

Strategies for the management of chronic rhinosinusitis with nasal polyps: Expert insight in optimizing care

An expert panel discussion recorded in September 2021

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Expert panel



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Agenda

Challenges in the diagnosis of CRSwNP

The management of CRSwNP and the problem of disease recurrence

The implications of recent clinical data for the use of biologics in CRSwNP

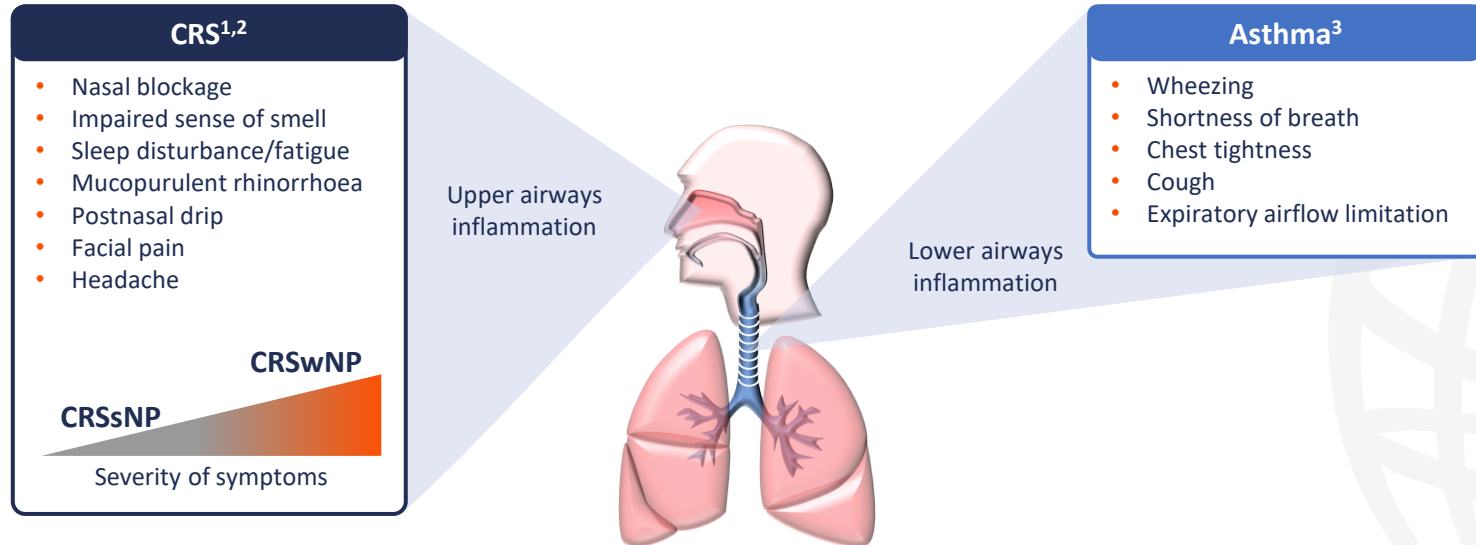
Challenges in the diagnosis of CRSwNP

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Clinical features of CRSwNP and asthma

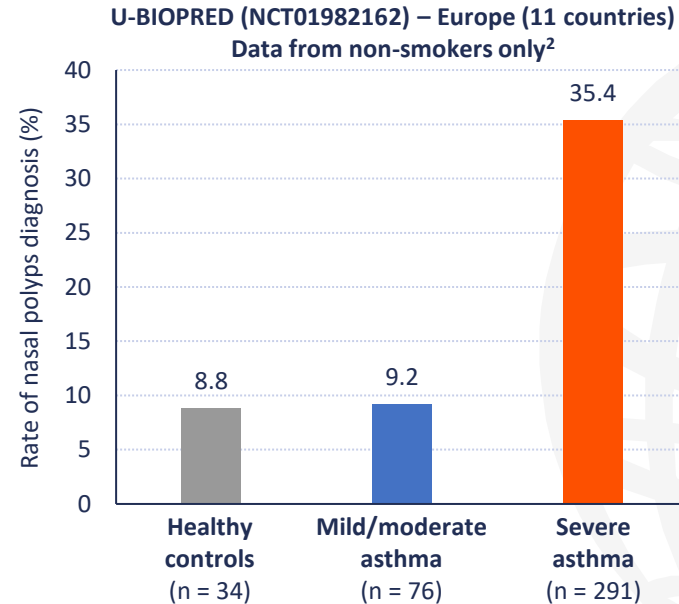
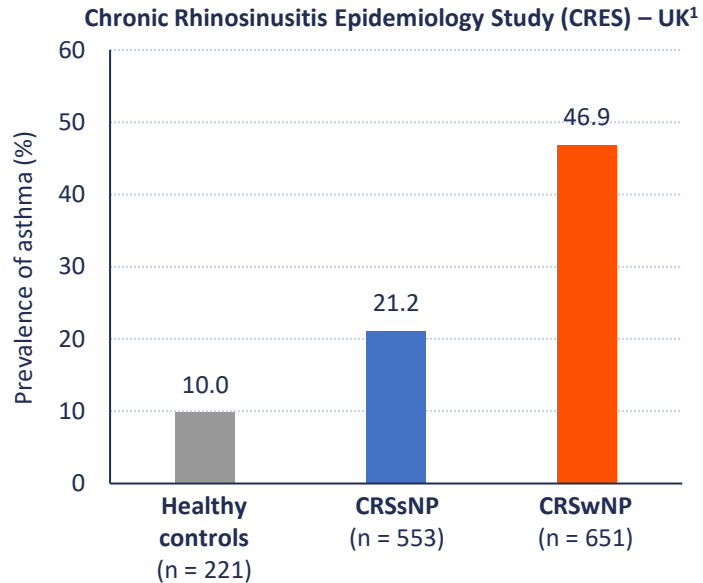


