown service at DC General Hospital and an attending pediatric otolaryngologist at Georgetown University Hospital (now MedStar Georgetown University Hospital). He also joined the faculty at Georgetown University as an assistant professor of otolaryngology and pediatrics. From 2009 to 2012, he served as interim chair of the Otolaryngology service at Georgetown.

Presently, Harley serves as an attending pediatric otolaryngologist at MedStar Georgetown University Hospital. His clinical interests include disorders of the tonsils in children, childhood sleep disorders, and feeding disorders in breastfeeding infants with tongue-tie.

Currently, he runs a pediatric otolaryngology clinic and a tongue-tie/breastfeeding clinic. Additionally, Harley participates in a joint multidisciplinary Sleep Disorders Clinic, which evaluates children with a variety of sleep problems.

His research includes a funded project to study the role of tonsillectomy in children with PANDAS syndrome. He has written multiple peer-reviewed scientific journal articles and several book chapters.

Harley is a diplomate of the American Board of Otolaryngology-Head and Neck Surgery and a Fellow of the American College of Surgeons. He has been recognized for his many professional contributions. In 1997, he received the Distinguished Service Award from the American Academy of Otolaryngology. He

received the Hinton-Gladney Award from the National Medical Association in 2006. In 2012, the Society for Ear, Nose, and Throat Advances in Children presented him with the Sylvan E. Stool Award for outstanding lifetime contributions and service in the field of ear, nose, and throat advances in children. Locally, he has been honored numerous times as a “Top Doctor” by Washingtonian magazine.

Harley has held memberships in numerous professional societies, including the American Academy of Otolaryngology-Head and Neck Surgery, where he has chaired several committees and has just been elected to the board as an at-large director (academic). He served on the diversity committee of the Society of University Otolaryngologists. He has been a member of the ethics committee for the American Society of Pediatric Otolaryngology. He is a member of the Academy of Breastfeeding Medicine and is presently serving its working group on ankyloglossia and other oral ties. He is a fellow of the Triological Society and serves as a member of that organization’s



nominating committee. He has also chaired the program committee for the American Academy of Pediatrics Otolaryngology section. Finally, he has been an examiner for the American Board of Otolaryngology.

In his years as a medical educator at Georgetown University and the San Diego Regional Naval Medical Center, Harley has trained over a thousand medical students and almost a hundred otolaryngology residents. Harley has been an active member of the Georgetown University School of Medicine community. He has served on many SOM committees, including those for Education, Clerkships, and Admissions. He represented the school to the American Medical Association's Committee on Medical Schools. Presently, Harley chairs the Department of Otolaryngology's Diversity Committee, which works to increase diversity in the department's residency program.

He has been recognized repeatedly for his teaching skills. Harley received the Resident Teaching Award from the Department of Otolaryngology in 1996, the 1999-2000 Kaiser-Permanente Award for Teaching in 2000, and, in 2003, the Crystal Award from Georgetown's GEMS Program, for which he served as medical director from 1996 to 1999.

Outside of Georgetown, he has served as president of the Howard University Medical Alumni Association. He is currently vice president of the Medico-Chirurgical Society of DC, a local affiliate of the National Medical Association.

Abstract:

The Ethics of Futile Surgery in Pediatric Otolaryngology: A Structured Review

Background: Futile surgery—defined as surgical intervention unlikely to produce meaningful benefit—raises significant ethical concerns, particularly in pediatric otolaryngology. Children with terminal or non-survivable conditions may still be referred for tracheostomy, prompting ethical questions about quality of life, suffering, resource allocation, and the role of family autonomy.

Objective: To examine the ethical principles and considerations surrounding futile surgery in pediatric otolaryngology and propose a framework for clinical decision-making that balances beneficence, non-maleficence, justice, and respect for parental autonomy.

Methods: This is a case series, and a literature review was conducted. Relevant articles were analyzed for ethical arguments, clinical guidelines, and case-based experiences in pediatric ENT practice.

