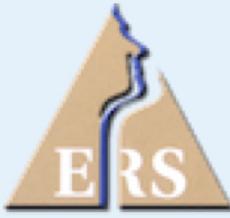


# Chronic rhinosinusitis: how to implement current and new treatment options, the role of precision medicine

Professor Wytske Fokkens

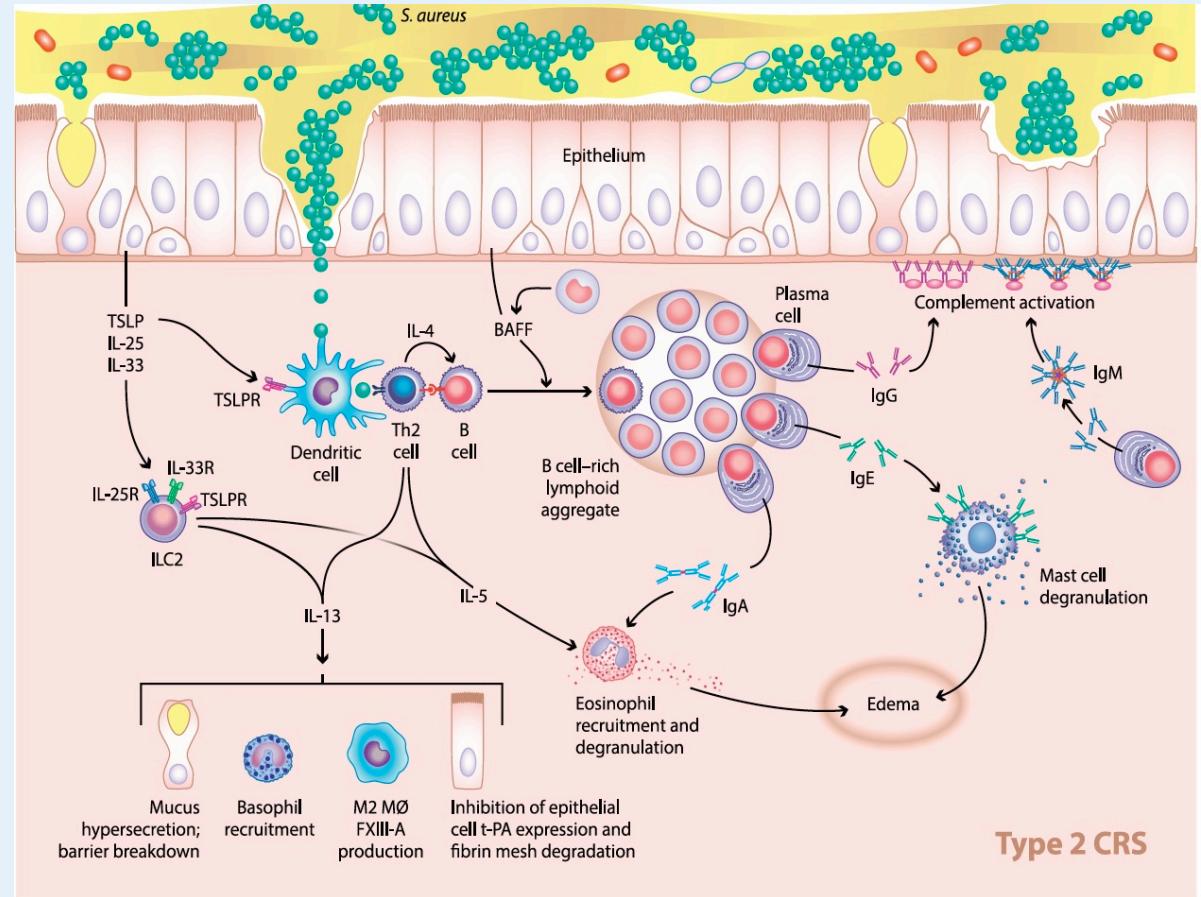
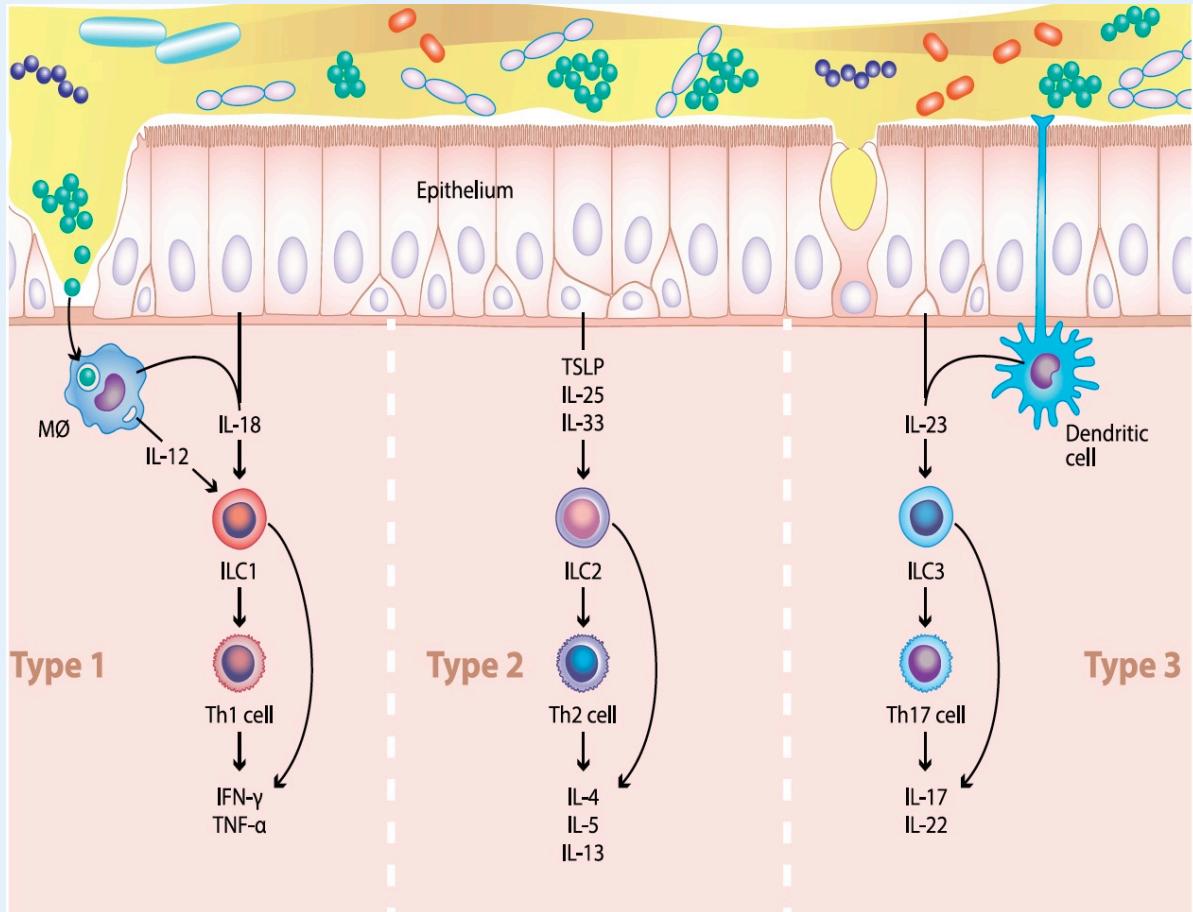
Amsterdam University Medical Centres, location AMC



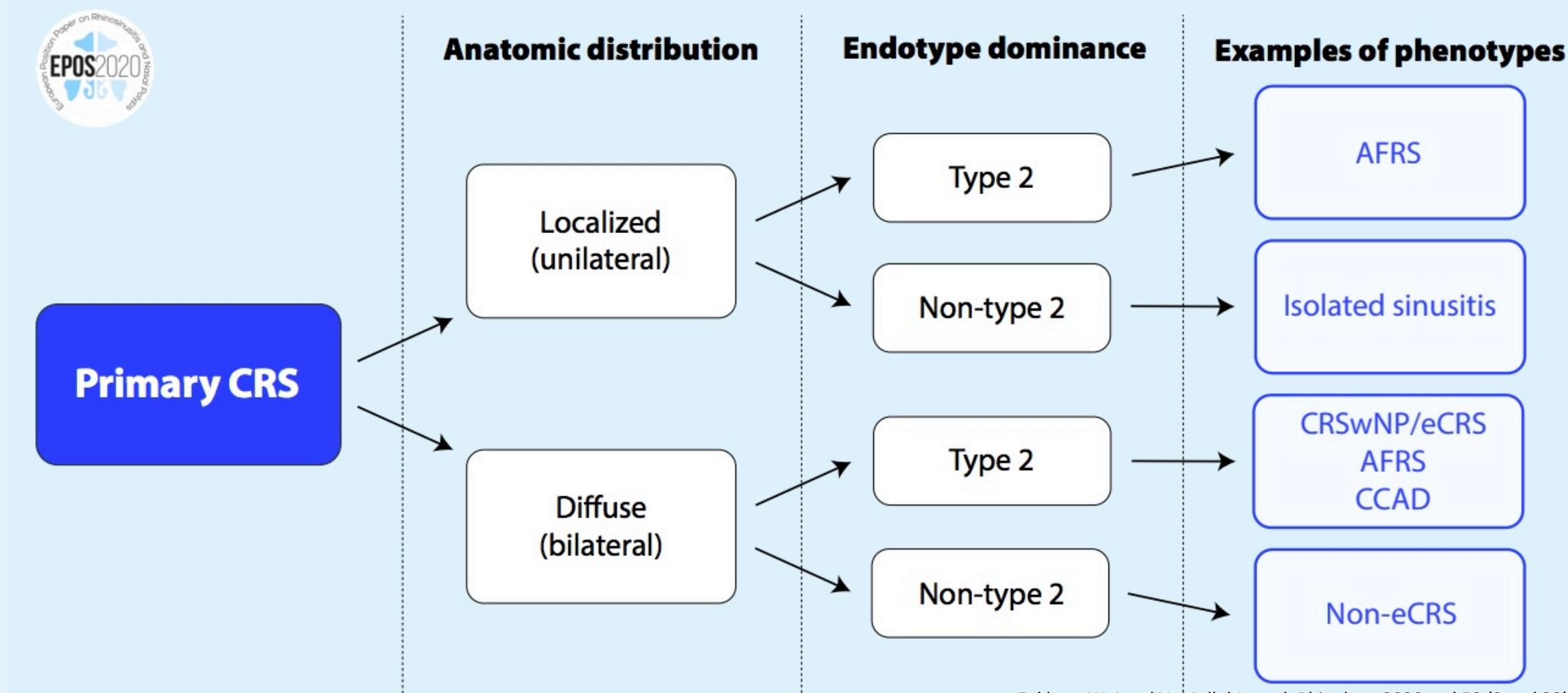
# CRS: how to implement current and new treatment options, the role of precision medicine

