

Remission in chronic rhinosinusitis with nasal polyps (CRSwNP)

P.W. Hellings^{1,2,3}, E. De Corso⁴, V. Backer⁵, M. Bernal-Sprekelsen⁶, Y. Chan⁷, D.M. Conti^{1,8}, M.E. Cornet⁹, W.J. Fokkens¹⁰, P. Gevaert³, J. Han¹¹, C. Hopkins¹², B.N. Landis¹³, S. Lau¹⁴, S. Lee¹⁵, V.J. Lund^{16,17}, J. Mullol¹⁸, A. Peters¹⁹, S. Schneider²⁰, B. Senior²¹

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 Sietze Reitsma

¹ Allergy and Clinical Immunology Research Unit, Department of Microbiology and Immunology, KU Leuven, Leuven, Belgium

² Clinical Department of Otorhinolaryngology, Head and Neck Surgery, University Hospitals Leuven, Leuven, Belgium

³ Upper Airways Research Laboratory, Department of Head and Skin, Ghent University, Belgium

⁴ UOC Otorinolaringoiatria, Fondazione Policlinico Universitario A Gemelli IRCCS, Roma, Italia

⁵ Department of Otorhinolaryngology, Head and Neck Surgery, and Audiology, Rigshospitalet, Copenhagen University, Copenhagen, Denmark

⁶ Clinic Barcelona, University of Barcelona, Spain

⁷ Department of Otolaryngology-Head and Neck Surgery, University of Toronto, Toronto, Ontario, Canada

⁸ Escuela de Doctorado UAM, Centro de Estudios de Posgrado, Universidad Autónoma de Madrid. Calle Francisco Tomás y Valiente, nº 2. Ciudad Universitaria de Cantoblanco, 28049 Madrid, Spain

⁹ Department of Otorhinolaryngology, Alrijne Hospital, the Netherlands

¹⁰ Department of Otorhinolaryngology and head/neck surgery, Amsterdam University Medical Centres, location AMC, University of Amsterdam, Amsterdam, The Netherlands

¹¹ Department of Otolaryngology and Head and Neck Surgery, Eastern Virginia Medical School, Virginia, USA

¹² Department of Rhinology and Skull Base Surgery, Guy's and St Thomas' Hospital NHS Foundation Trust, London, UK

¹³ Rhinology-Olfactology Unit, Department of Otorhinolaryngology Head and Neck Surgery, University Hospital of Geneva, Geneva, Switzerland

¹⁴ Department of Pediatric Respiratory Medicine, Immunology and Critical Care Medicine, Charité Universitätsmedizin Berlin, Berlin, Germany

¹⁵ Division of Rhinology and Skull Base Surgery, Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins School of Medicine, Baltimore, MD, USA

¹⁶ Royal National Ear, Nose and Eastman Dental Hospital, London, UK

¹⁷ Royal National Ear, Nose and Throat and Eastman Dental Hospitals, University College London Hospitals, UK

¹⁸ Rhinology Unit; Smell Clinic, ENT Department, Hospital Clinic Barcelona; FRCB-IDIBAPS; Universitat de Barcelona; CIBERES. Barcelona, Catalonia, Spain

¹⁹ Department of Medicine, Division of Allergy and Immunology, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

²⁰ Department of Otorhinolaryngology, Medical University of Vienna, Vienna, Austria

²¹ Department of Otolaryngology/Head and Neck Surgery, University of North Carolina, Chapel Hill, NC, USA

Dear Editor:

Remission has recently been proposed as the new goal of care in CRSwNP or Nasal Polyp Syndrome by the European Forum for Research and Education in Allergy and Airway Diseases / European Position Paper on Rhinosinusitis and Nasal Polyps (EUFOREA/EPOS) ^(1,2) as well as by global leaders in Rhinology ⁽³⁾. In CRSwNP, remission is defined as a prolonged state of control, without bothersome symptoms reported by the patient for at least 12 months, without the need for either oral corticosteroids or endoscopic sinus surgery (ESS), and without endoscopic signs of active disease ⁽¹⁾. This new goal of care is to be encouraged by the ENT community and CRSwNP patients as persistent symptoms unalleviated by historical approaches ^(4,5) can be reduced by new

therapies including biologics. The goal of therapy for CRSwNP has long been to achieve control, with Visual Analogue Scale (VAS) and Sino-Nasal Outcome Test (SNOT-22) scores guiding physicians towards a step-up treatment aiming for control ^(6,7). In other medical domains, the concept of remission has been used for several years. The following research questions in relation to remission in CRSwNP need to be addressed:

1. What is the percentage of severe uncontrolled CRSwNP patients that can achieve remission, with a single or combined approach including ESS, biologics and adequate medical therapy? What are the differences and similarities in patients achieving remission in secondary and tertiary care centers,

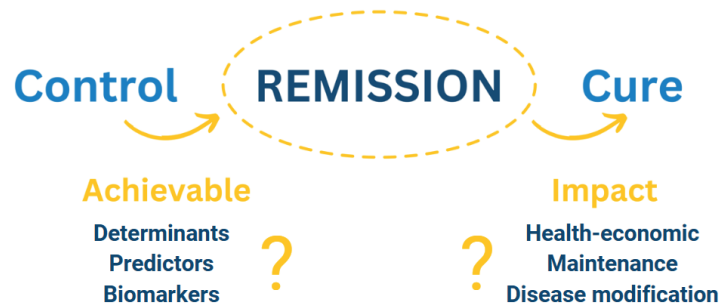


Figure 1. From control to cure via remission, with multiple research questions to be answered.

hence providing insight into optimal referral patterns and/or optimal timing of therapeutic options?