Results: Ethical tensions often arise in surgeries involving airway management (e.g., tracheostomy) in children with severe neurologic impairment, anencephaly, or progressive genetic



conditions. The principle of non-maleficence may outweigh beneficence when interventions prolong suffering without clear improvement in quality of life. Parental autonomy can conflict with the clinician's duty to avoid harm, particularly when families request surgery driven by hope or misunderstanding. Justice considerations include the responsible use of scarce resources in settings with limited ICU or surgical capacity. Shared decision-making, palliative care consultation, and ethics committee involvement are frequently recommended to support ethically sound choices.

Conclusion: Futile surgical interventions in pediatric otolaryngology require a nuanced, multidisciplinary approach rooted in bioethical principles. Balancing the child's best interests with parental wishes and systemic considerations can prevent unnecessary harm while promoting compassionate care. Clear communication, institutional guidelines, and ethical oversight are essential in navigating these challenging cases.

Keywords: futile surgery, pediatric otolaryngology, medical ethics, end-of-life care, tracheostomy, shared decision-making, non-maleficence, palliative care

Abstract:

Pediatric oropharyngeal trauma is a serious disorder that is occasionally life-threatening.

The first patient was a 7-year-old male with penetrating trauma into the danger space.

The second patient was a 5-year-old male with a traumatic avulsion of the posterior pharyngeal wall with vascular injury.

This paper reports two recent cases in children and reviews the current literature.

Educational Objectives:

1. The learner will become familiar with serious pediatric oropharyngeal injuries.
2. The learner will become familiar with recent literature on the subject



LaKeisha Henry, MD, FACS



Associate Partner and Comprehensive Otolaryngologist, Ear, Nose, and Throat Consultants of Nevada
 Clinical Associate Professor, Dept. of Surgery, USUHS
 Colonel (Retired), United States Air Force, Medical Corps, Flight Surgeon
 Henderson, Nevada

Bio:

Dr. LaKeisha Henry is a private practice associate partner with the Ear, Nose and Throat Consultants of Nevada as a comprehensive/general otolaryngologist. She has kept a busy clinical practice throughout her many leadership and clinical roles during her military career and continues to do so as a private practitioner. Dr Henry retired after 29 years of service within the United States Air Force as a Colonel, having various assignments in the United States and overseas, including deployment to Afghanistan in 2008 as the sole ENT/head and neck trauma surgeon in the theater during her deployment. Dr. Henry enjoys teaching and continues to do so in association with the Mountain View Hospital General Surgery Residency Program in Las Vegas, as a volunteer Advanced Trauma Life Support Instructor for the Department of Defense, and as a student mentor. Dr Henry is a Uniformed Services University of the Health Sciences (USUHS) Clinical Associate Professor in the Department of Surgery as well as Roseman University Health Sciences, College of Medicine. She has held prior roles as a Master Clinician and teaching faculty within the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). She is a Fellow of the American College of Surgeons and a Triological Society candidate for Fellowship. She is among the authors of the recently published Allergy Immunotherapy Clinical Practice Guidelines.

Dr. Henry was decorated with distinction, earning a Legion of Merit Medal and several Meritorious Service Medals for her outstanding service to our Nation. Dr. Henry served in various leadership and command roles including serving as the Executive Director of the Department of Defense Hearing Center of Excellence (HCE), a congressionally directed collaborative effort with the Department of Veterans Affairs to optimize operational effectiveness, heighten medical readiness, and enhance quality of life for Service members and Veterans with hearing loss, tinnitus, and vestibular and auditory system injuries/disorders. She served as the Chief Otolaryngology Consultant to the Air Force Surgeon General for otolaryngology specialty expertise, directing specialty deployment rotations and staffing, specialty leadership, and graduate medical education. Dr. Henry recently served as an At-Large Director, Board of Directors for private practice (AAO-HNS), on the Executive Committee and various other committees within the Academy. She was nominated to the role of president-elect, AAO-HNS.

Dr. Henry earned her Bachelor of Science in Engineering Management from the United States Military Academy at West Point in 1992 (Dean's List) and Medical Doctorate from USUHS in 1998. She completed residency in Otolaryngology in 2005 at SAUSHEC in San Antonio, Texas.