- New classification of CRS, primary versus secondary CRS: consequences for treatment
- New integrated care pathways in CRS in the light of the new classification
- New treatment options with biologicals

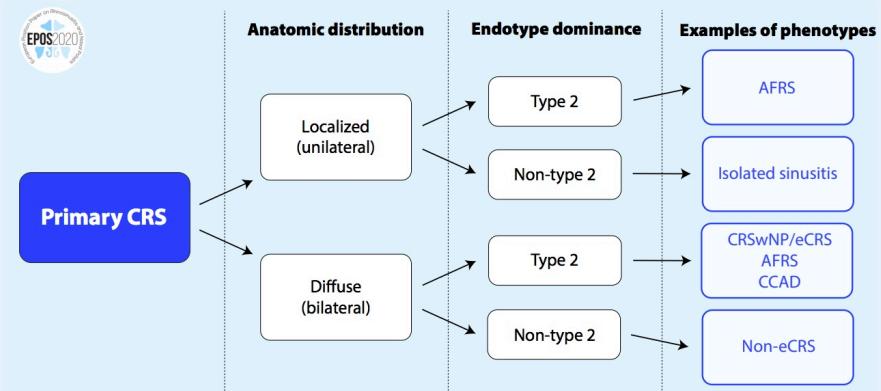
# Types of inflammation in CRS



# New Classification of CRS

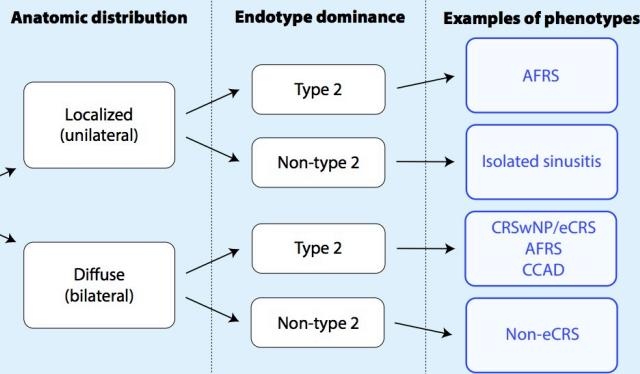
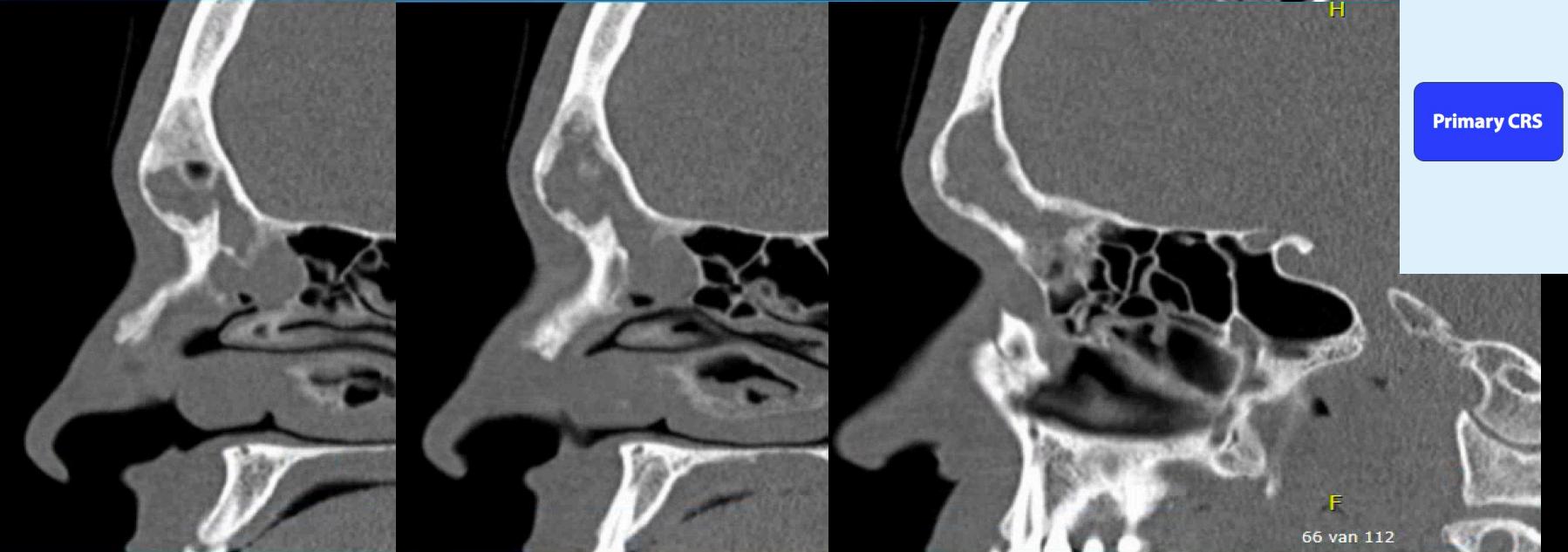
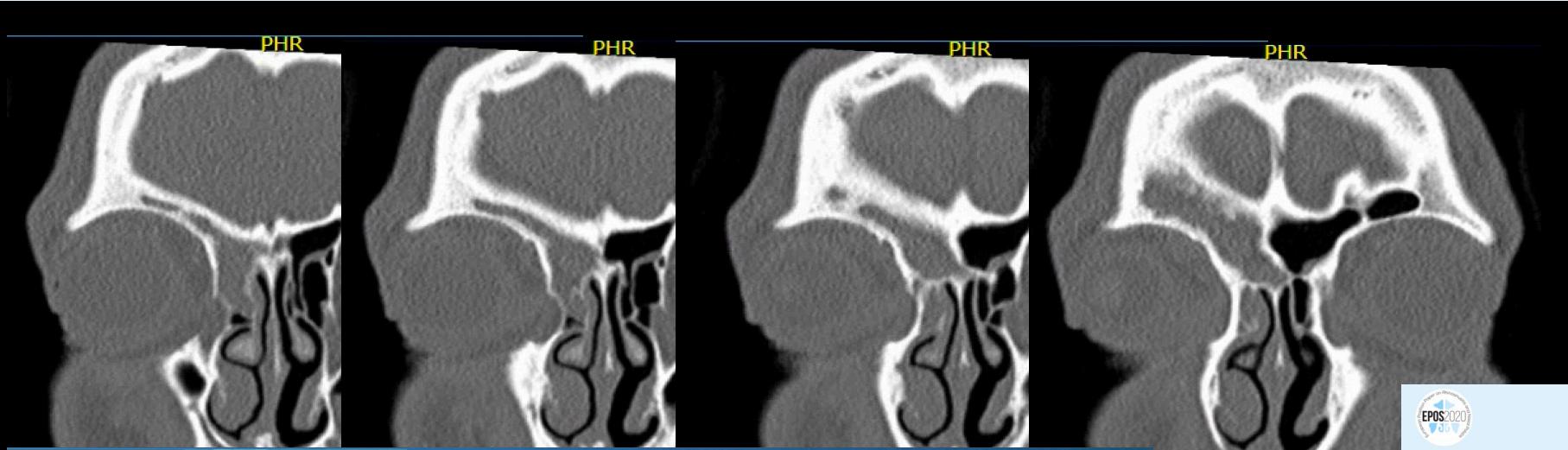