! CRSwNP and asthma share common underlying pathophysiological mechanisms¹

CRS, chronic rhinosinusitis; CRSsNP, CRS without nasal polyps; CRSwNP, CRS with nasal polyps.

1. Fokkens WJ, et al. *Allergy*. 2019;74:2312–19; 2. Chen S, et al. *Curr Med Res Opin*. 2020;36:1897–911; 3. Global Initiative for Asthma report, 2021. Available at www.ginasthma.org/wp-content/uploads/2021/05/GINA-Main-Report-2021-V2-WMS.pdf (accessed 19 August 2021).

The comorbidity of CRSwNP and asthma



- There is a high prevalence of asthma in patients with CRSwNP¹
- In patients with asthma, the severity of the disease is associated with increased risk of developing nasal polyps²

CRSsNP, chronic rhinosinusitis without nasal polyps; CRSwNP, chronic rhinosinusitis with nasal polyps.

1. Philpott CM, et al. *Respir Res.* 2018;19:129; 2. Shaw DE, et al. *Eur Respir J.* 2015;46:1308–21.

Clinical trial listed by its identifier at: [ClinicalTrials.gov](https://clinicaltrials.gov) (accessed 17 September 2021).

The management of CRSwNP and the problem of disease recurrence

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Management of CRSwNP and disease recurrence