She has been a revered commander, a trusted, approachable hospital administrative-level medical staff member, and committee leader. She currently serves on many committees for multiple organizations, as an At-Large Director and volunteer administrator for the Society of Military Otolaryngologists and as the Chair for a NATO Human Factors in Medicine communication-in-noise task group leading a diverse multinational team.



Lamont R. Jones, MD, MBA
 Department of Otolaryngology HNS
 Facial Plastic and Reconstructive Surgery
 Co-Director, Cleft and Craniofacial Clinic
 Associate Chief Medical Officer, Henry Ford Medical Group
 Medical Director, Ambulatory Surgery, Henry Ford Health
 Clinical Professor, Department of Surgery, Michigan State University
 Clinical Professor, Wayne State University School of Medicine
 West Bloomfield, MI

Bio:

Lamont Jones, M.D., received his medical degree from the University of Michigan, Ann Arbor, in 2002. He completed his residency and post-graduate training at the University of Michigan Medical School, specializing in Otolaryngology (Surgery of the Ears, Nose, and Throat) and Facial Surgery. He completed a highly renowned fellowship in Facial Plastic and Craniofacial Reconstructive Surgery in New York with expert physicians and passed his National Board Examination in the 97th percentile of his class.

Additionally, he is board-certified in both Otolaryngology-Head & Neck Surgery and Facial Plastic and Reconstructive Surgery and specializes in all aspects of facial aesthetics. Dr. Jones joined the Henry Ford Medical Group in August 2008. His medical society affiliations include the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), the American Academy of Otolaryngology and Head and Neck Surgery (AAOHN), the Michigan Otolaryngology Society (MOS), and the American Cleft Palate-



Craniofacial Association (ACPCA), The American Medical Association (AMA), and the Michigan State Medical Society (MSMS). Dr. Jones has special interests that include treating congenital anomalies of the face, head, and neck, such as cleft lip and palate, and the molecular and clinical signatures of Keloids. Additionally, Jones is active in medical research and teaching Otolaryngology residents.

A national and international speaker, Jones, has published multiple journal articles and book chapters. He holds positions in local and national medical organizations and is involved with “Face to Face,” an organization sponsored by the American Academy of Facial Plastic and Reconstructive Surgery and Kenya Relief.

Abstract:

Keloid Disease in Otolaryngology: Surgical Recurrence, Digital Health Innovation, and the Future of Patient Empowerment

Keloid disease is a fibroproliferative, abnormal scar-forming disorder that causes pain, pruritus, and a significant decrease in quality of life. It has a well-established predilection for individuals with skin of color, including Black, Hispanic, and Asian patient populations. In otolaryngology, keloids commonly arise following ear piercing, thyroidectomy, and other head and neck procedures, with recurrence after surgical excision remaining a significant clinical challenge. Despite its prevalence and enormous clinical burden, the patient, keloid, and molecular factors associated with recurrence remain poorly understood. Furthermore, no widely adopted digital health tools currently exist to support keloid disease management.

This presentation will examine factors associated with surgical recurrence of keloid disease, including patient-specific, lesion-specific, and molecular determinants that may inform treatment planning and post-operative management. It will also introduce a web-based digital application currently in development that may, in the future, assist patients, providers, and researchers with tracking keloid disease, improving clinical communication, and advancing outcomes.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe the patient, keloid, and molecular factors associated with surgical recurrence of keloid disease.
2. Demonstrate the core features of KeloidAScanAI™ and discuss its potential application in the pre- and post-operative care of patients undergoing head and neck procedures.



Charles E. Moore, MD, FAACE
Professor and Eminent Physician, Emory University
Chief of Service, Dept. of Otolaryngology, Grady Health System
Director, Emory Urban Health Initiative
Founder, HEALing Community Health
Past President, American Association for Cancer Education

Bio:

Dr. Charles E. Moore earned a Bachelor of Science degree from Union College and his medical degree from Harvard Medical School. He completed residency training in Otolaryngology–Head and Neck Surgery and fellowship training in Craniomaxillofacial, Cranial Base, Facial Plastic, and Reconstructive Surgery at the University of Michigan.