# Unilateral AFRS



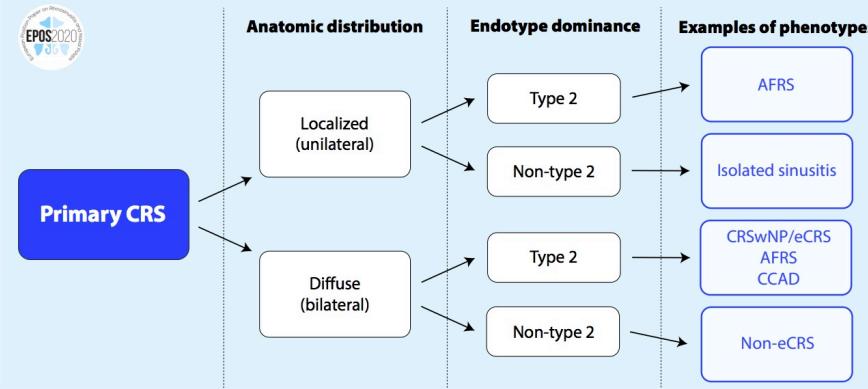
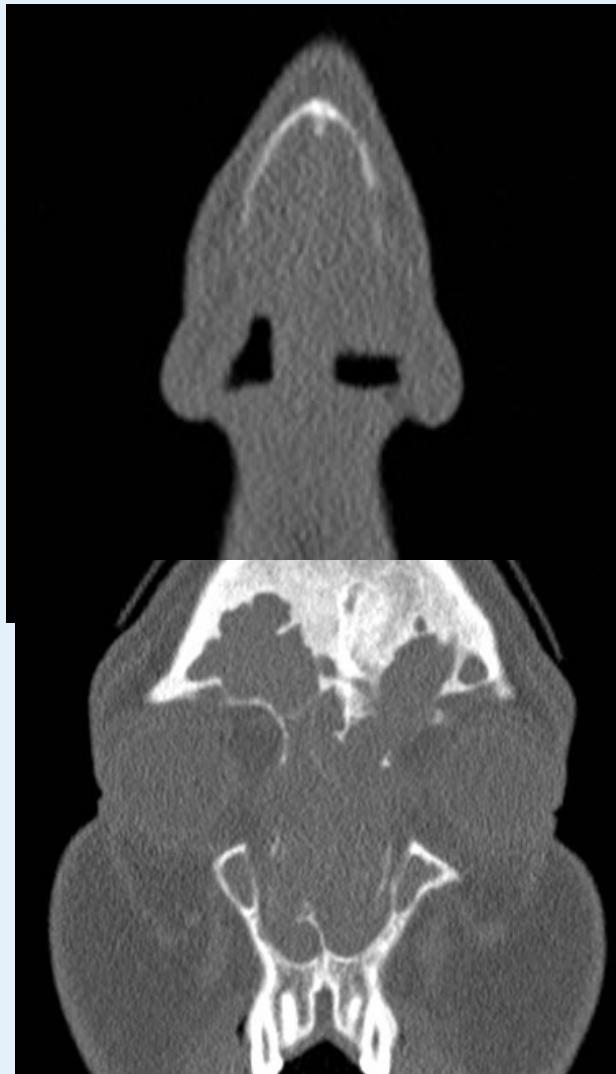
- Surgery
- Perioperative systemic corticosteroids
- Immunotherapy?

