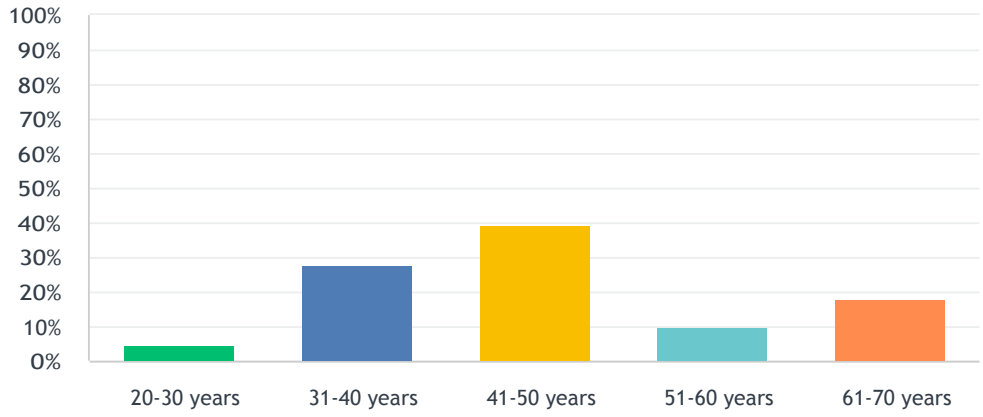
SUPPLEMENTARY MATERIAL

Results from the Survey - Practical Guidelines for managing severe uncontrolled CRSWNP patients at the rhinology clinic

De Corso, et al.

Q1 Respondents' Age:

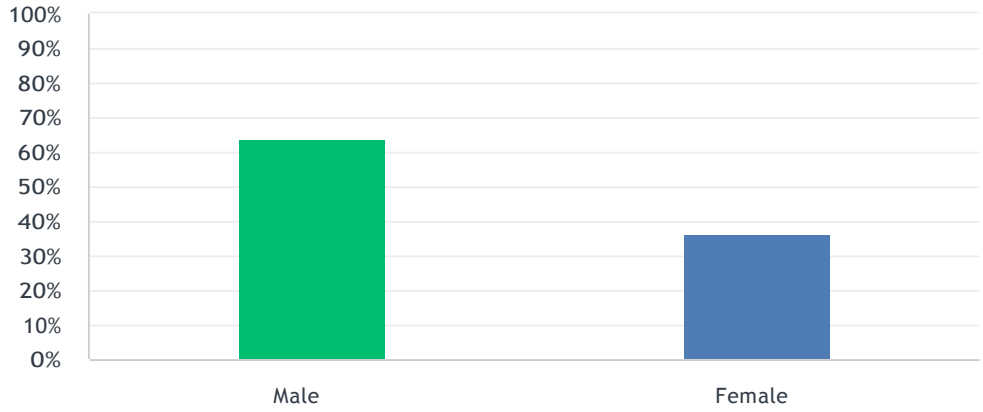
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
20-30 years	4.92%	3
31-40 years	27.87%	17
41-50 years	39.34%	24
51-60 years	9.84%	6
61-70 years	18.03%	11
TOTAL		61

Q2 Gender:

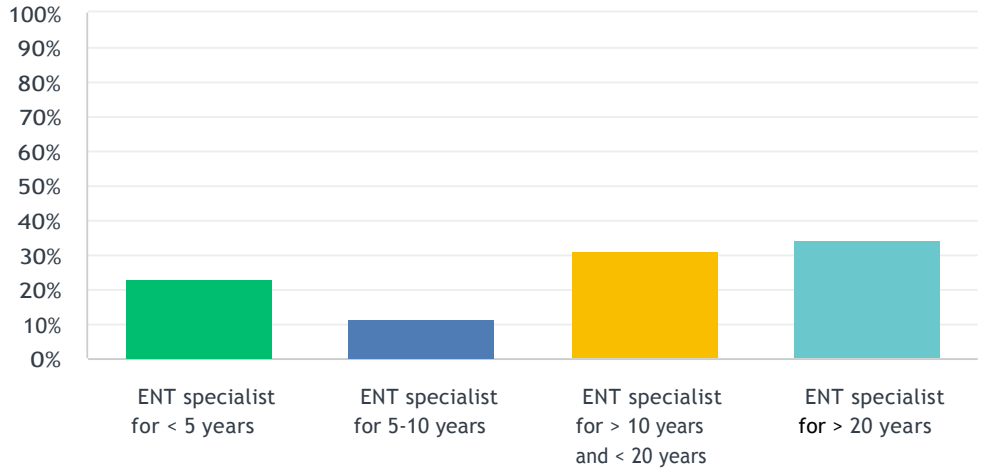
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
Male	63.93%	39
Female	36.07%	22
TOTAL		61

Q3 They are:

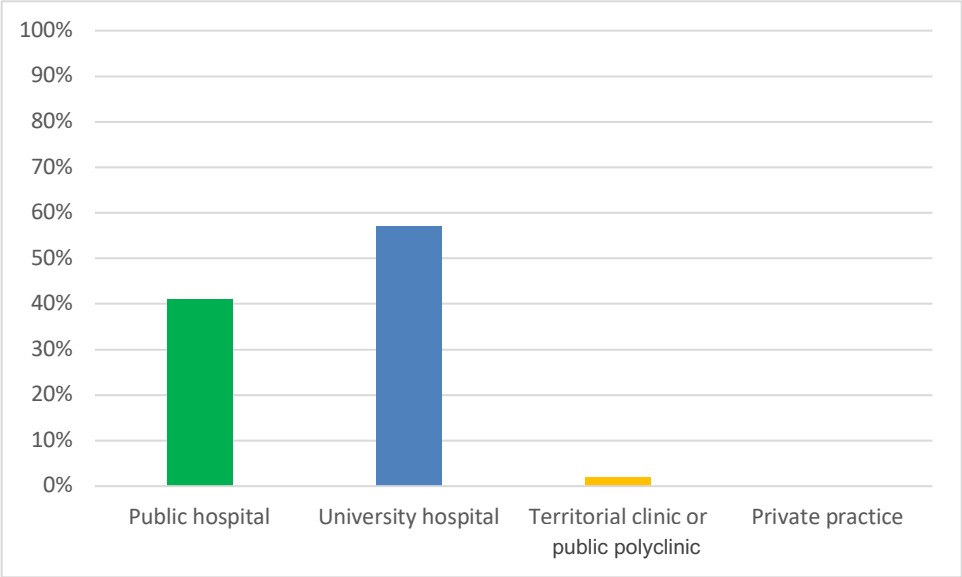
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
ENT specialist for < 5 years	22.95%	14
ENT specialist for 5-10 years	11.47%	7
ENT specialist for > 10 years and < 20 years	31.15%	19
ENT specialist for > 20 years	34.43%.	21
TOTAL		61

