

Definitions for chronic rhinosinusitis: just more words or is there meaning?

I would like to welcome you to the June 2024 issue of *Rhinology*. First, I am pleased to share that the June 2024 issue marks the start of graphical abstracts in *Rhinology*. Every published article will now be accompanied by a graphical abstract that will not only serve as a complement to the textual abstract for our readers but also can be used to succinctly and illustratively communicate studies of interest, for example in presentations or posters.

For the latest issue of *Rhinology*, I am once again incredibly impressed by the quality of studies that are included. I am especially excited about this issue because of the breadth of the topics; just about every reader is sure to find several studies of interest. For the focus of this editorial, I highlight for the reader the article by Fokkens et al., a thoughtfully crafted expert opinion sponsored by EPOS2020 and EUFOREA and authored by a multidisciplinary group of experts on chronic rhinosinusitis with nasal polyps (CRSwNP). Without question, we are all aware of the significance of CRSwNP as a disease⁽¹⁻³⁾. This EPOS2020/EUFOREA collaboration proposes definitions for disease states and therapeutic goals for CRSwNP, which includes concepts such as control, remission and cure as well as therapeutic targets such as acute exacerbations, recurrence, treatable traits and criteria for assessing response to biologics.

However, do we need more definitions? Why? Some may view the field of chronic rhinosinusitis to be inundated with classifications, schemes and definitions, often for the same concepts and constructs. Does the addition of more definitions to the scientific literature simply add more confusion - or does it add meaning - for our field? Yes and no. Words matter and definitions matter. They are means through which we communicate with each other and with patients. However, inconsistency in proposed definitions in the scientific literature due to a lack of broad acceptance leads to confusion and possible even abandonment of the concept - at least its practical utilization

- as a result. The manner in which definitions are developed underpins the validity and acceptance of those definitions and therefore matters as much as the definitions themselves. For example, the appearances of subjectivity, arbitrariness, and unilaterality do not promote broad acceptance. On the other hand, definitions that are based in scientific evidence and derived collaboratively to include the perspectives of diversely represented key stakeholders are most likely to exude validity, take hold, and gain broad acceptance. So, I again ask: do we need more definitions? I would argue that despite the many existing chronic rhinosinusitis classifications and categorizations, there are still many opportunities for the development of definitions for disease states that will gain broad acceptance. However, building of consensus is a process and I, for one, am very much heartened to see a groundswell in recent times towards collaborative efforts in this arena.

The reader will find a long history of collaborative works and consensus building within the pages of *Rhinology*⁽⁴⁻⁸⁾, and I have no doubt that our readers will continue to see some of this process play out on the pages of future *Rhinology* issues. In the meantime, this EPOS2020/EUFOREA expert opinion adds to the important collaborative movement in our field to develop definitions that will not only be broadly accepted but also - and more importantly - be used to improve patient care.



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