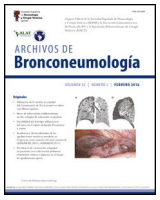
Archivos de Bronconeumología xxx (xxxx) xxx–xxx

Sociedad Española de Neumología y Cirugía Torácica SEPAR

ARCHIVOS DE
Bronconeumología

www.archbronconeumol.org



Discussion Letter

The Importance of Multidisciplinary Teams in the Evaluation of the Remission of Chronic Rhinosinusitis in Severe Asthma

To the Director,

Recently, Alobid et al.[1] published, in collaboration with Spanish respiratory medicine, allergy and otorhinolaryngology academies (SEPAR, SEIAC and SEORL), a nice multidisciplinary consensus on chronic rhinosinusitis with nasal polyps (CRSwNP) and united airway diseases. The EPOS2020 document[2] (European position paper on chronic rhinosinusitis and nasal polyps) gather a great effort of upper and lower experts to build the concept of multidisciplinary team (MDT) of united respiratory airway. Caminati et al.,[3] using a MDT, stated that the remission in CRSwNP should include (period of ≥12 months): absence of sinonasal symptoms; no impact on quality of life; no need of surgery; no chronic or rescue medications (systemic corticosteroids or antibiotics); and recovery of smell function.

We read with great interest the article by Drs. Álvarez-Gutiérrez et al. entitled "Spanish Consensus on Remission in Asthma (REMAS)."[4] The authors involved more than 120 specialists in asthma management to arrive at a consensus on the definitions of remission in asthma and establishing the criteria and characteristics that will be of use in future studies evaluating the efficacy or effectiveness of treatments. We congratulate the interesting study demonstrating that the concept of remission should include the absence of symptoms, no need for systemic glucocorticoids, absence of exacerbations and sustained normal lung function. The authors added a very nice description of the concept of united airway remission, the question arose regarding specific data on the clinical course of CRSwNP (Table 3). Consensus was reached on the recovery of smell, a sinonasal outcome test 22 (SNOT-22) score < 30, normal nasal polyp endoscopy score, and no need for systemic glucocorticoids.

The utility of MDT discussions for diagnosis, monitoring and management, will need to be considered based on how it is best positioned in the diagnostic and therapeutic process. Back to paper of Álvarez-Gutiérrez et al. we noticed the no otorhinolaryngologist has participated in the development of the consensus or in the Delphi rounds. Moreover, there is a lack of reliable criteria to evaluate the sinonasal pathway; (1) There is no clear definition on recovery of smell (as a symptom or by smell test); (2) The cut-off value (>30) of SNOT-22 is not supported by the current literature; (3) There is a missing information on the definition of normal nasal endoscopy and lack of experience of participants in this consensus regarding the endoscopic assessment of CRSwNP. EPOS guideline 2020[2] defined healthy or almost healthy mucosa as a criterion for controlled CRSwNP. However, the real-life studies demonstrated that CRSwNP is a chronic inflammatory disease and nasal mucosa will never be healthy. Recently Arancibia et al.[5] defined "clinical recurrence" of CRSwNP of having at least score of 1 on nasal endoscopy and mild nasal obstruction.

As fruit of MDT, all national and international consensuses count on all health professional on respiratory diseases, including allergists, pulmonologist, otorhinolaryngologist and others. However, in the consensus of Álvarez-Gutiérrez et al. none otorhinolaryngologist was included. On the other hand, we feel that the reliability of the consensus is very weak regarding the sinonasal evaluation.

Financial Disclosure

No.

Authors' Contributions

All authors have participated sufficiently in the work to take public responsibility for the content. All authors made substantial contributions to the conception or design of the work and revised the manuscript critically for important intellectual content. All authors gave final approval of the version submitted for publication.

Conflicts of Interest

I. Alobid has received honoraria for consultancy and conferences from Viatris, Roche, Sanofi, GSK, MSD, Menarini, Salvat and Novartis.

M. Barnal has received speaker honorarium from GSK Spain, Sanofi Spain, Salvat, Spain. Consultant for Bionorica, Germany. Editor-in-Chief Eur.Arch.ORL HNS.

J. Mullol is or has been member of national and international scientific advisory boards, consulting, received fees for lectures, and grants for research projects or clinical trials from Almirall, AstraZeneca, GSK, LETI, Lilly, Menarini, MSD, Mitsubishi-Tanabe, NOUCOR/Uriach Group, Novartis, OPTINOSE, Proctor & Gamble, Regeneron Pharmaceuticals Inc., Sanofi-Genzyme, UCB Pharma, and Viatris/MEDA Pharma.

References

1. Alobid I, Colás C, Castillo JA, Arismendi E, Del Cuvillo A, Gómez-Outes A, et al. POLINA group Spanish consensus on the management of chronic rhinosinusitis with nasal polyps (POLIposis NAsal/POLINA 2.0). J Investig Allergol Clin Immunol. 2023;33:317–31, http://dx.doi.org/10.18176/jiaci.0910.
2. Fokkens WJ, Lund VJ, Hopkins C, Hellings PW, Kern R, Reitsma S, et al. European position paper on rhinosinusitis and nasal polyps 2020. Rhinology. 2020;58 Suppl. S29:1–464, http://dx.doi.org/10.4193/Rhin20.600.

https://doi.org/10.1016/j.arbres.2024.08.005

Please cite this article as: I. Alobid, M. Bernal-Sprekelsen and J. Mullol, The Importance of Multidisciplinary Teams in the Evaluation of the Remission of Chronic Rhinosinusitis in Severe Asthma, Archivos de Bronconeumología, https://doi.org/10.1016/j.arbres.2024.08.005

3. Caminati M, De Corso E, Ottaviano G, Pipolo C, Schiappoli M, Seccia V, et al. Remission in type 2 inflammatory diseases: current evidence unmet needs, and suggestions for defining remission in chronic rhinosinusitis with nasal polyps. Curr Allergy Asthma Rep. 2024;24:11–23, http://dx.doi.org/10.1007/s11882-023-01118-6.
4. Álvarez-Gutiérrez FJ, Casas-Maldonado F, Soto-Campos G, Blanco-Aparicio M, Delgado J, Galo AP, et al. Spanish consensus on remission in asthma (REMAS). Arch Bronconeumol. 2024, http://dx.doi.org/10.1016/j.arbres.2024.04.002. S0300-2896(24)00109-1.
5. Arancibia C, Langdon C, Mullol J, Alobid I. Twelve-year long-term postoperative outcomes in patients with chronic rhinosinusitis with nasal polyps. Rhinology. 2022;60:261–9, http://dx.doi.org/10.4193/Rhin21.148.

Isam Alobid [a,b,*], Manuel Bernal-Sprekelsen [a,b], Joaquim Mullol [a,b]

[a] *Rhinology and Skull Base Unit, Department of Otorhinolaryngology, Hospital Clínic Barcelona, FRCB-IDIBAPS, CIBERES, Universitat de Barcelona, Spain*
[b] *Members from Spain of EPOS 2020 (European Position Paper of Chronic Rhinosinusitis with Nasal Polyps), Spain*

[*] Corresponding author.
E-mail address: isamalobid@gmail.com (I. Alobid).