Dr. Moore is a Professor and Eminent Physician at Emory University, Chief of Service for Otolaryngology–Head and Neck Surgery at Grady Health System, and Director of the Emory Urban Health Initiative. Throughout his career, he has maintained a deep commitment to patient care, medical education, mentorship, and advancing health equity. His research has focused on healthcare disparities and improving outcomes for medically underserved populations, particularly in head and neck cancer.

In 2004, Dr. Moore founded Health Education, Assessment and Leadership (HEAL), Inc., with the mission of educating communities about health, assessing community needs, and developing local leaders to address those needs. What began as a grassroots outreach effort has evolved into HEALing Community Health, one of Atlanta’s Federally Qualified Health Centers. The organization provides affordable and accessible primary care, pediatric care, specialty care, dental services, and behavioral health services through multiple locations serving uninsured and underserved populations. Preventive health, nutrition, and wellness remain central to its mission. Through partnerships with Atlanta’s academic institutions and community organizations, the center also creates meaningful service-learning opportunities while expanding access to care.

Dr. Moore’s leadership and service have been recognized nationally. His honors include the American Medical Association Foundation Pride in the Profession Excellence in Medicine Award, the Gold Foundation Humanism in Medicine Award, and the Jerome C. Goldstein, MD Public



Service Award from the American Academy of Otolaryngology–Head and Neck Surgery. He has also received the Healthcare Georgia Foundation Award, the Zenith Award for Community Activism, the Martin Luther King Community Service Award from Emory University’s Rollins School of Public Health and Goizueta Business School, and the Thomas Jefferson Award for distinguished leadership and service to the Emory and Atlanta communities.

A Robert Wood Johnson Foundation Clinical Scholar and Medical Consortium Climate and Health Equity Fellow, Dr. Moore has dedicated his career to improving health outcomes through innovation, education, community engagement, and service. He is also the recipient of the National Medical Fellowship Excellence in Medical Education Award and the American Medical Association Benjamin Rush Community Service Award, reflecting his enduring commitment to advancing health, equity, and opportunity for all communities.

Abstract:

The Impact of Environmental Change on Otolaryngologic Conditions

Environmental change is increasingly recognized as a significant factor influencing human health, with important implications for the practice of otolaryngology. Rising temperatures, worsening air quality, increased pollen exposure, extreme weather events, and changing patterns of infectious diseases are contributing to a growing burden of conditions affecting the ear, nose, throat, head, and neck. These environmental factors can exacerbate allergic rhinitis, chronic rhinosinusitis, asthma-related upper airway disease, respiratory infections, and other otolaryngologic disorders, while also creating barriers to healthcare access for vulnerable populations.

This presentation examines the emerging evidence linking environmental change to otolaryngologic health and highlights the disproportionate impact on underserved communities. Attendees will gain an understanding of the clinical, public health, and health equity implications of environmental change, as well as practical strategies for patient counseling, community engagement, and advocacy. By recognizing these evolving challenges, otolaryngologists can play a significant role in promoting resilience and improving health outcomes in an era of environmental change.



Ernest M. Myers, M.D., F.A.C.S,



former Chief of Otolaryngology, Head & Neck Surgery,
Howard University
Hospital, and Professor Emeritus,
Howard University of Medicine College
Washington DC

Bio:

Born and nurtured in blue-collar Pittsburgh (The Steel City), Ernest M. Myers M.D. was formally educated from kindergarten through medical school, within an eight-mile radius. The educational sojourn spanned twenty years before settling in the environs of Washington, D.C. A Distinguished Military Graduate from the University of Pittsburgh (Anthropology), he matriculated from the University of Pittsburgh School of Medicine. After graduation, the first stop was active duty in the Army Medical Corps as Surgical Intern at Letterman General Hospital, The Presidio, San Francisco, California. The second stop was three years as a General Medical Officer at Fort McPherson in East Point, a suburb of Atlanta. Following an honorable discharge, he began the fourth stop as resident in otolaryngology, head & surgery under the tutelage and mentorship of the internationally renowned Professor and Chairman, Joseph H. Ogura, M.D., Washington University at St. Louis. Finally, after five years of intense training, he accepted the opportunity and challenge as the first full-time Chief of Otolaryngology Head & Neck Surgery at Howard University Hospital, under the chairmanship of the iconic LaSalle D. Leffall, Jr., M.D. in 1979. The charge was to build a vigorous, comprehensive clinical and teaching service, with emphasis on head and neck oncology, in a population heretofore, subject to health outcome disparities. Thirty-eight years later, after retiring as Professor Emeritus in 2017, he established The Silver Spring ENT and Laser Center, situated at the cross-roads of the Food and Drug Administration. In this ethnically diverse practice, he pivoted to rendering second opinion otolaryngology consultations, head and neck esthetics that included laser surgery (tattoo removal, facial rejuvenation), neuromodulator injections, and facial implants. Over the years, Dr. Myers maintains strong roots in Pittsburgh, including the beloved Pittsburgh Pirates, Penguins, and the Pittsburgh Steelers.

Awards & Honors

Dr. Myers, a Fellow of the American College of Surgeon and member of Alpha Omega Alpha Honorary Medical Fraternity, is the recipient of the Distinguished Surgeon's Award by the Howard University Department of Surgery. In 2001, he was named by The Washingtonian Magazine as one of the Top Doctors. In the same year he received the Black Enterprise Magazine Award as one of America's leading physicians. A personal career highlight in the Nashville Meeting of the National Medical Association, was the Hinton-Gladney Life-time Achievement Award by the Otolaryngology Section. The Department of Surgery at Howard University recognized twenty years of outstanding service as Chairman of the Surgical Education Committee in 2014.



Teaching: Adjunct Professor Emeritus and Co-instructor, Interdisciplinary Ethics, Howard University College of Medicine, 2012 to the present

Major Publications

- Past: Head and Neck Oncology: Diagnosis, Treatment and Rehabilitation, Little Brown & Company, Boston, MA, 1991

- Project 2000-to 2028: Passing the Scalpel, editor, essayist, illustrator

Social Service

Sons of Joshua, Kingdom Fellowship A.M.E Church, Calverton, MD. mentorship of adolescent African American young men, 2013 to the present

E.M. Myers, M.D., Scholarship for the Howard University College of Medicine, established in 2025; over five years of annual contribution to the Charles Heflin, M.D. Scholarship, University of Pittsburgh School of Medicine

Alpha Phi Alpha Fraternity, Inc.

Aesthetic Interests: architecture (classical & contemporary), ceramic sculpture, acrylic painting, interior design

Abstract:

The goals are the recognition and acceptance of Bias, Naïve Realism, and Bias Control Techniques. Bias Dynamics will be discussed to mitigate the dangers of Cultural Bias. We will examine the Cultural Bias Dichotomy. In the context of this discussion, fourteen types of Bias will be reviewed. There will be an overview of Bias Prevalence. Several examples of patient-centered Bias will be presented for review and vigorous discussion.



Cedric Pritchett, MD, MPH, FAAP, FACS
Chief, Division of Pediatric Otolaryngology
Co-Director Ear Hearing & Communication Center
Orlando, Florida

**Bio:**

Dr Pritchett is a Pediatric Otolaryngologist- Head & Neck Surgeon with Nemours Children's Health System at the Nemours Children's Hospital in Orlando, FL. His scope of practice includes a range of pediatric otolaryngology conditions with a particular interest in pediatric otology and hearing loss. He is a cochlear implant surgeon, presently serving as Medical Director of the Nemours Children's Hospital's Cochlear Implant Program and Co-Director of the Nemours Children's Ear, Hearing & Communication Center. He is an affiliated Associate Professor in Otolaryngology at the University of Central Florida's College of Medicine and enjoys sharing his knowledge with training healthcare professionals from all backgrounds.