Q4 ENT specialist working at:

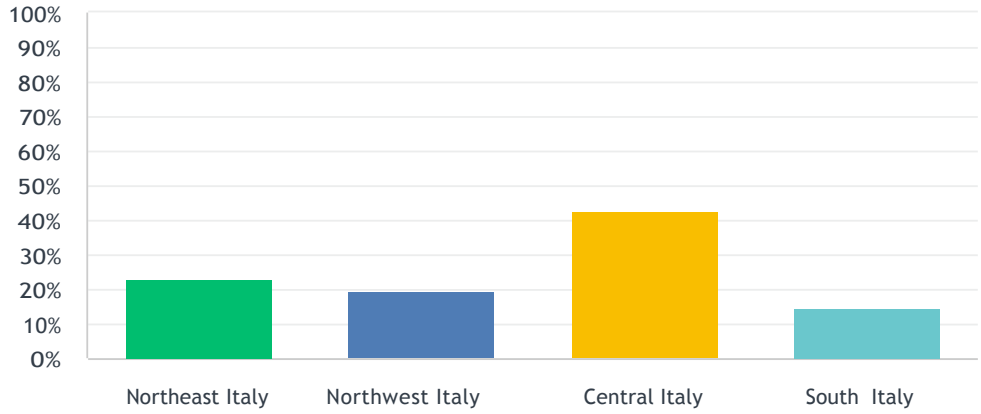
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
Public hospital	40.98%	25
University hospital	57.38%	35
Territorial clinic or public polyclinic	1.64%	1
Private practice	0.00%	0
TOTAL		61

Q5 The facility where I work is located:

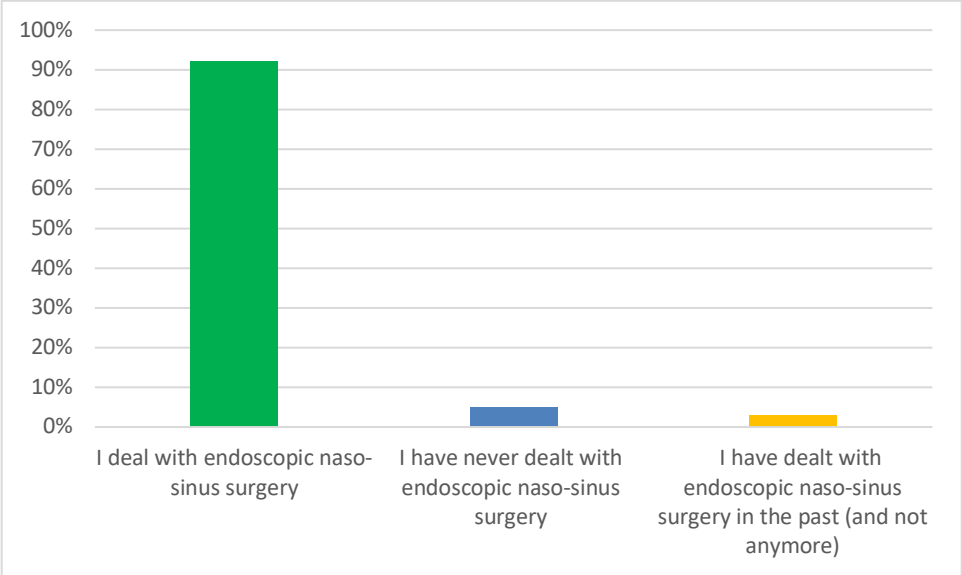
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
Northeast Italy	22.95%	14
Northwest Italy	19.67%	12
Central Italy	42.63%	26
South Italy	14.75%	9
TOTAL		61

Q6 Regarding endoscopic naso-sinus surgery:

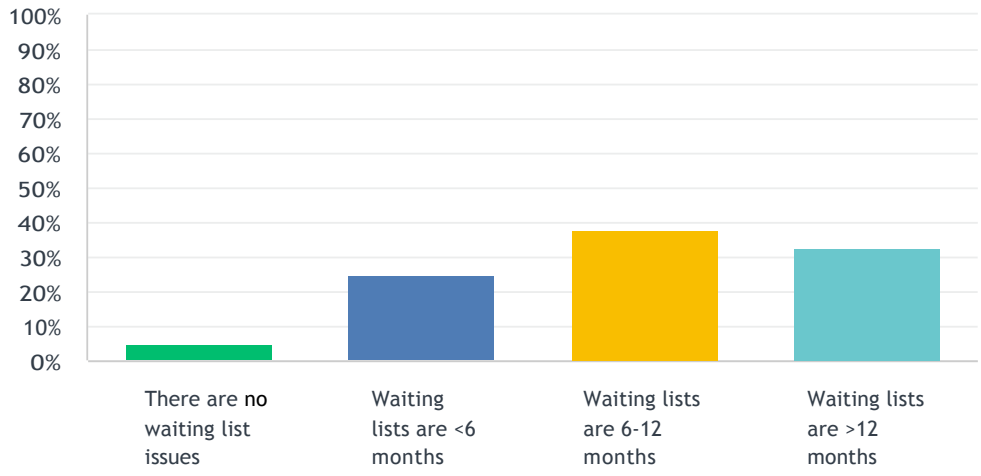
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
I deal with endoscopic naso-sinus surgery	91.80%	56
I have never dealt with endoscopic naso-sinus surgery	4.92%	3
I have dealt with endoscopic naso-sinus surgery in the past (and not anymore)	3.28%	2
TOTAL		61

