

Treating objective outcome measures of chronic rhinosinusitis: are we making patients or ourselves feel better?

It is my pleasure to introduce the October 2022 issue of *Rhinology*, which is packed with articles that provide novel and clinically informative insights, spanning the entire spectrum of our field. In this issue of *Rhinology*, Collins et al study their series of patients with sinonasal malignancy treated with endoscopic-assisted eye-sparing surgery to develop a protocol for primary single-stage orbital reconstruction. As the questions of “if” and “when” to perform orbital reconstruction after sinonasal malignancy resection continue to be asked, this study is sure to be of immediate clinical utility and to positively contribute to the ongoing discussions around this topic. On the other end of the rhinologic spectrum, a systematic review by Osie et al., which includes 4660 patients, identifies nasal endoscopy findings that are most predictive of inhalant allergy such as diffuse/polypoid edema of the middle turbinate. These findings may also help to identify our chronic rhinosinusitis (CRS) patients whose sinus disease is dominantly driven by allergy^(1,2). In fact, several studies in this issue have direct bearing on the epidemiology, evaluation, and treatment of CRS.

The study by Jeong et al. in this issue of *Rhinology* entitled “Correlation of polyp grading scales with patient symptom scores and olfaction in chronic rhinosinusitis: a systematic review and meta-analysis” brings much-needed level 1 evidence to the ongoing discussion around the nature of objective outcome measures for CRS⁽³⁾. With quality of life frequently standing front-and-center in the treatment of CRS, assessment of CRS disease burden is appropriately patient-centered and frequently performed using patient-reported outcome measures (PROMs)⁽⁴⁾. At the same time, our very natures as physicians and investigators demand quantitative and objective measures of disease burden that can be directly measured and are free of subjective, confounding factors. The discussion and debate that have subsequently arisen revolve around how we interpret objective outcome measures, such as polyp grade, in

the assessment and treatment decisions surrounding this very patient-centered disease of CRS. Over the last thirty years, a number of different polyp grading systems have been developed⁽⁵⁾. However, the systematic review with meta-analysis by Jeong et al, which includes 55 studies with a pooled total of 6,375 patients, finds that currently available nasal polyp grades do not correlate with CRS-specific PROMs or even psychophysical assessments of olfaction. Another recent systematic review with meta-analysis—which included 144 studies with a pooled total of 20,741 patients—has also reported that radiographic staging systems of CRS disease burden also do not correlate with CRS disease burden measured by PROMs⁽⁶⁾. The results of these studies raise important questions regarding currently used objective outcome measures for CRS. What do they reflect that directly informs patient care and treatment decisions? How does improving objective outcomes of CRS help the patient? These are salient questions for the clinical practice of rhinology and the scientific investigations in our field. Specific to the study by Jeong et al, with the rapid proliferation of novel therapeutics for CRS with nasal polyps and their associated clinical trials^(7,8)—how do we interpret polyp grade outcomes? As with all timely matters, the answer remains up for debate. I invite you to enjoy the latest scientific insights in this issue of *Rhinology* as well as the thoughtful, lively discussions that are sure to ensue.



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