Dr Pritchett received his Medical Degree and master's in public health from The Ohio State University in Columbus, OH. Residency in Otolaryngology-Head & Neck Surgery was completed at the University of Michigan, in Ann Arbor, MI, and a fellowship in Pediatric Otolaryngology at Northwestern University's Ann & Robert Lurie Children's Hospital of Chicago.

Dr Pritchett is a member of several professional societies, including the Academy of Otolaryngology – Head and Neck Surgery, and is a fellow of the American College of Surgeons, the American Academy of Pediatrics, and the American Society of Pediatric Otolaryngology. In addition to being the author of numerous articles, he has served as a reviewer for several journals, including the Laryngoscope, Otolaryngology-Head and Neck Surgery, and International Journal of Pediatric Otorhinolaryngology. He presently serves on the Governing Board of the National CMV Foundation and its Scientific Advisory Committee and is a member of the EHDI Advisory Committee for Florida's Department of Health.

He has been married for over 20 years and has two wonderful daughters. He enjoys traveling and reading, is attempting to become a photographer, and looking to become more involved in mission work.

Abstract:**Overcoming Societal Challenges to Pediatric Cochlear Implantation**

Cochlear implantation has been a transformative intervention for deaf children. Congenital deafness disadvantages the spoken language and communication development of a child, ultimately affecting their educational experience, employment, and socioeconomic position. Cochlear implantation opens a pathway for deaf children to access sound, re-establishing their ability to develop critical listening and spoken language skills. Disparities in access to and utilization of cochlear implant technology exist in the pediatric population, and a delay in timing to cochlear implantation is a recognized contributor to inferior outcomes in pediatric recipients. In this presentation, we will explore sociodemographic factors and care utilization patterns that have



a role in shaping timing to intervention and impact language outcomes in pediatric cochlear implant recipients. We will also discuss opportunities to improve the existing state.



Duane J. Taylor, MD, D.Sc.h.c.
Private Practice
Bethesda, Maryland

Bio:

Duane J. Taylor, MD, D.Sc.h.c. is an otolaryngologist–head and neck surgeon, healthcare innovator, and past President of the American Academy of Otolaryngology–Head and Neck Surgery. He is Founder and Managing Partner of Healthcare Innovation Systems LLC and Medical Director of Le Visage ENT & Facial Plastic Surgery in Bethesda, Maryland. Dr. Taylor is recognized nationally for his leadership in health equity, workforce development, and the integration of emerging technologies, including simulation and artificial intelligence, into clinical practice and surgical education.

Abstract:

Artificial Intelligence in Otolaryngology

Artificial intelligence is rapidly expanding its role in otolaryngology, from diagnostic imaging and voice analysis to predictive analytics and surgical training. This presentation reviews current and emerging AI applications across the specialty, highlighting opportunities to enhance clinical accuracy, efficiency, and patient outcomes. Special attention is given to AI-supported simulation and competency-based education, as well as ethical considerations, data integrity, and equity in implementation. Attendees will gain a practical understanding of how AI can be integrated into everyday practice and the future trajectory of AI-driven innovation in otolaryngology.

Abstract:

Leadership in Otolaryngology: Navigating Change and Shaping the Future

Effective leadership is essential as otolaryngology confronts rapid technological advancement, shifting patient needs, and evolving workforce challenges. This session explores leadership



principles relevant to clinicians at all career stages, including leading through uncertainty, fostering innovation, and building resilient, inclusive teams. Drawing on national organizational experience, Dr. Taylor discusses strategies for influencing policy, mentoring emerging leaders, and advancing initiatives that strengthen the specialty. Participants will leave with actionable approaches to enhance their leadership impact within clinical practice, academic medicine, and professional organizations.



Sara Forastieri Vicente, BA
Second Year Medical Student
Puerto Rico School of Medicine
San Juan, Puerto Rico

Bio:

Sara Forastieri Vicente is a second-year medical student at the University of Puerto Rico School of Medicine. She earned a Bachelor of Arts in both Chemistry and Creative Writing from the University of Pennsylvania in 2024. During her time there, she researched sleep disorders, particularly REM regulation and function. Now, Sara has developed an interest in Head and Neck surgery and the study of epidemiology and incidence of diverse procedures. She is also active in multiple student organizations where she helps coordinate community service activities.