2. What factors have a positive or negative impact on the likelihood of achieving remission, including patient, physician, therapy and health system-related factors, given all consideration in relation to different care options ^{(8,9)?}
3. What can be defined as endoscopic signs of active disease, given the relative subjective nature (or semi-objective) of endoscopic findings, the lack of association between nasal endoscopic findings and symptom severity, and highly prevalent URTIs? The EUFOREA/EPOS expert panel agreed on small nasal polyps without nasal secretions and/or signs of infection being labelled as inactive disease in a patient without bothersome symptoms ⁽¹⁾. So far, a nasal polyp score (NPS) of equal or less than 1 (≤ 1) on each side (with a maximal total NPS of 2) is considered for the disease state of remission in combination with a lack of bothersome symptoms for over 12 months .
4. What are the health economic considerations of the goal of remission, with better insight into direct and indirect costs of each therapeutic option to achieve remission?
5. Which therapeutic approach is best after having achieved remission, with the ambition of maintaining remission and without the need for lifelong therapy? The rhinologic community has only recently reached a consensus on the criteria and indications for the different treatment options, but without a guideline on the post-remission approach.
6. What biomarkers and/or endotypes of patients with CRSwNP are associated with a higher or lower likelihood of achieving remission, allowing prediction of remission?
7. What percentage of patients can achieve a disease state of 'cure', i.e. full remission without ongoing therapy and without active signs of disease for > 5 year? Data from ongoing Real-

World Efficacy (RWE) registries are currently being analyzed.

8. In relation to remission, the concept of disease-modification emerges as relevant, with multiple open questions on the disease-modifying effects of different options of care, including ESS, nasal corticosteroids and biologics.

Conclusion

The newly defined disease state of remission in CRSwNP is very appealing as it paves the ways for greater satisfaction. Multiple open research questions on remission in CRSwNP remain to be answered.

Abbreviations

CRSwNP: Chronic Rhinosinusitis with Nasal Polyps; ENT: Ear, Nose and Throat; EPOS: European Position Paper on Rhinosinusitis and Nasal Polyps; ESS: Endoscopic Sinus Surgery; EUFOREA: European Forum for Research and Education in Allergy and Airway Diseases; NPS: Nasal Polyp Score; RWE: Real-World Efficacy; SNOT-22: Sino-Nasal Outcome Test – 22; VAS: Visual Analogue Scale

Authorship contribution

All the authors have made substantial contributions to the conception or design of the work, the acquisition, analysis, and interpretation of data for the work. They have drafted the work and revised it critically for important intellectual content, have provided approval for publication of the content, and have agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors contributed to the article and approved the submitted version.

Conflict of interest

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Data availability statement

All relevant data is contained within the article, the original contributions presented in the study are included in the article, further inquiries can be directed to the corresponding author/s.

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Prof. Dr Peter W. Hellings
University of Leuven
Herestraat 49
3000 Leuven
Belgium

Tel: +32 16 33 23 40
E-mail: peter.hellings@kuleuven.be

E-mail and ORCID ID

PWH: peter.hellings@kuleuven.be / 0000-0001-6898-688X
EDC: eugenio.decorso@policlinicogemelli.it / 0000-0001-5761-7018
VB: backer@dadlnet.dk / 0000-0002-7806-7219
MBS: MBERNAL@clinic.cat / 0000-0001-8191-9833
YC: y.chan@utoronto.ca / 0000-0002-8502-3214
DMC: diego.conti@kuleuven.be / 0000-0002-8896-495X
MEC: mecornet@alrijne.nl
WJF: w.j.fokkens@amsterdamumc.nl / 0000-0003-4852-229X
PG: philippe.gevaert@ugent.be / 0000-0002-1629-8468

JH: hanjk@evms.edu
CH: clairehopkins@yahoo.com / 0000-0003-3993-1569
BNL: basile.landis@hcuge.ch / 0000-0001-6034-3724
SLa: susanne.lau@charite.de / 0000-0002-5189-4265
SLe: slee192@bwh.harvard.edu / 0000-0002-2629-2422
VJL: v.lund@ucl.ac.uk / 0000-0002-2503-2215
JM: jmullol@clinic.cat / 0000-0003-3463-5007
AP: anjupeters@northwestern.edu / 0000-0003-0745-2379
SS: sven.schneider@meduniwien.ac.at / 0000-0002-7631-3746
BS: brent_senior@med.unc.edu / 0000-0002-1503-3150