Q7 Regarding waiting lists in the facility where I work

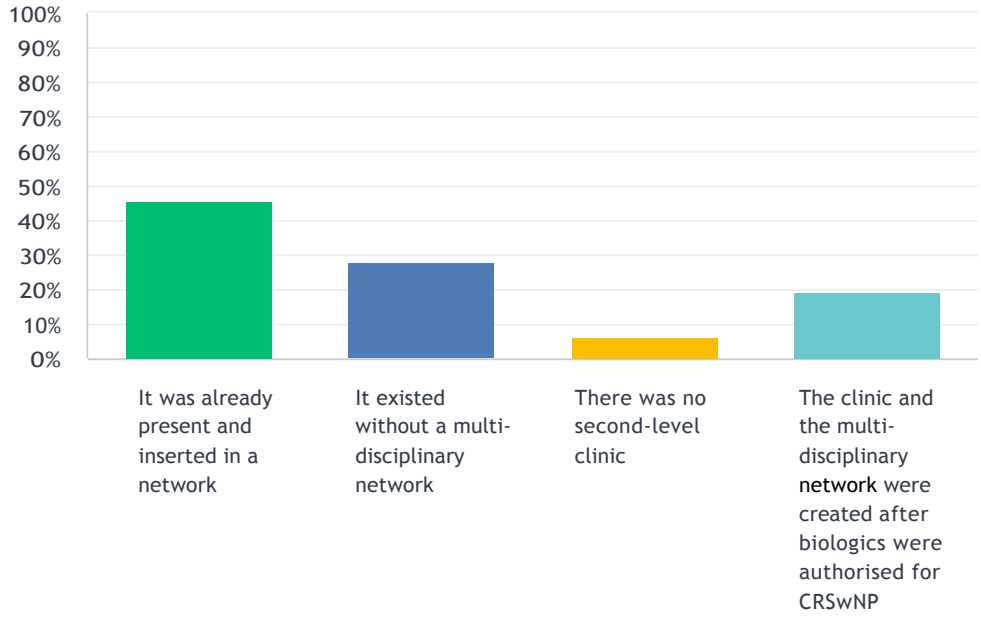
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
There are no waiting list issues	4.92%	3
Waiting lists are < 6 months	24.59%	15
Waiting lists are between 6-12 months	37.70%	23
Waiting lists are > 12 months	32.79%	20
TOTAL		61

Q8 In the facility where I work, before the inclusion of biological therapies in clinical practice, the second level clinic of rhinology:

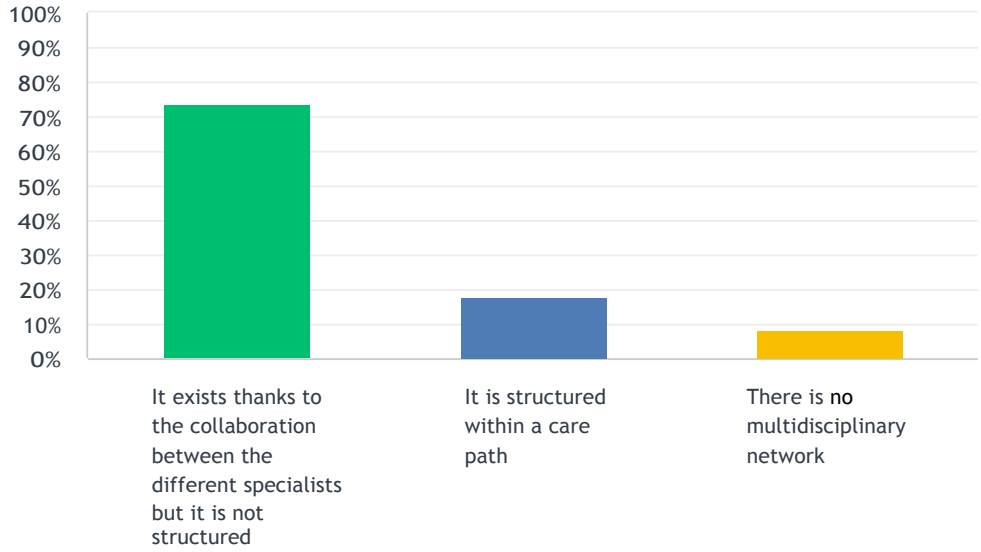
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
It was already present and inserted in a multidisciplinary network	45.90%	28
It existed without a multidisciplinary network	27.87%	17
There was no second-level clinic	6.56%	4
The clinic and multidisciplinary network were created after biologics were authorised for CRSwNP	19.67%	12
TOTAL		61

Q9 The multidisciplinary network (to manage patients suffering from upper and lower airway diseases) in the facility where I work:

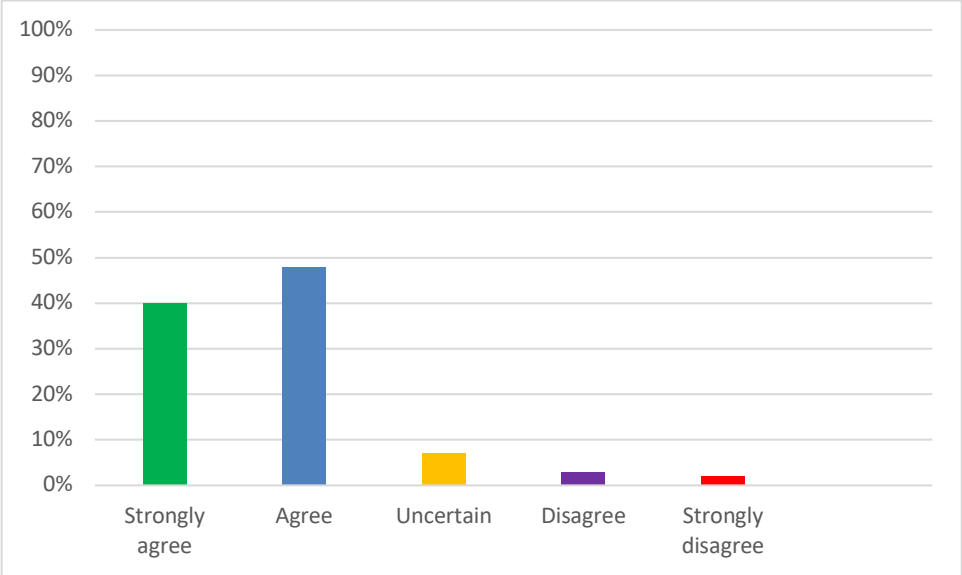
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
It exists thanks to the collaboration between the different specialists but it is not structured	73.77%	45
It is structured within an integrated care path	18.03%	11
There is no multidisciplinary network	8.20%	5
TOTAL		61

