

Otolaryngologist's role in European CRSwNP care: clinical needs versus economic considerations*

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Rhinology 63: 6, 0 - 0, 2025

<https://doi.org/10.4193/Rhin25.483>

***Received for publication:**

August 26, 2025

Accepted: September 23, 2025

Associate Editor:

Sietze Reitsma

In recent years, the role of the medical specialist has undergone a substantial evolution, increasingly intersecting with the fields of healthcare management and economics. Many clinicians are now gaining skills in areas such as cost-effectiveness analysis, health policy, and service organization. While such competencies can enhance awareness of the broader healthcare context, it is critical to reaffirm that the primary duty of a specialist — particularly in the field of otorhinolaryngology — is to ensure clinical appropriateness based on current evidence and guidelines, not to account for economic variables.

In the management of Chronic Rhinosinusitis with Nasal Polyps (CRSwNP), otorhinolaryngologists are guided by comprehensive and internationally recognized recommendations, notably those from EPOS 2020 (1) and EUFOREA (2). These guidelines provide detailed criteria for patient selection for endoscopic sinus surgery (ESS) and, in selected severe cases, biologic therapy. Indications for biologics include patients with severe, recurrent CRSwNP who are inadequately controlled despite appropriate intranasal corticosteroids and previous surgery, and whose disease fits recognized endotypes responsive to such treatment.

In an increasing number of recent papers (3-8) and conferences, the ENT specialist is learning about the economic aspects of managing this disease. While it is scientifically correct to educate the specialist on all aspects related to the therapeutic pathways, it is important to emphasize that the decision to initiate surgical or biological treatment must be driven solely by clinical criteria — including symptom severity, impact on quality of life, biomarker profile, and guideline-concordant eligibility — and not by economic considerations such as therapy costs or Diagnosis Related Group (DRG) incentives. Such cost-related evaluations

are the responsibility of healthcare managers, hospital administrators, and policy-makers, not of the prescribing physician.

This distinction becomes especially important in most EU healthcare contexts, where not all hospitals are publicly owned. For instance, a significant number of accredited private hospitals may operate within the framework of National Health Services and are reimbursed through DRG-based systems. In some of these settings, financial pressures may influence care decisions — for instance, by discouraging biologic therapy in favor of surgery due to more favorable DRG reimbursement. This practice risks compromising patient care by deviating from evidence-based medicine and guideline recommendations.

The role of the specialist must remain focused on clinical appropriateness, respecting the scientific guidance provided by EPOS and EUFOREA, while leaving economic considerations to the appropriate managerial roles within the healthcare system. Maintaining this separation is essential to safeguard both the quality and the integrity of patient care.

Authorship contribution

PP is the sole author and takes full responsibility for the content of the manuscript.

Conflict of interest

The author declares no conflict of interest.

Funding

This paper did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

1. Fokkens WJ, Lund VJ, Hopkins C, et al. European Position Paper on Rhinosinusitis and Nasal Polyps 2020. *Rhinology*. 2020;58(Suppl S29):1–464.
2. Bachert C, Han JK, Desrosiers M, et al. EUFOREA consensus on biologics for chronic rhinosinusitis with nasal polyps. *J Allergy Clin Immunol*. 2021;148(6):1427–1439.
3. Fieux M, Margier J, Bartier S, et al. The extra cost of biologics as first-line treatment in uncontrolled chronic rhinosinusitis with nasal polyps with no previous sinus surgery is overwhelming: a budget impact analysis. *Rhinology*. 2025;63(4):495–504.
4. Malvezzi L, Seccia V, Moffa A, et al. The impact and burden of chronic rhinosinusitis with nasal polyps on patients and their family caregivers: a nationally representative survey. *Healthcare (Basel)*. 2025;13(4):430.
5. Bhat AM, Soler ZM, Rathi VK, Schlosser RJ. Spending, utilization, and coverage for chronic rhinosinusitis with nasal polypoid therapies among Medicare Advantage beneficiaries. *Int Forum Allergy Rhinol*. 2024;14(10):1643–1646.
6. Delga S, de Gabory L, Truy E, et al. The extra cost of biologics as first-line treatment in uncontrolled chronic rhinosinusitis with nasal polyps with no previous sinus surgery is overwhelming: a budget impact analysis. *Eur Ann Otorhinolaryngol Head Neck Dis*. 2024 Mar;141(2):103188.
7. Chapurin N, Khan S, Gutierrez J, Soler ZM. Economics of medical and surgical management of chronic rhinosinusitis with nasal polyps: a contemporary review. *Am J Rhinol Allergy*. 2023;37(2):227–231.
8. Bachert C, Bhattacharyya N, Desrosiers M, et al. Biologicals and endoscopic sinus surgery for severe uncontrolled chronic rhinosinusitis with nasal polyps: an economic perspective. *J Allergy Clin Immunol Pract*. 2022;10(4):897–909.

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