# Isolated frontal chronic rhinosinusitis



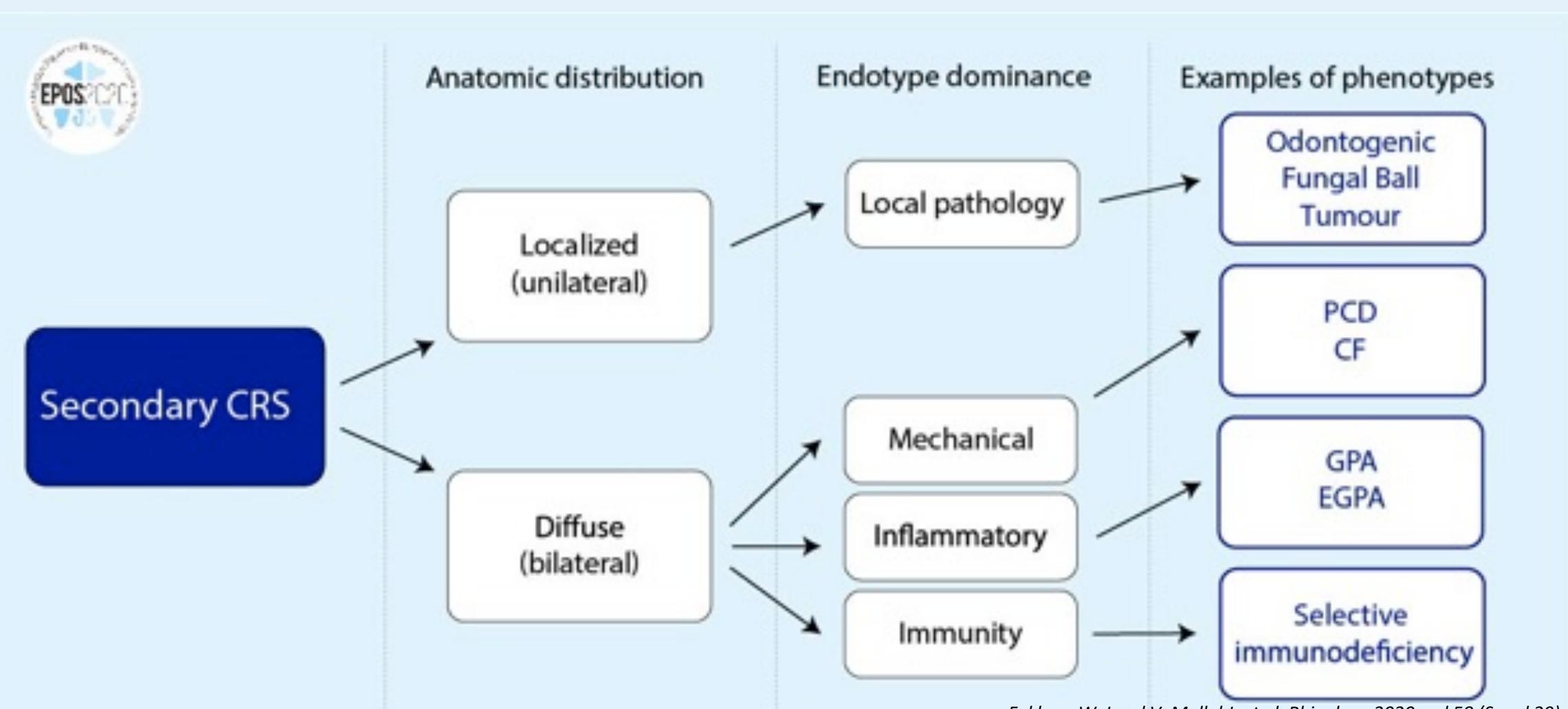
Surgery

# Massive CRSwNP

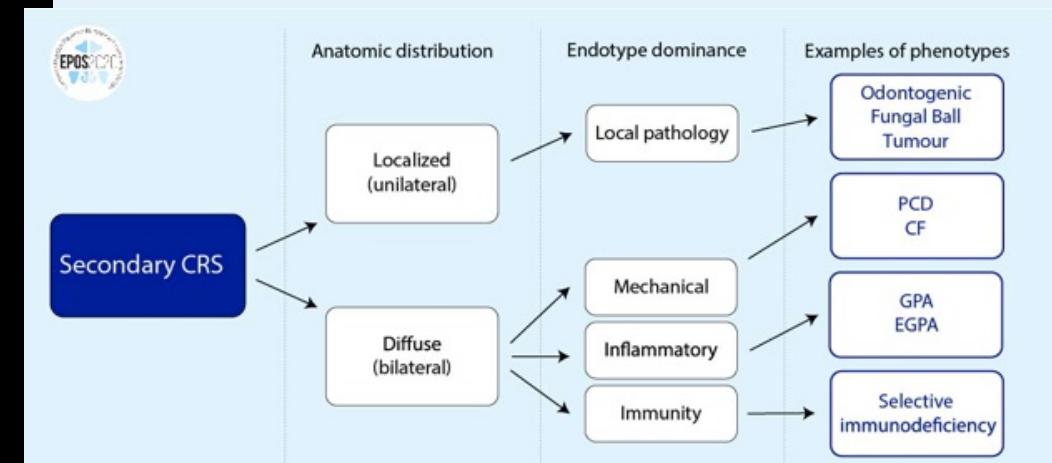


Surgery  
Systemic corticosteroids  
INCS  
Biologics

# New Classification of CRS

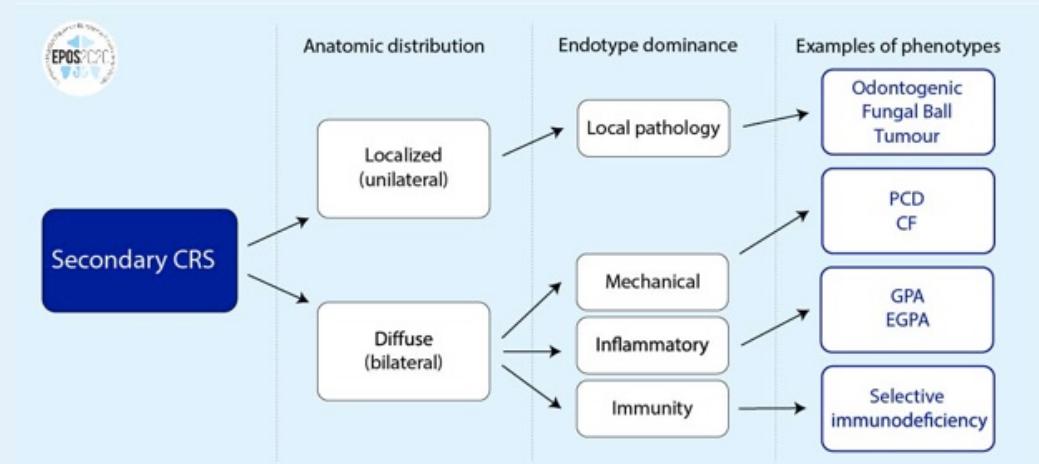


# Bilateral odontogenic CRS



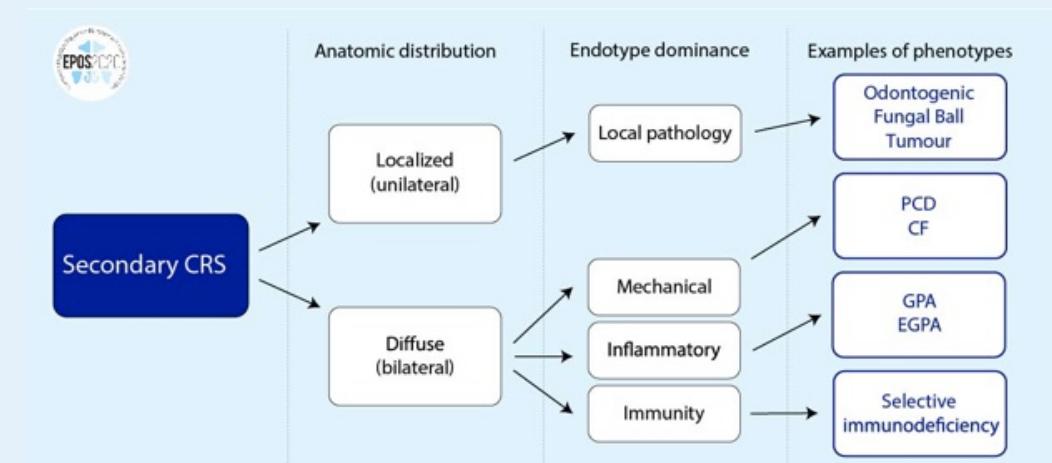
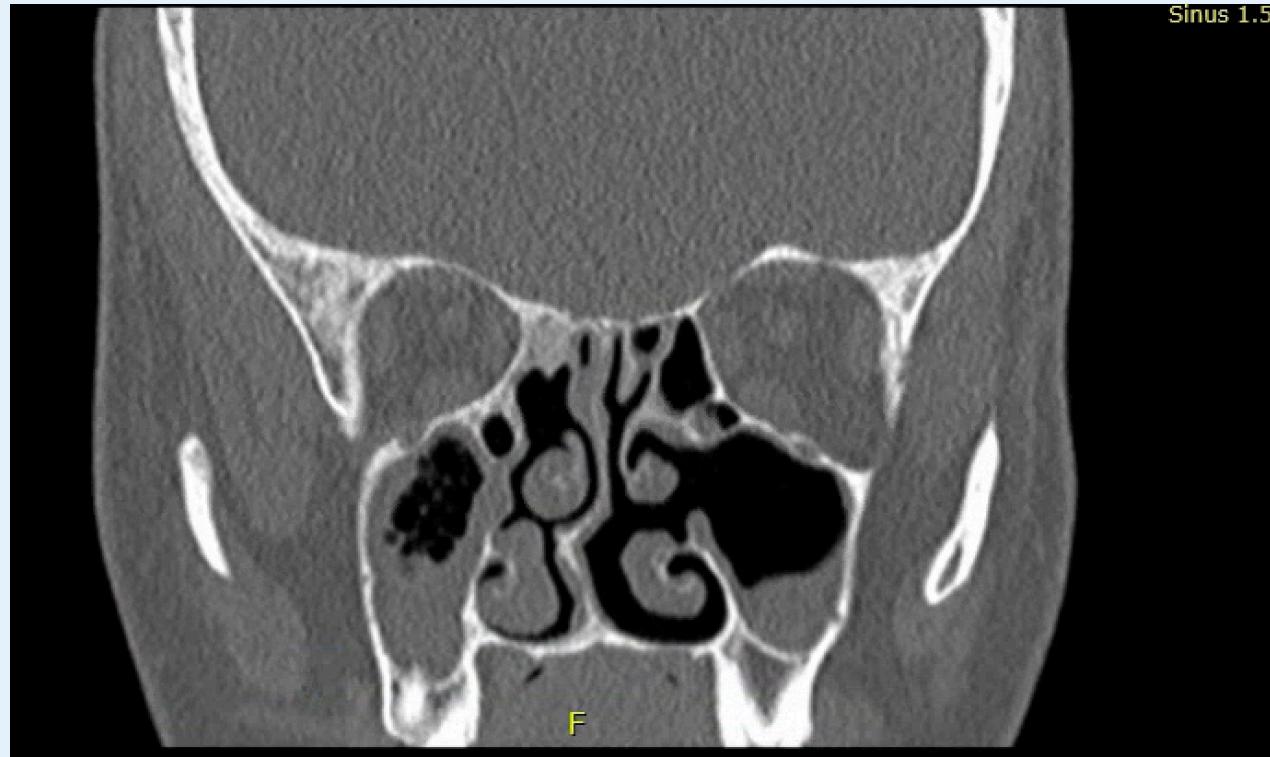
Teeth first  
CRS second

# ANCA positive GPA



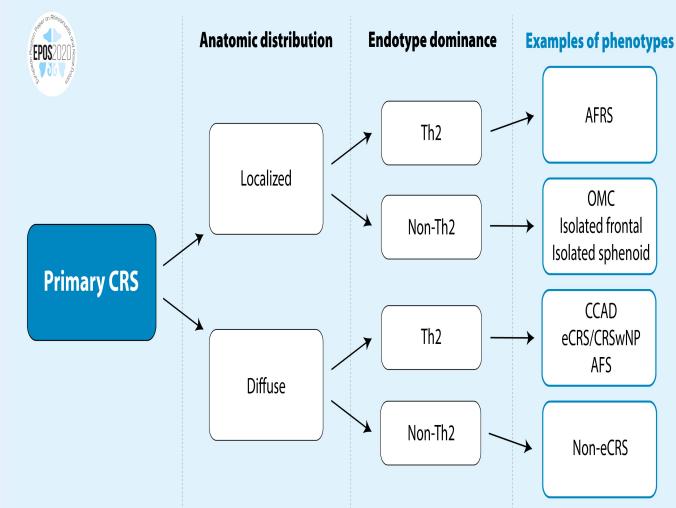
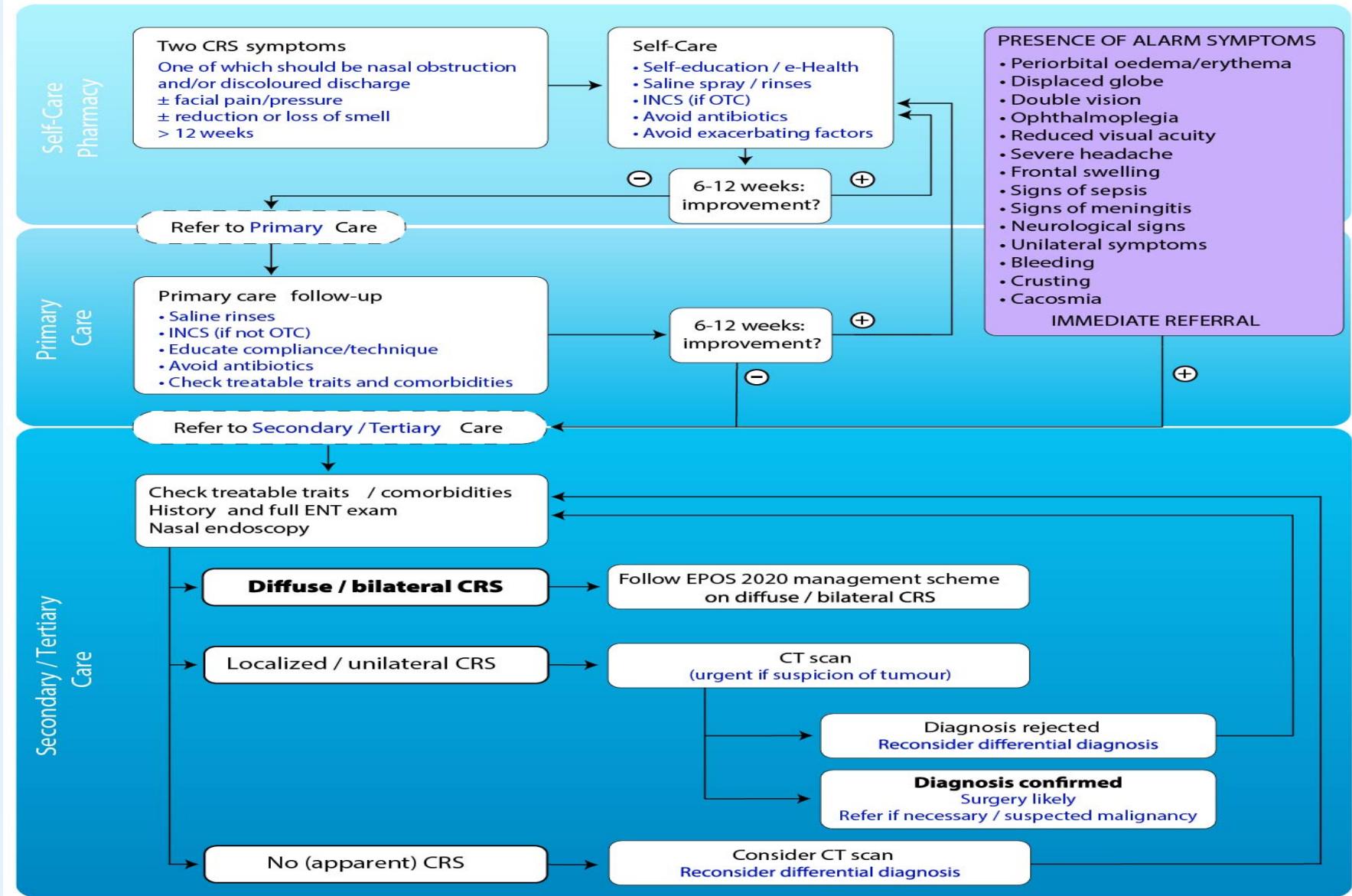
Retuximab  
local ointments