Q10 In your opinion, you believe that the formula blood count is useful for defining the inflammatory profile of CRSwNP:

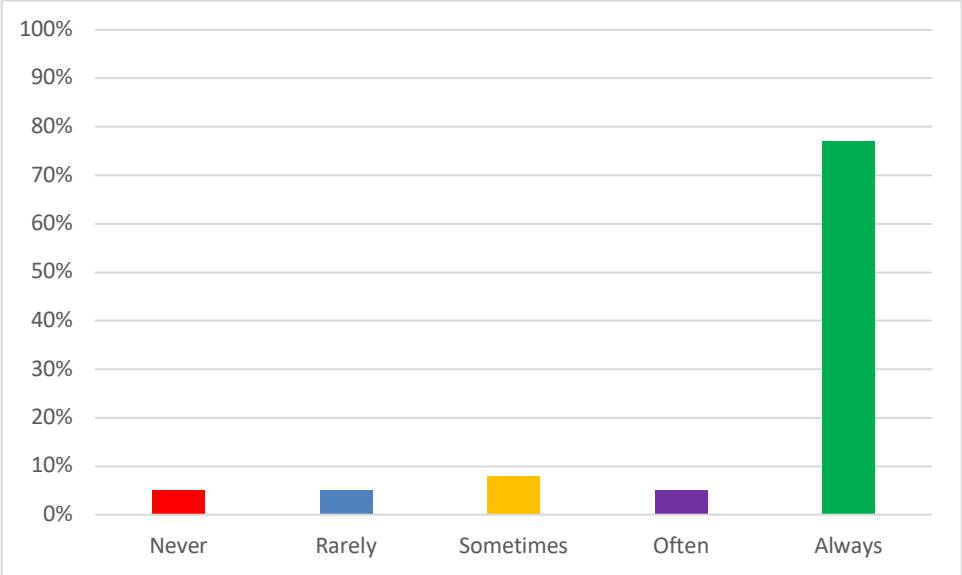
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	40.00%	24
Agree	48.33%	29
Uncertain	6.67%	4
Disagree	3.33%	2
Strongly disagree	1.67%	1
TOTAL		60

Q11 Before a biological therapy how often do you ask for a blood count with formula to define the inflammatory profile of CRSwNP?

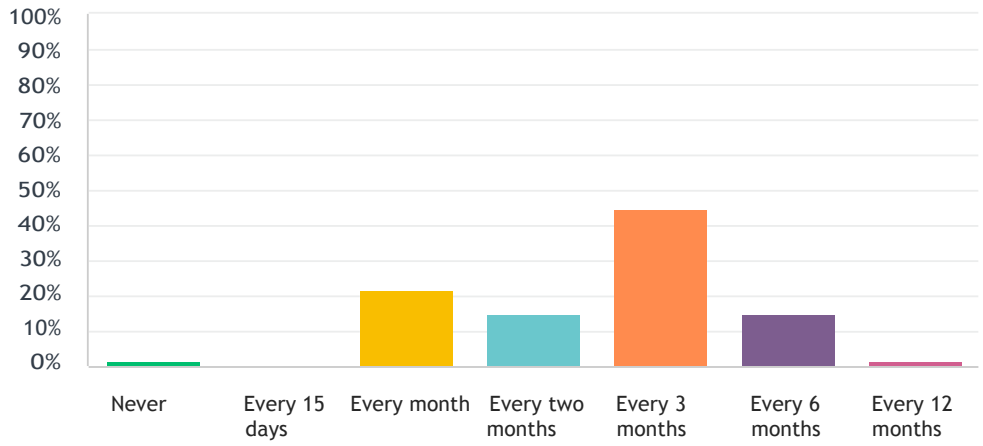
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	5.00%	3
Rarely	5.00%	3
Sometimes	8.33%	5
Often	5.00%	3
Always	76.67%	46
TOTAL		60

Q12 How often do you ask for a blood count with control formula during a treatment with biological drug for nasal polyposis?

Replies: 60 Skipped: 1

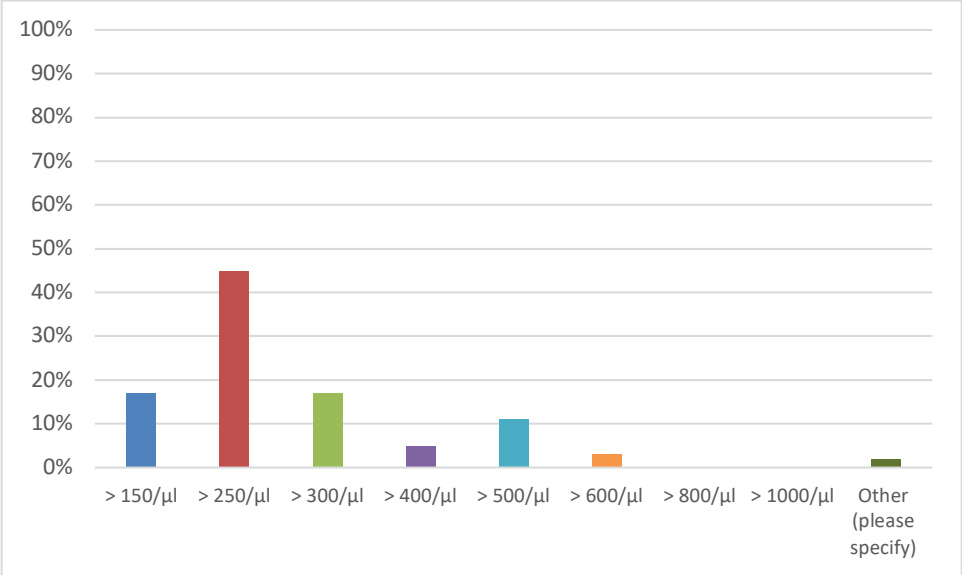


ANSWER OPTIONS	ANSWERS	
Never	1.67%	1
Every 15 days	0.00%	0
Every month	21.66%	13
Every two months	15.00%	9
Every 3 months	45.00%	27
Every 6 months	15.00%	9
Every 12 months	1.67%	1

TOTAL	60

Q13 What peripheral eosinophilia value do you consider as indicative for defining a CRSwNP type 2?

