

Never too early to examine the evidence!

On a bright day in Philadelphia just over one year ago, a group of surgeons met to discuss the possibility of critically examining the literature published thus far on endoscopic techniques in the management of sinonasal and skull base tumours at the instigation of the European Rhinologic Society. Whilst it has proved relatively easy to provide level 1 evidence for virtually all medical treatments of allergic rhinitis⁽¹⁾, even for many therapies in rhinosinusitis⁽²⁾, in rhinology in general we have struggled with surgical approaches, not because they don't work but because they do not readily lend themselves to placebo-arms or drug-company sponsorship. The rapid uptake of endoscopic techniques for nose and sinus diseases relied on more than just the undoubted enjoyment of using the instrumentation and whilst we had witnessed the escalation and extension of the techniques to the skull base and sino-orbital interface for benign conditions, there was a natural hesitation and concern about applying these to tumours and especially to malignant disease⁽³⁾.

The application of endonasal endoscopic approaches for many benign tumours has now become well-established and the literature contains many large long-term cohorts for inverted papillomas, angiofibromas and benign fibro-osseous lesions amongst others⁽⁴⁻⁹⁾. The pituitary was also an area which attracted the attentions of endoscopic surgeons at a relatively early stage and fostered a multi-disciplinary approach⁽¹⁰⁻¹²⁾. However, a comprehensive review of all this evidence, albeit level 3 and 4, has been hitherto lacking.

The situation with malignant lesions is more contentious as not only are these tumours rare, but they often present late with advanced disease. The advent of craniofacial resection^(13,14) and newer medical oncological approaches⁽¹⁵⁾ have significantly improved survival for many patients but these treatments may come at a price. With careful patient selection it is clear that a number of patients can undergo effectively the same excision via an entirely endonasal endoscopic approach with potentially reduced morbidity⁽¹⁶⁻²²⁾. However, extending endoscopic surgery well beyond the nose and sinuses also risks catastrophic complications which require specific solutions^(23,24) and crosses speciality frontiers with the potential for 'turf wars'. Notwithstanding this, around the world and particularly in Europe, there are an increasing number of surgeons, usually working in teams, able and willing to push things forwards for the benefit of patients, both adults and children⁽²⁵⁾. This has generated significant collaboration and cross-fertilisation, leading to the call by some for a new speciality of rhino-neurosurgery. This embodies the concept of 'two-way traffic' with lesions that arise intracranially also being considered for

endonasal approaches⁽²⁶⁾ as well as resection of rhinologic tumours that have extended above and beyond the skull base.

However, it should be emphasized that we are not talking about 'debulking' tumours but undertaking a truly oncologic resection. It is not occasional surgery done once a year and must be underpinned by expertise in imaging and histopathology, a personal understanding of the unique natural histories exhibited by these tumours and the surgical expertise that encompasses both endoscopic and external techniques for neoplasia. The importance of a multidisciplinary approach, adherence to oncologic principles with intent to cure and the need for long-term follow-up are fundamental, particularly for tumours which can recur decades later.

To do this as well as possible, we need to critically examine what has already been done, to highlight future needs and because of the rarity of the individual tumours, to accurately and prospectively collect data. The result of these deliberations is the supplement which accompanies this issue of the journal, the European Position Paper on Endoscopic Management of Tumours of the Nose, Paranasal Sinuses and Skull Base⁽²⁷⁾, which will be launched at the ERS/ISIAN meeting in Geneva in June of this year. It has been an extremely interesting exercise, involving over 40 clinicians from 15 countries with far-ranging expertise in many disciplines including otorhinolaryngology, head and neck, neurosurgery, medical oncology, imaging and histopathology. I am extremely grateful to them, all for their enthusiastic support of the project and in particular I would like to recognize the pivotal role of my co-chairs, Professors Stammberger, Nicolai and Castelnovo. As always it has raised as many questions as it answers but it is never too early to examine the evidence as only by doing this will we see where we need to go and how we might achieve it.

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