# CRS in patients with IgA deficiency

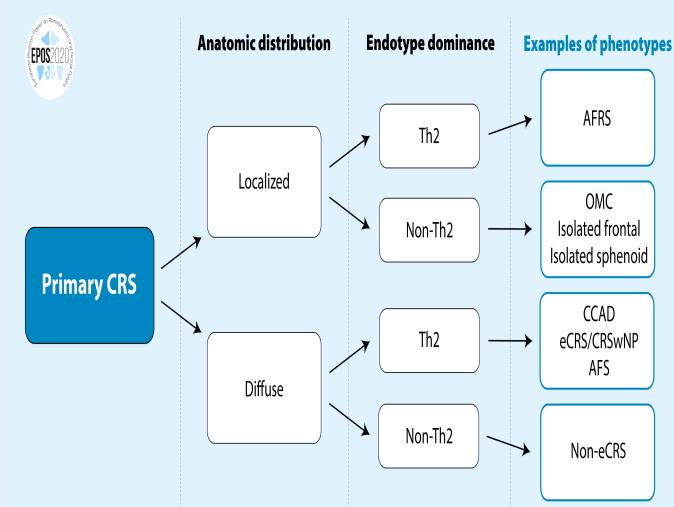
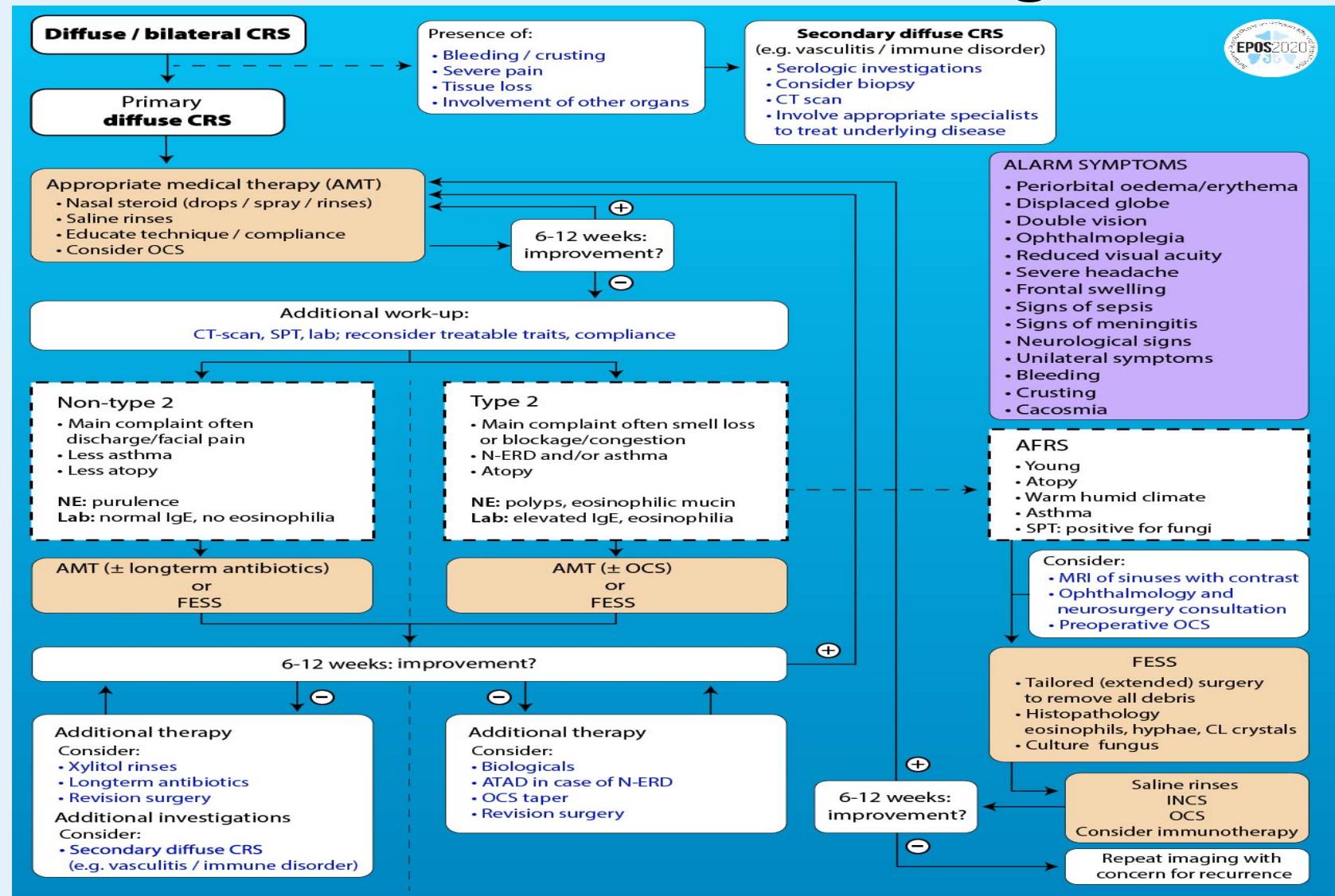


Long term antibiotics

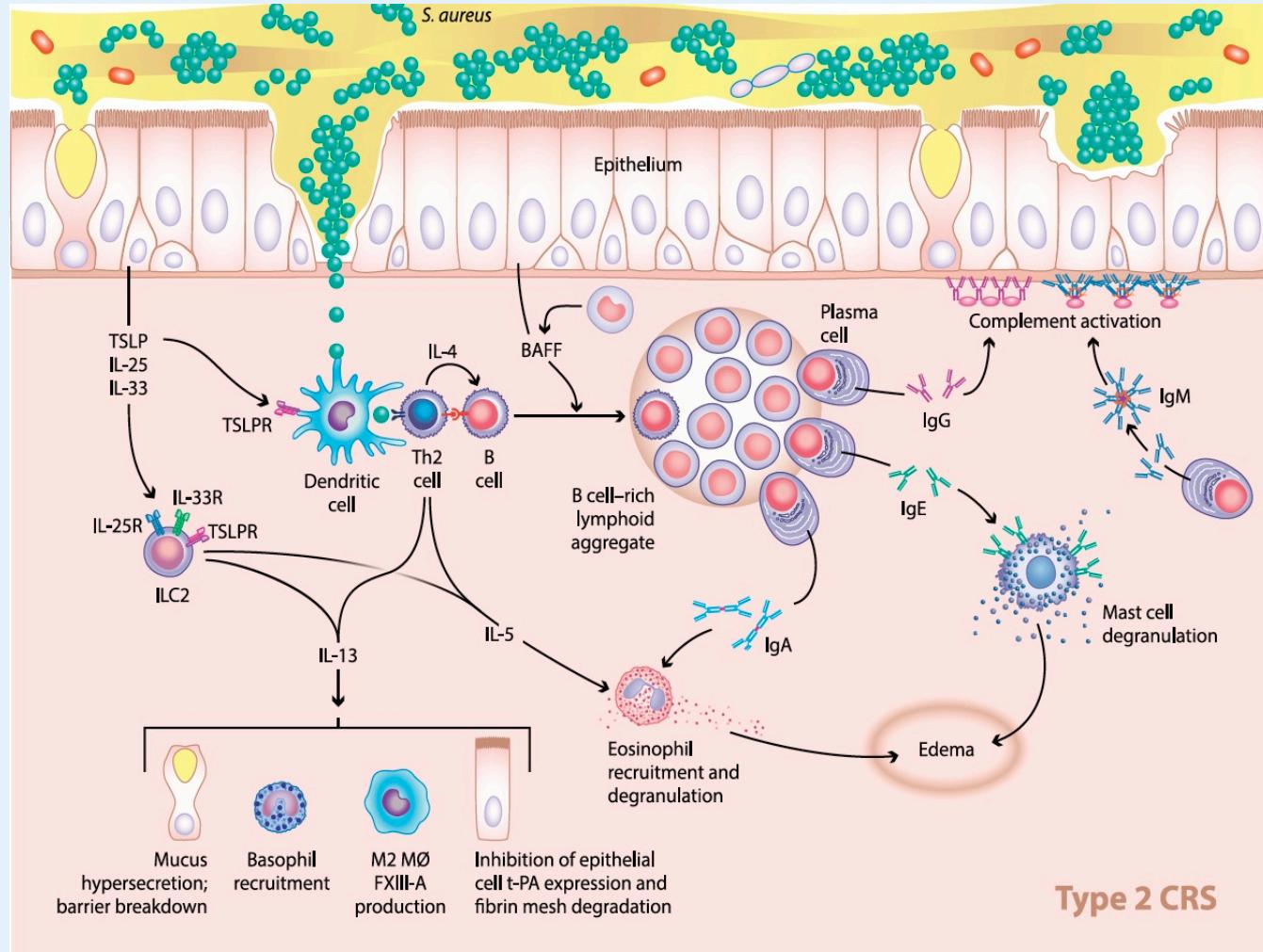
## EPOS 2020: Care pathways for CRS



# Diffuse bilateral CRS management scheme



# Treatment of Type 2 Inflammation in Chronic Rhinosinusitis



anti- IL-5

- mepolizumab

- reslizumab.