Replies: 60 Skipped: 1

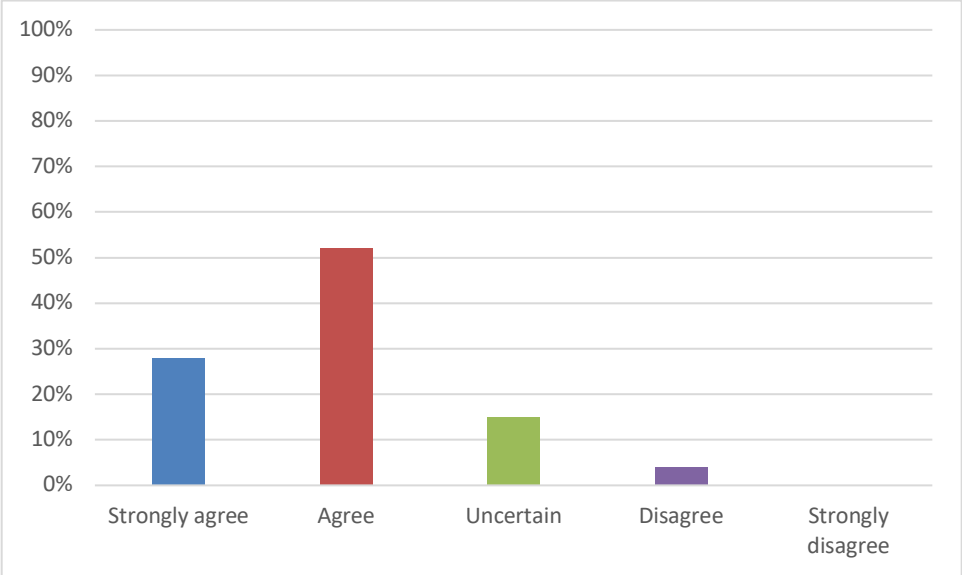


ANSWER OPTIONS	ANSWERS	
> 150/µl	16.67%	10
> 250/µl	45.00%	27
> 300/µl	16.67%	10
> 400/µl	5.00%	3
> 500/µl	11.66%	7
> 600/µl	3.33%	2
> 800/µl	0.00%	0
> 1000/µl	0.00%	0
Other (please specify)	1.67%	1

TOTAL	60

Q14 In your opinion, do you believe that the measurement of total IgE is useful to define the inflammatory profile of CRSwNP?

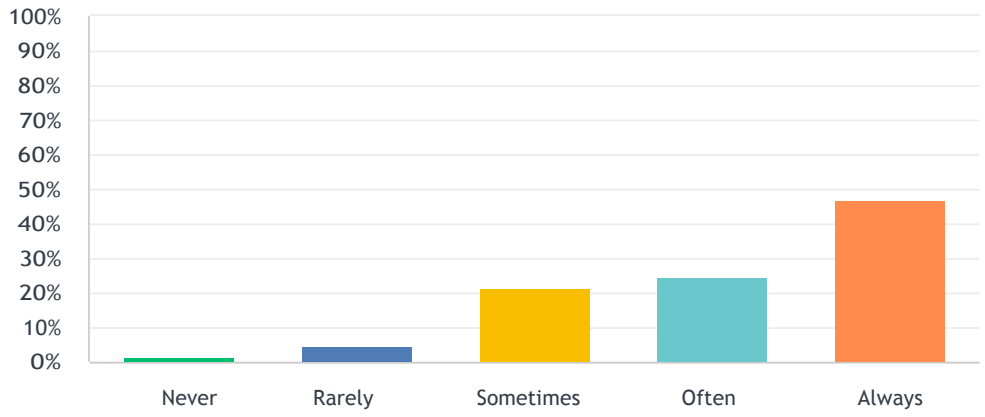
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	28.33%	17
Agree	53.33%	32
Uncertain	15.00%	9
Disagree	3.34%	2
Strongly disagree	0.00%	0
TOTAL		60

Q15 In your clinical practice, how often do you request the dosage of total blood IgE to define the inflammatory profile of CRSwNP?

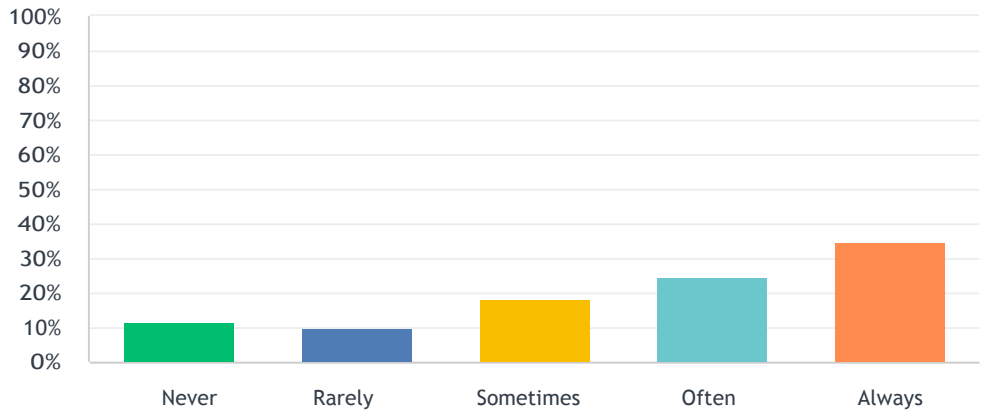
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	1.67%	1
Rarely	5.00%	3
Sometimes	21.67%	13
Often	25.00%	15
Always	46.66%	28
TOTAL		60

Q16 Before a biological therapy, how often do you ask for the dosage of specific IgE to define the inflammatory profile of CRSwNP?

