Pocket guide Biologics in upper and lower airway diseases 2026 by EUFOREA

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Dear Editor:

Over the past decade, biologic therapies targeting key inflammatory pathways have fundamentally transformed the treatment landscape for patients with chronic inflammatory airway diseases. These therapies are now widely approved worldwide and increasingly implemented in routine clinical practice [(1)]. Real-world studies confirm their effectiveness beyond controlled clinical trial settings and highlight biologics as a major therapeutic advance for severe uncontrolled chronic rhinosinusitis with nasal polyps (CRSwNP), asthma, and eosinophilic chronic obstructive pulmonary disease (COPD) [(2–4)]. Biologics have been shown to significantly improve disease control and potentially enable the achievement of new treatment goals, including clinical and complete remission [(5)].

The European Forum for Research & Education in Allergy & Airway Diseases (EUFOREA) has revised its Biologics pocket guide during a multidisciplinary expert meeting in Boston, USA (February 2026) and aligned the content through consultation with international expert panel members of EUFOREA (www.euforea.org). This updated pocket guide provides practical, consensus-based recommendations derived from international guidelines and the latest real-world data, and is designed to support clinicians in daily practice across all levels of care. It includes an overview of currently available biologics and their indications, updated key definitions in CRSwNP and asthma, a structured checklist to guide clinicians when considering biologic therapy, and recommendations for patient follow-up.

First, the pocket guide provides an update on available biologics and their indications. In 2026, it includes depemokimab, an ultra-long-acting anti–IL-5 monoclonal antibody administered twice yearly for patients with asthma and CRSwNP [(6)]. In addition, mepolizumab has been approved for eosinophilic COPD, and tezepelumab has gained approval for CRSwNP [(7,8)].

Second, key definitions in CRSwNP and asthma have been refined. Disease control in CRSwNP is now defined as the absence of bothersome symptoms for ≥4 weeks, with a visual analogue scale (VAS) score ≤4 for total and individual symptoms (including smell loss and nasal obstruction) and/or a SNOT-22 score ≤20 (with individual nasal obstruction and smell scores <3), without the use of systemic corticosteroids or the need for sinus surgery in the preceding 12 months. Accordingly, remission in CRSwNP is defined as sustained disease control for ≥12 months (on or off treatment), combined with absence of exacerbations and no signs of active disease on nasal endoscopy (nasal polyp score ≤1 per side, without coloured secretions or crusting). A new concept, termed "complete" or "pathophysiological" remission, has been introduced and refers to clinical remission with normalization of olfactory function and inflammatory markers. Definitions in asthma have been aligned with the 2026 Global Initiative for Asthma (GINA) strategy report [(9)].

Third, the checklist "What should the physician do when considering a biologic?" has been expanded to include disease-specific considerations. For CRSwNP, nasal endoscopy, assessment of olfactory function, and recent (<5 years) imaging are recommended. For asthma, lung function testing, measurement of fractional exhaled nitric oxide (FeNO), and, where appropriate, bronchial provocation testing and additional imaging are advised.

Finally, the updated pocket guide introduces structured recommendations for the follow-up of patients receiving biologic therapy (Figure 1). At baseline, a comprehensive clinical assessment is essential, including detailed history-taking, evaluation of disease control, and appropriate investigations to determine the

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Recommendation for follow-up of patients on biologics

Timepoint	CRSwNP	Asthma
Baseline	- History (symptoms, severity, SNOT-22/VAS) - Disease control - Nasal endoscopy - Blood/tissue eosinophils - Smell test - Allergy test if indicated	- History (symptoms, severity, exacerbations) - Disease control - Lung function - Blood/sputum eosinophils + FeNO - Allergy test if indicated
3 months	- History (symptoms, severity, SNOT-22/VAS, AE) - Disease control - Nasal endoscopy - Monitor blood eosinophilia (only with dupilumab)	- History (symptoms, exacerbations, AE) - Disease control - Lung function + FeNO - Monitor blood eosinophilia (only with dupilumab)
6 months	- History (symptoms, severity, SNOT-22/VAS, AE) - Disease control - Nasal endoscopy - Monitor blood eosinophilia (only with dupilumab) - Assess therapeutic response	- History (symptoms, exacerbations, AE) - Disease control - Lung function + FeNO - Monitor blood eosinophilia (only with dupilumab) - Assess therapeutic response
12 months - 18 months (based on clinical severity)	- History (symptoms, severity, SNOT-22/VAS, AE) - Nasal endoscopy - Assess disease control/remission criteria - Assess therapeutic response - Monitor blood eosinophilia (only with dupilumab in case of persistent high value)	- History (symptoms, exacerbations, AE) - Lung function + FeNO - Assess disease control/remission criteria - Assess therapeutic response - Monitor blood eosinophilia (only with dupilumab in case of persistent high value)
24 months - annual follow-up	- History (symptoms, severity, SNOT-22/VAS, AE) - Nasal endoscopy - Disease control/remission criteria	- History (symptoms, exacerbations, AE) - Lung function + FeNO - Disease control/remission criteria

Personalized follow-up	- Assess therapy adherence, spray technique, comorbidities
	- In case of uncontrolled CRSwNP or AEs:
	  - Reconsider diagnosis and treatable traits
	  - CT-scan
	  - Switching biologic or salvage/revision surgery
	  - Discontinue biologic if indicated
		- Assess therapy adherence, inhaler technique, comorbidities
		- In case of uncontrolled asthma or AEs:
		  - Reconsider diagnosis and treatable traits
		  - CT-scan
		  - Consider switching biologic
		  - Discontinue biologic if indicated

Figure 1. EUFOREA recommendations for the follow-up of patients receiving biologic therapy for CRSwNP and asthma, including baseline assessment, treatment monitoring, therapeutic response evaluation, and personalized management strategies. Abbreviations: SNOT-22, 22-item Sino-Nasal Outcome Test; VAS, Visual Analogue Scale; AE(s), adverse event(s).

patient's endotype. At subsequent time points, regular assessment of disease control and therapeutic response is emphasized. Monitoring of blood eosinophil levels is recommended three months after initiation of dupilumab therapy. Over time, remission criteria should be evaluated. Follow-up should remain individualized, with ongoing assessment of treatment adher ence, inhaler or nasal spray technique, and comorbidities. In cases of uncontrolled CRSwNP or asthma, clinicians should reconsider the diagnosis, perform additional investigations, and consider switching or discontinuing biologic therapy when appropriate. The full pocket guide is available on the EUFOREA website (https://www.euforea.org/news/2026-biologics-pocket-guide/).

Authorship contribution

All authors contributed to the update and finetuning of the treatment algorithm and the pocket guide.

Conflict of interest

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