anti-IL-4/anti-IL-13

- dupilumab

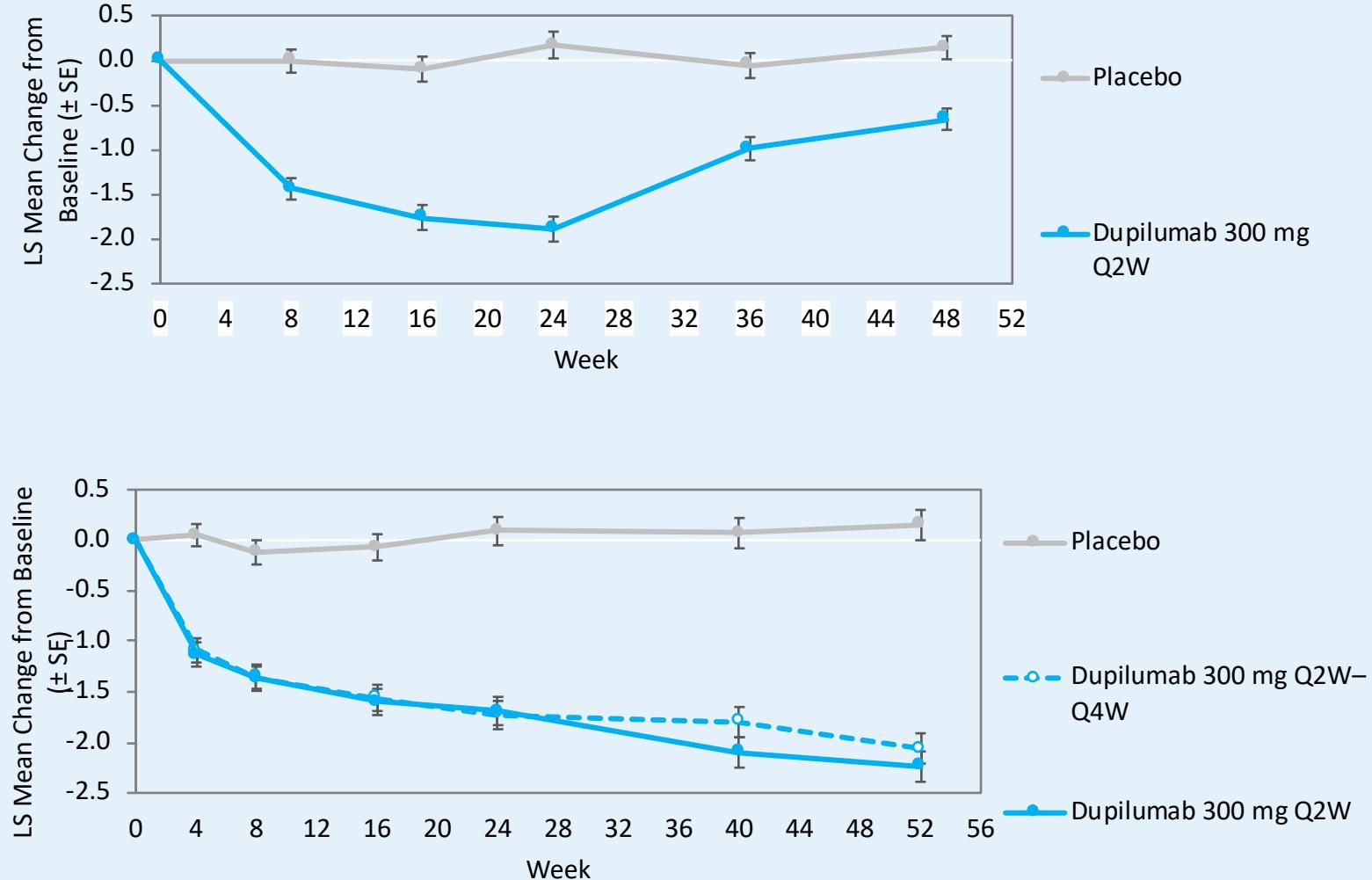
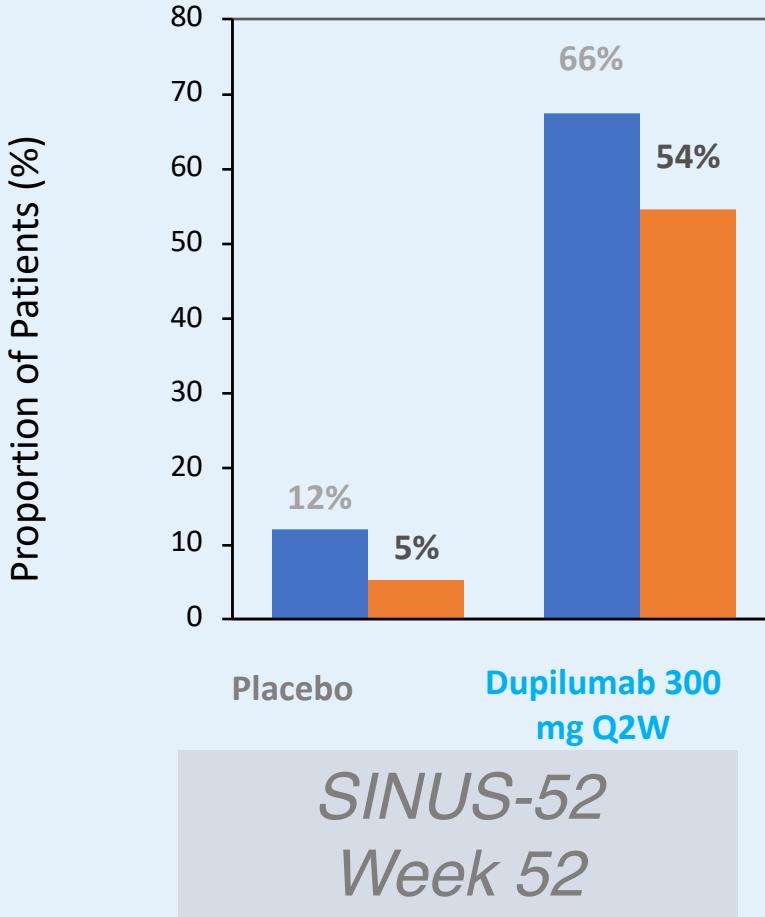
anti-IgE

- omalizumab

# Dupilumab in CRSwNP

## Responder Analysis: Percent of Patients With NPS Improvement from Baseline

- █ Improvement by at least 1 point in NPS from baseline
- █ Improvement by at least 2 points in NPS from baseline



All  $P$ -values <0.0001

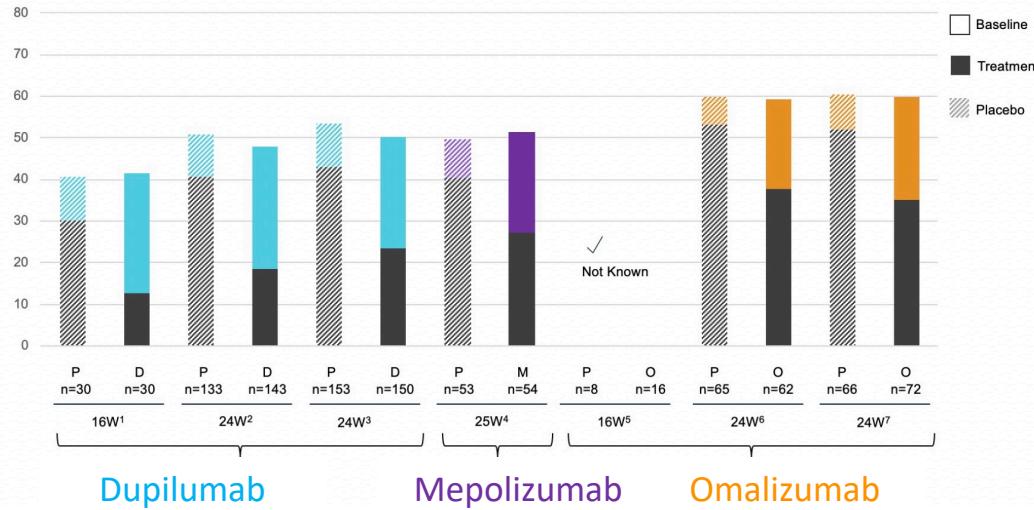
NPS, nasal polyp score; Q2W, every 2 weeks.

Data on file.