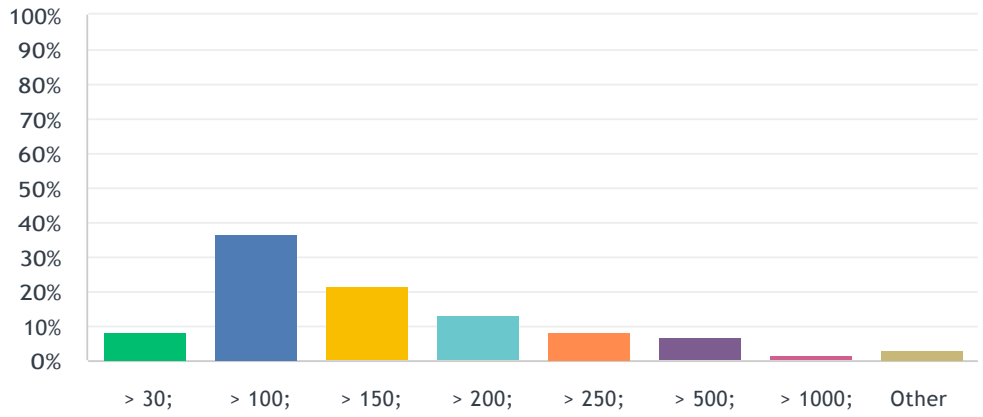
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	11.67%	7
Rarely	10.00%	6
Sometimes	18.33%	11
Often	25.00%	15
Always	35.00%	21
TOTAL		60

Q17 What total peripheral IgE value do you consider to be indicative of a CRSwNP type 2?

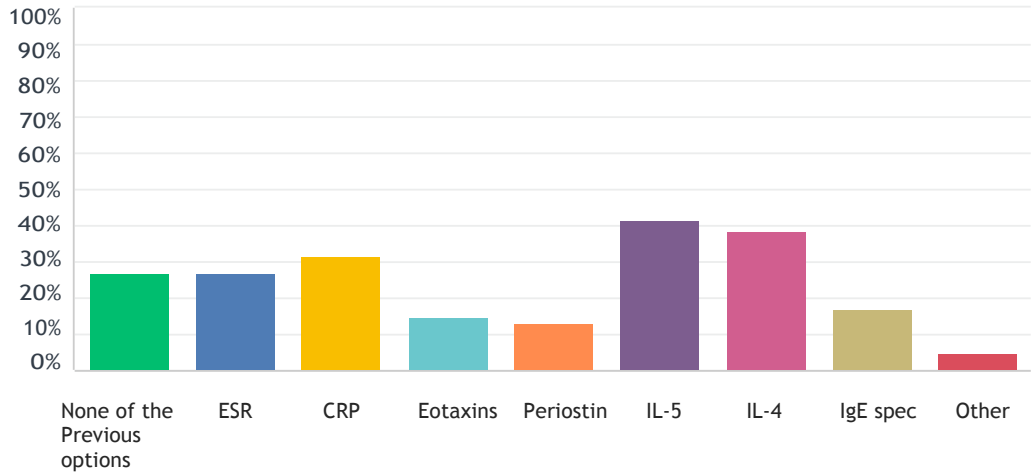
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
> 30	8.33%	5
> 100	36.67%	22
> 150	21.67%	13
> 200	13.33%	8
> 250	8.33%	5
> 500	6.67%	4
> 1000	1.67%	1
Other (please specify)	3.33%	2
TOTAL		60

Q18 What other serum biomarkers do you consider useful to define the inflammatory profile of polyposis? (as many answers as possible)

Replies: 60 Skipped: 1

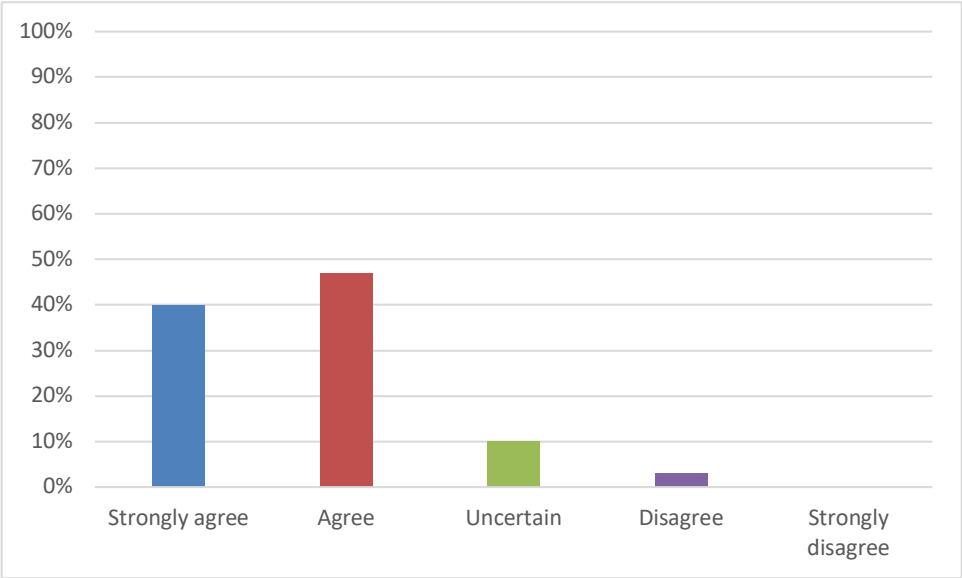


ANSWER OPTIONS	ANSWERS	
None of the previous options	26.67%	16
Erythrocyte sedimentation rate (ESR)	26.67%	16
C-reactive protein (CRP)	31.67%	19
Eotaxins	15.00%	9
Periostin	13.33%	8
Interleukin-5 (IL-5)	41.66%	25
Interleukin-4 (IL-4)	38.33%	23
IgE specifications for S.Aureus	16.67%	10
Other (please specify)	5.00%	3

TOTAL	60

Q19 Allergy evaluation and related immunoallergological tests (skin prick test, Radioallergosorbent test-RAST, ImmunoCAP® specific IgE test) are important for defining the endotype of CRSwNP

