

A new year, a new Journal

Let us start this first editorial of 2018 with wishing you all a marvelous year where most of your dreams come true. In the last years, the editors of *Rhinology* felt often very unhappy when again we had to refuse papers send to us for *Rhinology*. Unfortunately, every year we can only accept around 15% of the papers we receive. With pain in our hearts, we often have to refuse papers of good quality but just not innovative enough or with slight methodological imperfections.

The editorial board of *Rhinology* recognized this feeling and we decided to start a new journal: *Rhinology Online* to have space for all those papers that are good but just do not make the cut for *Rhinology*. *Rhinology Online* is a journal of the European Rhinologic Society, and will provide a platform for the dissemination of rhinologic research and reviews, as well as position papers, task force reports and guidelines, amongst an international scientific audience.

Rhinology Online is a peer-reviewed, Open Access journal that will accept original research articles, review articles, protocols of clinical studies, letters to the editor, position papers, task force reports and guidelines and case reports in rhinology. Open access publishing enables free access to all content ensuring a wide dissemination of articles; the electronic format and expert peer review allows for very rapid publication. Publications will be available in Pubmed within a week after acceptance. *Rhinology Online* is an international journal reaching out far beyond the borders of Europe, and invites clinicians and researchers from all countries of the world to contribute. We look forward to have a modern lively journal with a lot of discussion. Please have look at the website: **www.rhinologyonline.org** and start sending in your papers.

In this issue of *Rhinology*, a number of very interesting papers can be found. Two systematic reviews are presented. One on the effect of intranasal bevacizumab in the treatment of Hereditary haemorrhagic telangiectasia (HHT) – related epistaxis. Bevacizumab is a selective recombinant human antibody against VEGF – A isomers. It has also become first-line treatment for symptomatic hepatic AVMs in HHT, and based on this success, several studies have analysed the effect of bevacizumab on other HHT outcomes including epistaxis⁽¹⁾. However, despite initial promising results, it remains unclear whether the agent provides any true benefit in epistaxis outcome⁽¹⁾. Two years ago, the same authors published an excellent overview of all potential treatment options in HHT⁽²⁾ in which they presented a treatment algorithm based on tamoxifen, followed by/combined with ktp laser, septodermoplasty and finally nasal

closure by the Lund modification of the Young's procedure⁽³⁾. The other review is very timely and summarizes the possibilities to treat CRSwNP with monoclonal antibodies. In the last years a number of studies has appeared that show effectiveness of anti-IgE (Omalizumab)⁽⁴⁻⁶⁾, anti-IL-5 (Mepolizumab)⁽⁷⁾ and anti-IL4R α (Dupilumab)⁽⁸⁾.

In CRSwNP our medical treatment options are limited and when local treatment with corticosteroids are not effective at the moment we have to choose between systemic corticosteroids and surgery or both. We know that pre-operative use of local and/or systemic corticosteroids, results in reduced blood loss, shorter operative time and improved surgical field quality. Moreover, postoperative corticosteroids improve postoperative endoscopic scores in CRS and recurrence rates in cases of CRSwNP^(9,10). We also know that CRS has a significant impact on QOL and interestingly that different types of CRS symptoms – most prominently otologic/facial pain and sleep-related symptoms – and their underlying pathophysiologic mechanisms may differentially affect the general health-related QOL detriment associated with CRS⁽¹¹⁻¹⁴⁾. We also know that FESS has significant positive effects on most aspects of quality of life⁽¹⁴⁻¹⁶⁾ including sleep^(17, 18).

On the downside, we are more and more aware of the potential serious side effects of systemic corticosteroids also when used in short courses^(19,20). Moreover, we do not know when exactly the choice for surgery has to be made over systemic Corticosteroids. To find an answer to that question at least two randomized studies are performed at the moment one in The Netherlands⁽²¹⁾ and one in the UK. In general, of course we want to avoid surgery when possible and the new possibilities of monoclonal antibodies will gain a significant place in our armamentarium in the near future.

Therapies with monoclonal antibodies are targeting one specific pathophysiological pathway or endotype. This endotype-driven treatment approach requires careful selection of the patient population who might benefit from a specific treatment^(22, 23). Personalized medicine is addressing the issue of providing targeted treatment for the right patient and should be seen as one aspect of the promising trend towards precision medicine^(24, 25). For now, in the airways, these expensive treatments are only available for patients with severe asthma but we may hope and expect that in the near future also patients with severe CRS can benefit.

When evaluating treatment, it is extremely important to have a Core outcome set (COS) to report. A COS is an agreed, standardized set of outcomes that should be measured and reported

by trials as a minimum and will facilitate future meta-analysis of trial results in systematic reviews. We earlier suggested a COS in EPOS2012⁽²⁶⁾, and in last year in this Journal the most important outcomes for systematic reviews of interventions for rhinosinusitis in adults were presented⁽²⁷⁾. In this issue of the Journal a group of authors led by Claire Hopkins using an e-Delphi iterative process allowing 110 patients and healthcare practitioners to individually rate the outcomes in terms of importance, now

advise a core-outcome set for trials of 15 items, over 4 domains: the CHROME outcome set⁽²⁸⁾. The authors hope inclusion of these core outcomes in future trials will increase the value of research on interventions for CRS in adults. *Rhinology* and *Rhinology online* will emphasize the use of CHROME.

For now, we wish you a lot of reading, learning and fun with our two new Journals.

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