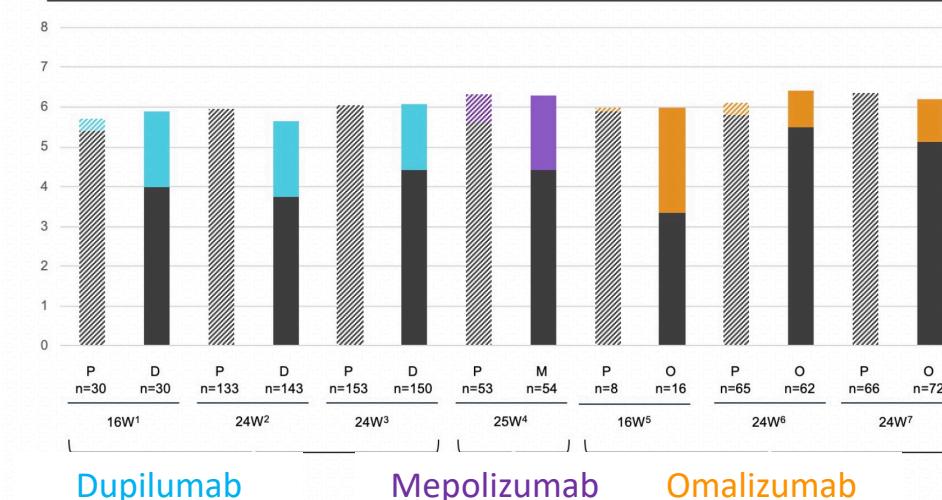
Bachert, Fokkens et al. Lancet 2019

# Comparison of biologicals

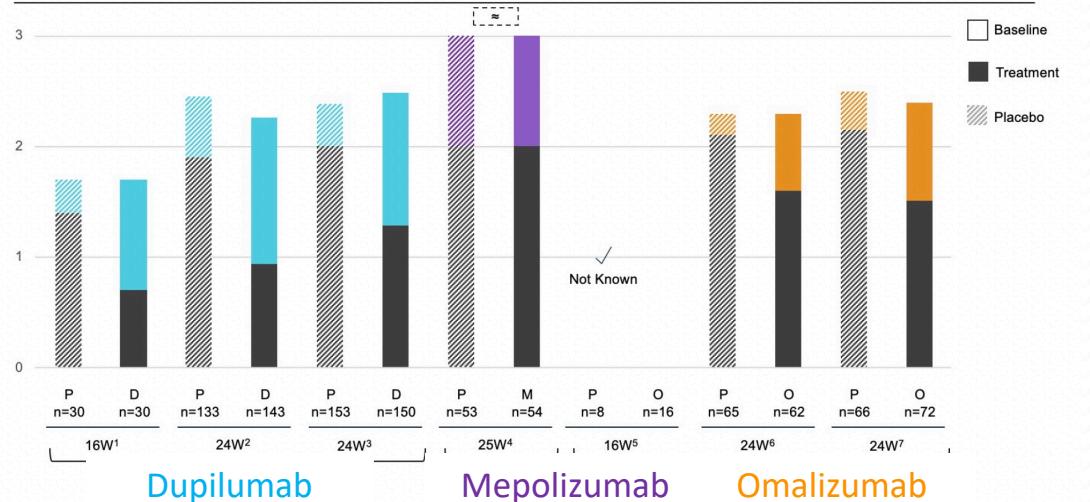
**SNOT-22 (0-110)**



**Nasal polyp score (NPS) (0-8)**



**Nasal congestion score (NCS) (0-3)**



Hellings, Verhoeven, Fokkens Rhinology,in press

1Bachert C., JAMA, 2016, n=60

Bachert C., Lancet, 2019,  
n=276

Bachert C., Lancet, 2019,  
n=448

Bachert C., J Allergy Clin  
Immunol, 2017, n=109

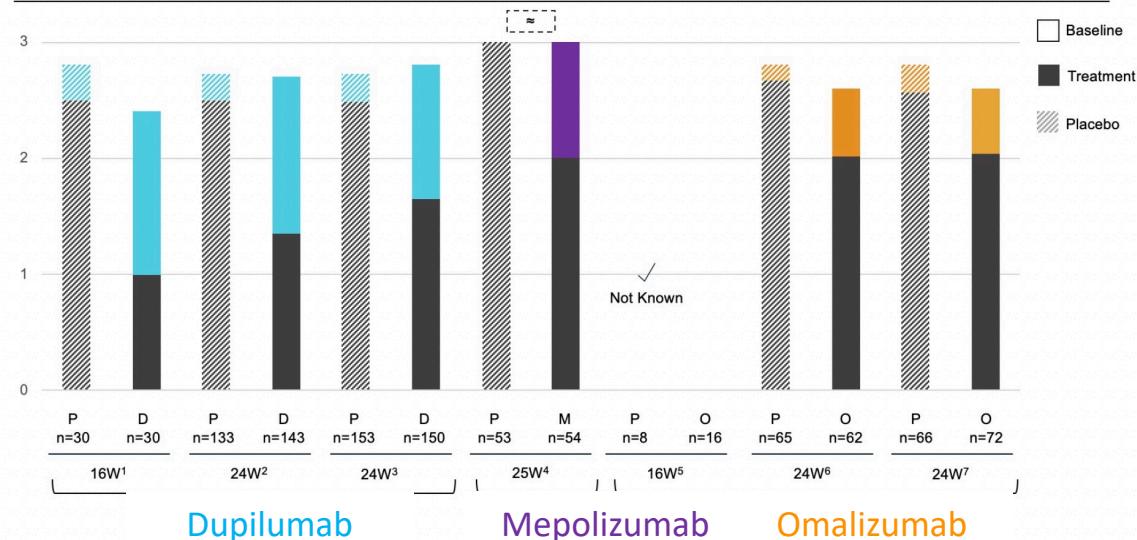
Gevaert P., J Allergy Clin  
Immunol, 2013, n=24

EPOLYP2, 2020, n= 127

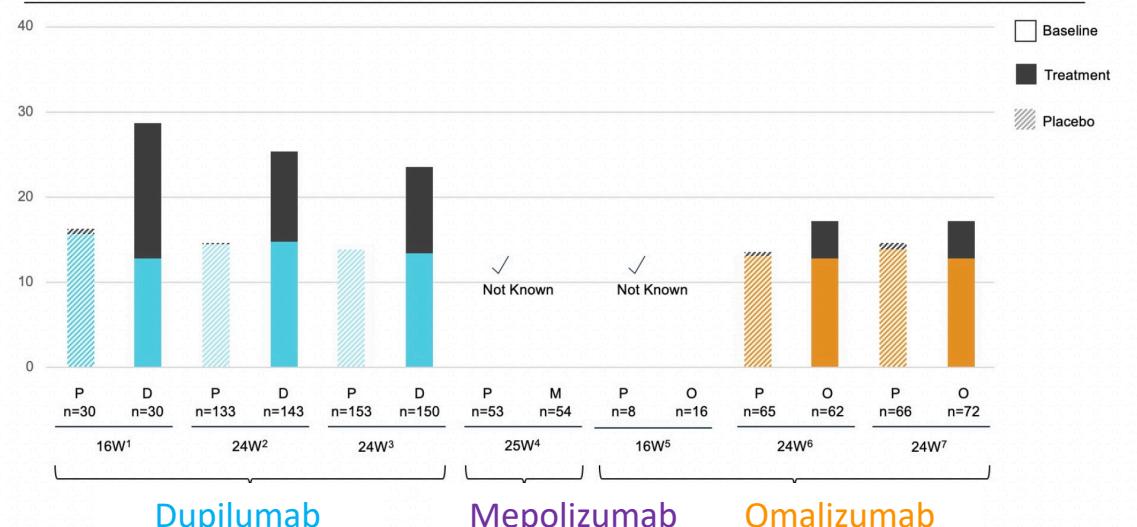
EPOLYP1, 2020, n= 138

# Comparison of biologicals

## Loss of smell (LOS) (o-3)



## UPSIT (o-40)



1Bachert C., JAMA, 2016, n=60

2Bachert C., Lancet, 2019, n=276

3Bachert C., Lancet, 2019, n=448

Bachert C., J Allergy Clin Immunol, 2017,  
4n=109

Gevaert P., J Allergy Clin Immunol, 2013,  
5n=24

6POLYP2, 2020, n= 127

7POLYP1, 2020, n= 138

## Indications for biological treatment in CRSwNP



Presence of bilateral polyps in a patient who had ESS\*



THREE criteria are required

### Criteria

- Evidence of type 2 inflammation
- Need for systemic corticosteroids or contraindication to systemic steroids
- Significantly impaired quality of life
- Significant loss of smell
- Diagnosis of comorbid asthma

### Cut-off points

- Tissue eos  $\geq 10/\text{hpf}$ , OR blood eos  $\geq 250$ , OR total IgE  $\geq 100$   $\geq 2$  courses per yr, OR long term ( $>3$  months) low dose steroids
- SNOT-22  $\geq 40$
- Anosmic on smell test (score depending on test)
- Asthma needing regular inhaled corticosteroids

\*exceptional circumstances excluded (e.g., not fit for surgery)

# Defining response to biological treatment in CRSwNP



## Evaluation of 5 criteria

- Reduced nasal polyp size
- Reduced need for systemic corticosteroids
- Improved quality of life
- Improved sense of smell
- Reduced impact of co-morbidities



Evaluate treatment response after 16 weeks



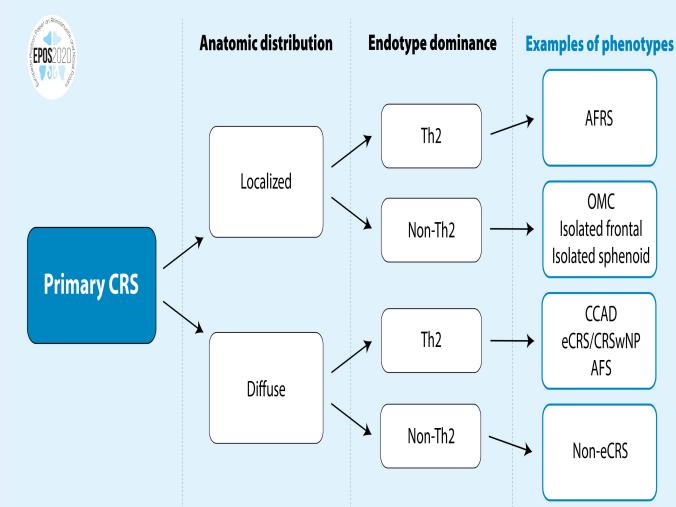
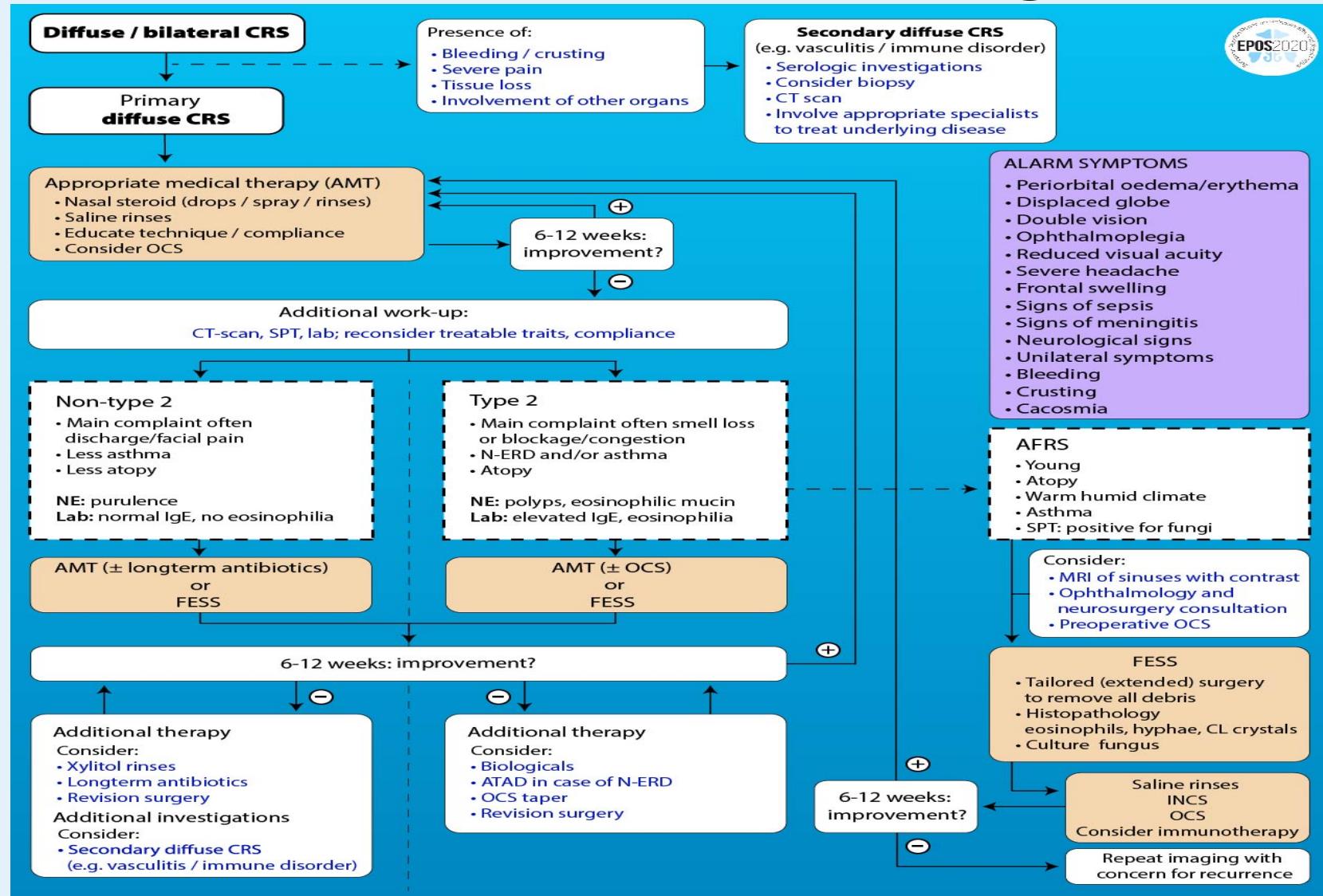
Discontinue  
treatment  
if no response  
in any  
of the criteria