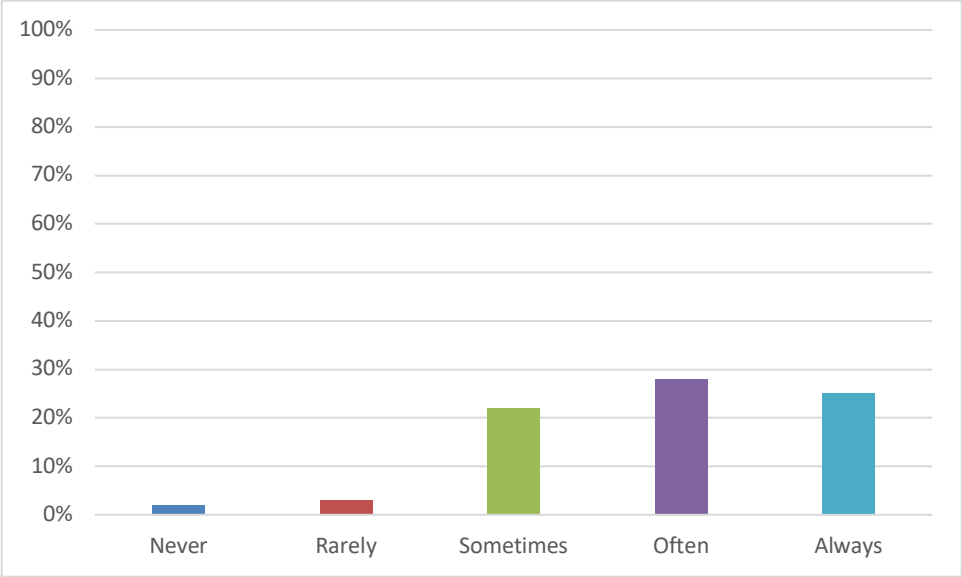
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	40.00%	24
Agree	46.67%	28
Uncertain	10.00%	6
Disagree	3.33%	2
Strongly disagree	0.00%	0
TOTAL		60

Q20 How often do you request immunoallergological tests?

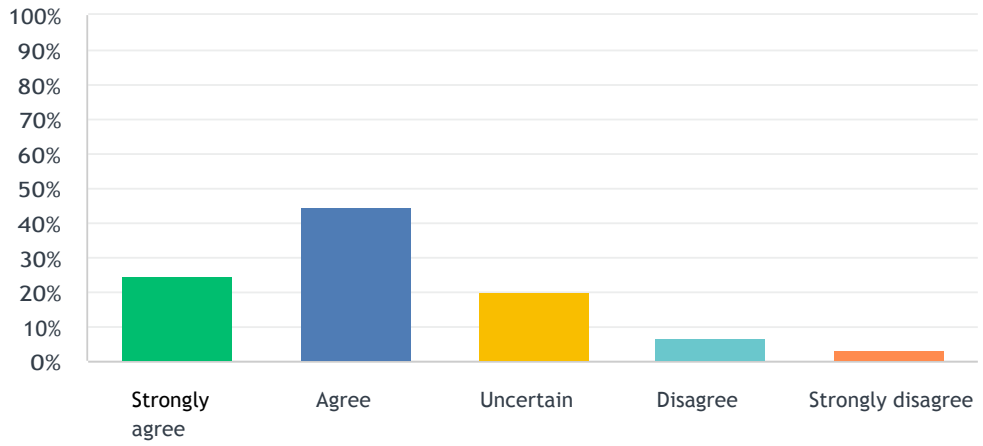
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	1.67%	1
Rarely	3.33%	2
Sometimes	21.67%	13
Often	48.33%	29
Always	25.00%	15
TOTAL		60

Q21 In your opinion, you believe that the cytological examination carried out by nasal scraping, according to the standard method on lower turbinate, is useful to define the inflammatory profile of CRSwNP:

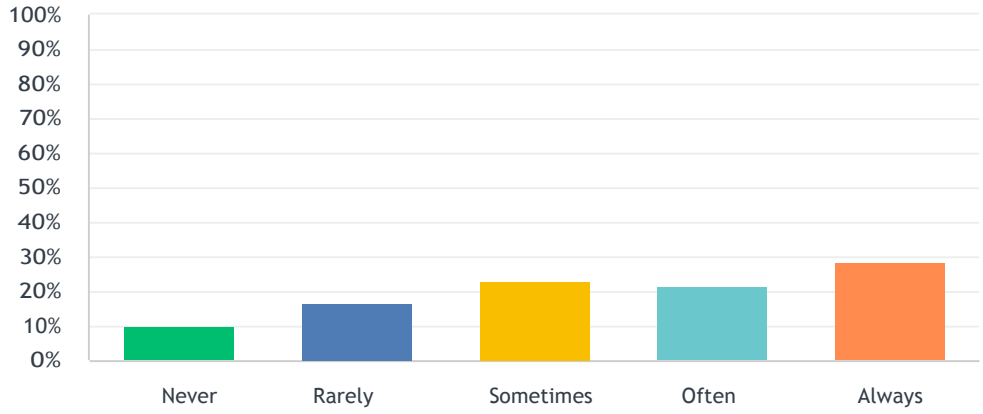
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	25.00%	15
Agree	45.00%	27
Uncertain	20.00%	12
Disagree	6.67%	4
Strongly disagree	3.33%	2
TOTAL		60

Q22 How often do you request or perform the nasal cytological examination?

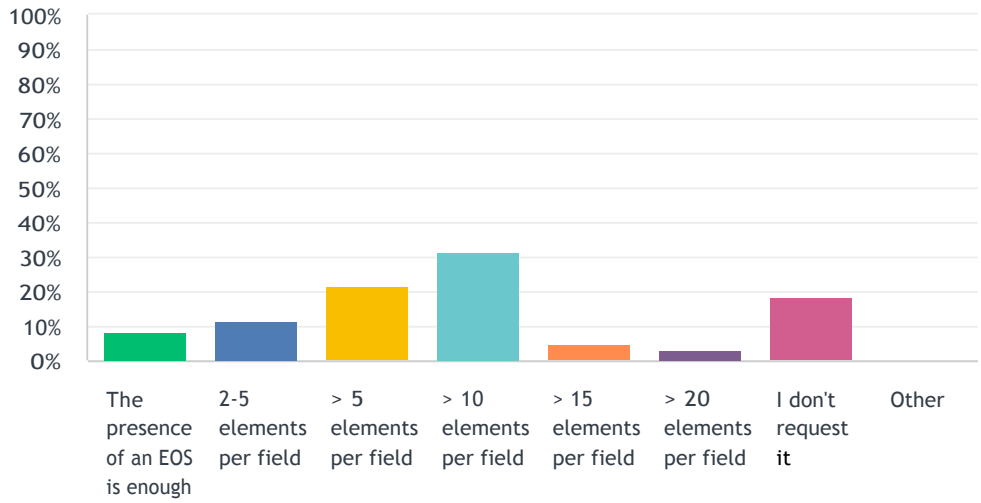
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	10.00%	6
Rarely	16.67%	10
Sometimes	23.33%	14
Often	21.67%	13
Always	28.33%	17
TOTAL		60

Q23 What local eosinophilic count in nasal cytology do you consider as indicative of a CRSwNP type 2?