Posters:

Benchmarking Tracheostomy Outcomes at the University of Puerto Rico within the Global Tracheostomy Collaborative



Jonathan Vuillier, B.S.
Pronouns: He/Him/His



M.D. Candidate | Class of 2027

Howard University College of Medicine

2Department of Surgery, Division of Otolaryngology/Head and Neck Surgery, Howard University College of Medicine, Washington, DC, USA

Abstract:

Vocal Cord Dysfunction Following Taxane Therapy in Breast Cancer

Jonathan Vuillier BS1, Cassie Bowers BS1, Oluebubechukwu Eze BS1, Eric Yalley BS1, Khalid Mohamed BS1, Adedoyin Kalejaiye MD2

Chemotherapy-induced neuropathy is a well-recognized complication of microtubule-disrupting agents such as taxanes. Taxanes, including paclitaxel and docetaxel, are widely used in breast cancer and incorporated into standard adjuvant and neoadjuvant regimens. Despite their established neurotoxicity, laryngeal complications such as vocal cord paralysis (VCP) and dysphonia are rare and have been described primarily in isolated case reports. The aim of this study was to evaluate the incidence and timing of VCP following taxane therapy in patients with breast cancer.

Methods: We conducted a retrospective cohort study using de-identified electronic health record data from a large U.S. network. Adults with a diagnosis of breast cancer were divided into two cohorts: those receiving taxane-based chemotherapy and those without any chemotherapy exposure. Patients with prior VCP or hoarseness were excluded. Propensity score matching was conducted using 1:1 nearest neighbor, caliper 0.1 of the pooled standard deviation to balance baseline demographics, comorbidities, procedures, and medications between cohorts. Risk ratios (RRs) were calculated for VCP and dysphonia (hoarseness) at 3 months, 6 months, 1 year, and 5 years after cohort entry. Time-to-event analyses were performed with Kaplan–Meier time-to-event analysis, with follow-up beginning at the index taxane prescription.

Results: After matching, 81,958 patients were included in each cohort. At 3 months, VCP was too rare to analyze, but hoarseness occurred in 27 patients without chemotherapy and 67 patients receiving taxanes (RR 2.48, 95% CI 1.53–4.02; $p < 0.001$). At 6 months, VCP occurred in 16 patients in the non-chemotherapy cohort versus 36 in the taxane cohort (RR 2.24, 95% CI 1.26–3.96; $p = 0.005$), while hoarseness occurred in 53 and 184 patients, respectively (RR 3.48, 95% CI 2.51–4.83; $p < 0.001$). At 1 year, VCP occurred in 30 patients without chemotherapy and 109 with taxanes (RR 3.64, 95% CI 2.34–5.67; $p < 0.001$), and hoarseness remained significantly.

Increased (132 vs 533 cases; RR 4.04, 95% CI 3.19–5.12; $p < 0.001$). At 5 years, VCP occurred in 62 patients without chemotherapy and 263 with taxanes (RR 4.24, 95% CI 3.22–5.60; $p < 0.001$), while hoarseness occurred in 301 and 1,105 patients, respectively (RR 3.67, 95% CI 3.24–4.17; $p < 0.001$). Across all time frames, taxane exposure was associated with an increased risk of VCP and hoarseness, aside from VCP at 3 months, which remained too rare in both cohorts.



Kaplan–Meier curves demonstrated early and sustained separation of event-free survival for both outcomes (log-rank $p < 0.001$).

Conclusion: In this large, matched cohort of patients with breast cancer, taxane therapy was associated with a significantly increased risk of VCP and hoarseness that emerged within the first year and persisted over long-term follow-up. The temporal pattern, with divergence after the prompt treatment period, may reflect cumulative neurotoxicity of taxanes administered over several months and the known tendency of chemotherapy-induced neuropathy to develop during early cycles.