Evaluate treatment response after 1 year



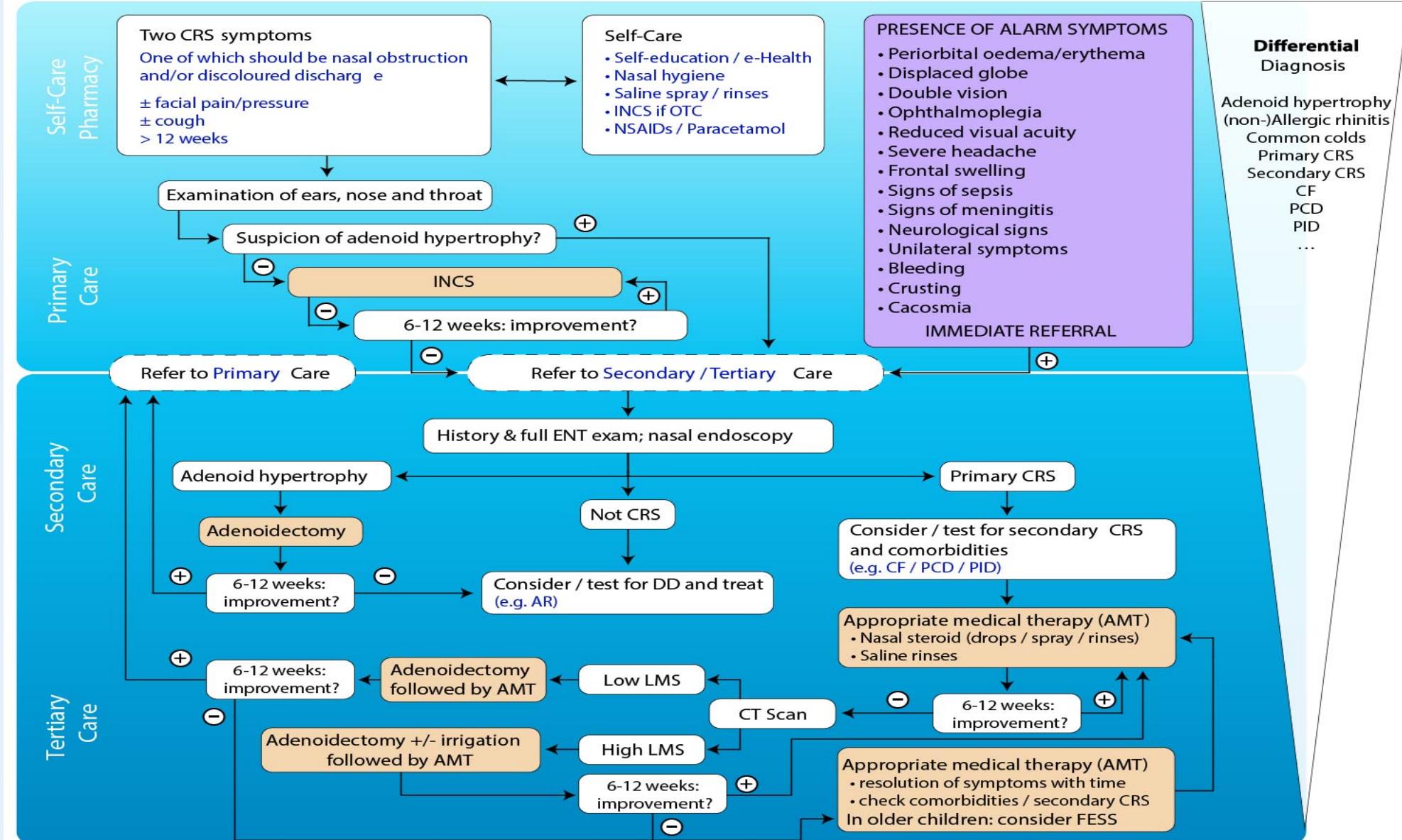
# Diffuse bilateral CRS management scheme

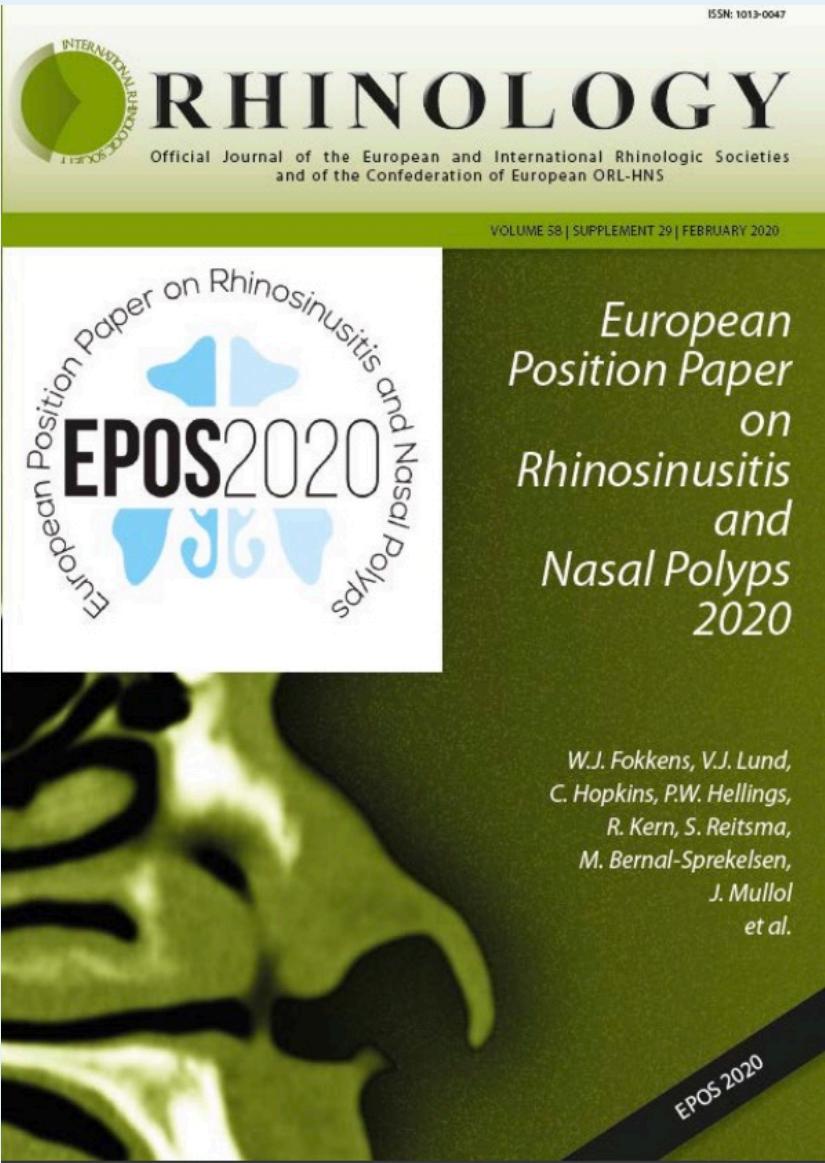


AMT, appropriate medical treatment; INCS, intranasal corticosteroids;

Fokkens W, Lund V, Mullol J, et al. Rhinology 2020, vol 58 (Suppl 29): 1-464.  
web: www.epos2020.com, rhinologyjournal.com

# EPOS 2020: Care pathways for Paediatric CRS





[www.rhinology.com](http://www.rhinology.com)  
[www.epos2020.com](http://www.epos2020.com)