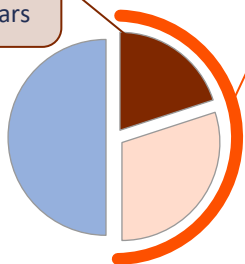
Stepwise treatment for CRSwNP



Failure to achieve disease control

20% of patients undergo revision surgery within 5 years

50% of patients show recurrence within 5 years



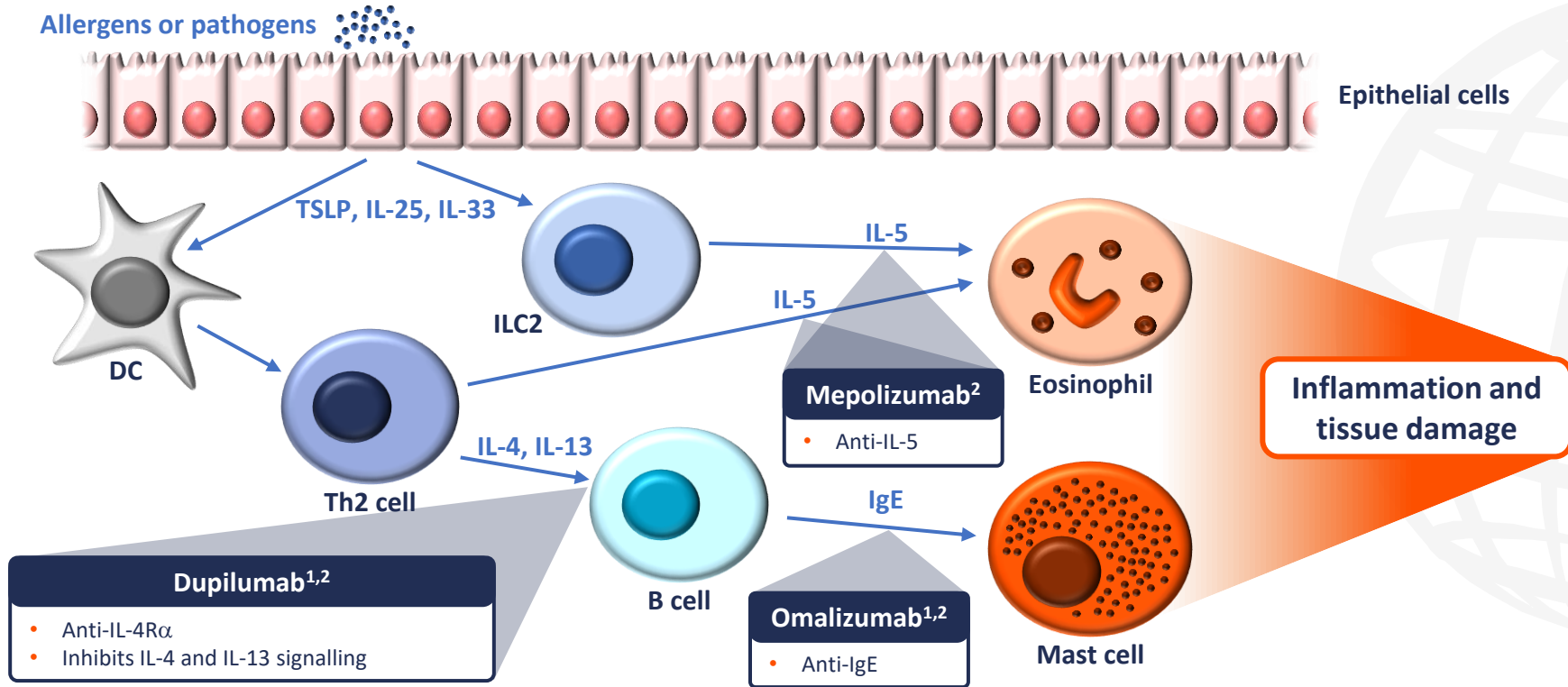
Disease recurrence

Considerations for biological treatment

- Evidence of type 2 inflammation
- Need for systemic corticosteroids (≥ 2 courses in the past year)
- Significantly impaired quality of life
- Significant loss of smell
- Comorbid asthma

Dupilumab or omalizumab

Biologics targeting type 2 inflammation in CRSwNP



CRSwNP, chronic rhinosinusitis with nasal polyps; DC, dendritic cell; IgE, immunoglobulin E; IL, interleukin; IL-4R α , IL-4 receptor alpha; ILC2, type 2 innate lymphoid cell; Th2, T helper 2; TSLP, thymic stromal lymphopoietin.

1. Hulse KE, et al. *Clin Exp Allergy*. 2015;45:328–46; 2. Ahern S, Cervin A. *Medicina (Kaunas)*. 2019;55:95.



The implications of recent clinical data for the use of biologics in CRSwNP

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Emerging biologics for CRSwNP: Summary of RCT data

Mepolizumab (anti-IL-5)¹

SYNAPSE (NCT03085797), phase III



N=407

- Adult patients
- Recurrent, refractory, severe, bilateral nasal polyps

NPS improved at week 52



-0.73 (p<0.0001)

Mepolizumab compared with placebo

Nasal obstruction (VAS) improved between weeks 49 and 52



-3.14 (p<0.0001)

Benralizumab (anti-IL-5R α)²

OSTRO (NCT03401229), phase III



N=410

- Adult patients
- Severe CRSwNP
- Symptomatic despite standard of care

NPS improved at weeks 40 and 56



(p<0.005 and p<0.05)

Benralizumab compared with placebo

Tezepelumab (anti-TSLP)³

Post hoc analysis of PATHWAY (NCT04851964), phase IIb



n=82

- N=550 adult patients with severe asthma
- 15.2% of the study population had nasal polyps

Comparable AAER reduction at 52 weeks

Patients with nasal polyps



-75%

Patients without nasal polyps



-73%

Tezepelumab compared with placebo

AAER, annual asthma exacerbation rate; CRSwNP, chronic rhinosinusitis with nasal polyps; IL, interleukin; IL-5R α , IL-5 receptor alpha; NPS, nasal polyps score; RCT, randomized controlled trial; TSLP, thymic stromal lymphopoietin; VAS, visual analogue scale.

1. Han C, et al. *Lancet Resp Med*. 2021; doi: 10.1016/S2213-2600(21)00097-7; 2. Bachert C, et al. Presented at EAACI Hybrid Congress 2021; Abstract #887;

3. Emson C, et al. *J Asthma Allergy*. 2021;14:91-9.

Clinical trials listed by their identifiers at: ClinicalTrials.gov (accessed 17 September 2021).

Emerging biologics for CRSwNP: Ongoing phase III RCTs

