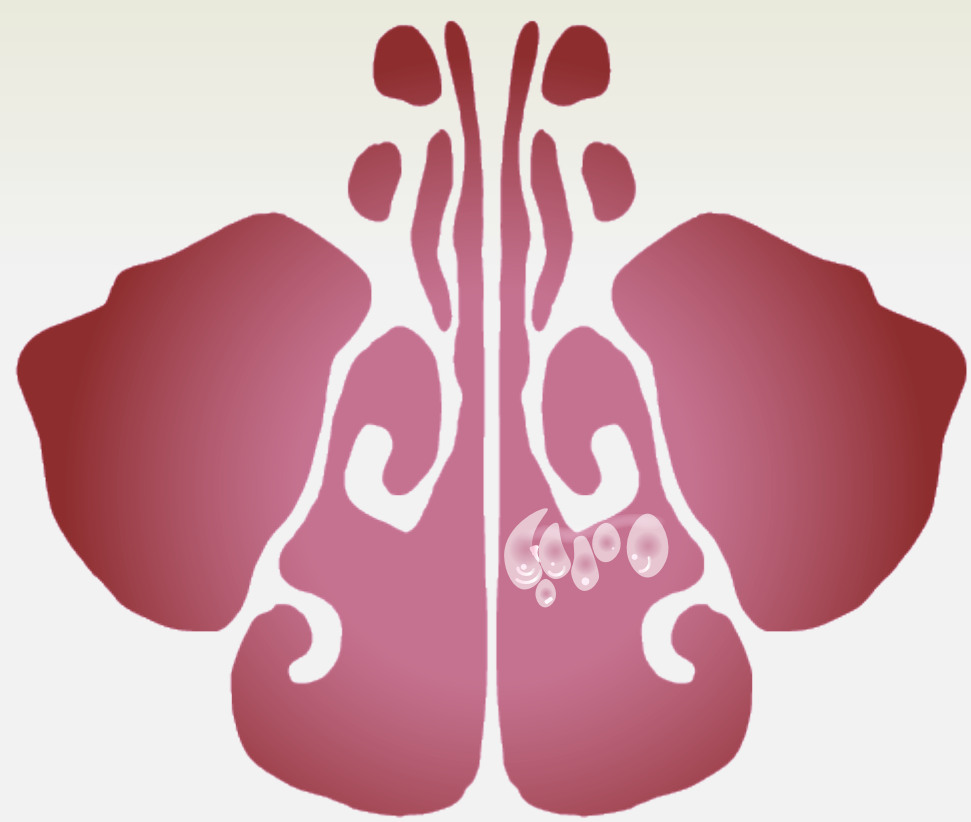


Surgery and/or biologics in chronic rhinosinusitis with nasal polyps

EUFOREA/EPOS consensus paper

CRSwNP

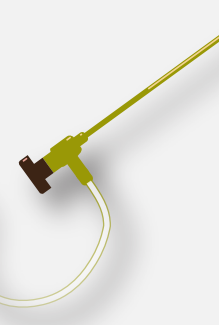


Indications for surgery



Persistent symptoms

Nasal obstruction, discharge, loss of smell, facial pressure



Objective evidence of disease

Endoscopy + CT



Failure of appropriate medical therapy

INCS, short courses of OCS, saline irrigations

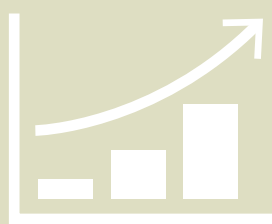
Surgery

Disease distribution determines surgery

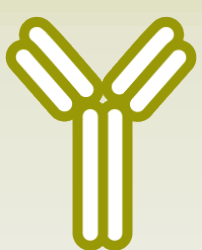
Localized disease → **Limited ESS**

Diffuse disease → **Complete ESS**

Recalcitrant diffuse disease → **Extended ESS**



Earlier primary ESS yields a larger and more durable QoL improvement than delayed ESS and lower airway co-morbidities such as asthma



Biologics

After at least one complete ESS

Persistent severe uncontrolled disease

Symptoms + objective evidence despite surgery + AMT

Biologic therapy

ANTI IL-4/13

ANTI IL-5

ANTI TSLP

ANTI IgE

Ideally introduced before multiple revision surgeries

Selected exceptions

- Severe complex airway disease
- Multiple complications
- Specific phenotypes

Earlier biologic may be considered (multidisciplinary decision)

Expected outcomes

- ↓ Local inflammation
- ↓ Type 2 inflammation
- ↓ Need for systemic corticosteroids
- ↓ Exacerbations
- ↓ Revision surgery
- ↑ Quality of life
- ↑ Smell
- ↑ Upper and lower airway control

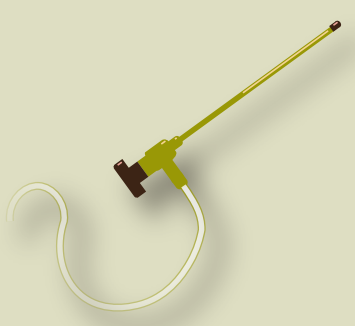
- Sustained control/remission
- Potential disease modification

Inadequate response to biologic

Assess after 6-12 months

Persistent localized/mechanical disease

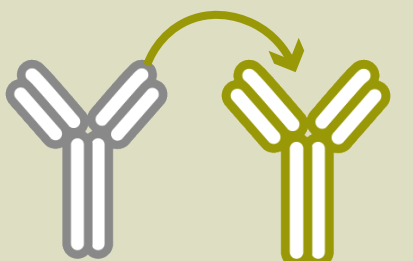
Obstructed sinus, scarring, mucocoeles



Consider salvage/revision surgery

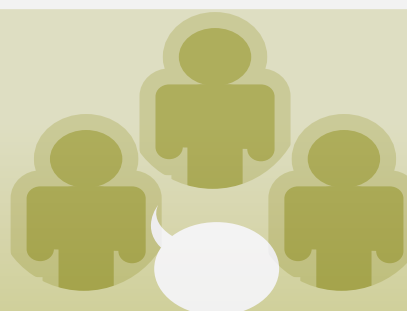
Persistent diffuse type 2 inflammation

Ongoing symptoms, eosinophilia, biomarker elevation



Consider switching biologic class/target

Consensus process



Multidisciplinary expert panel



Rome 2025



Interactive discussion + online validation