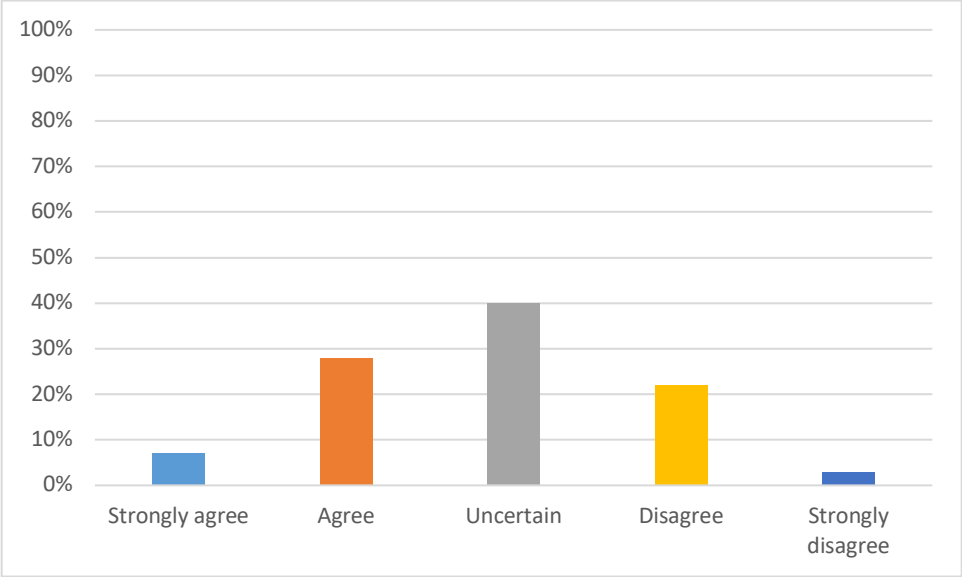
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
The presence of an eosinophil (EOS) is enough	8.33%	5
2-5 elements per field	11.67%	7
> 5 elements per field	21.67%	13
> 10 items per field	31.67%	19
> 15 elements per field	5.00%	3
> 20 elements per field	3.33%	2
I don't request it	18.33%	11
Other (please specify)	0.00%	0
TOTAL		60

Q24 Do you think that there may be indication for performing nasal cytology through other methods (e.g.: scraping on the middle turbinate / nasal lateral wall)?

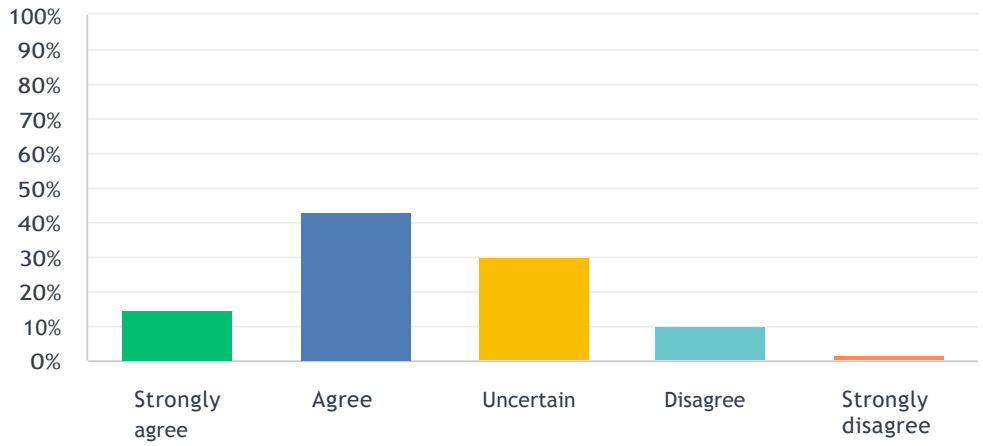
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	6.67%	4
Agree	28.33%	17
Uncertain	40.00%	24
Disagree	21.67%	13
Strongly disagree	3.33%	2
TOTAL		60

Q25 Do you think it is useful in clinical practice to request a nasal polyp biopsy to define the inflammatory profile of CRSwNP?

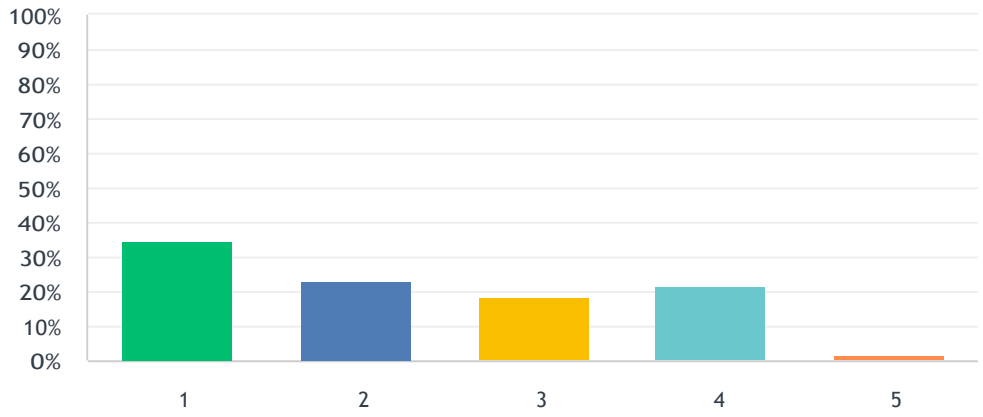
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	15.00%	9
Agree	43.33%	26
Uncertain	30.00%	18
Disagree	10.00%	6
Strongly disagree	1.67%	1
TOTAL		60

Q26 At your centre what information can you acquire from the final histopathologic examination?

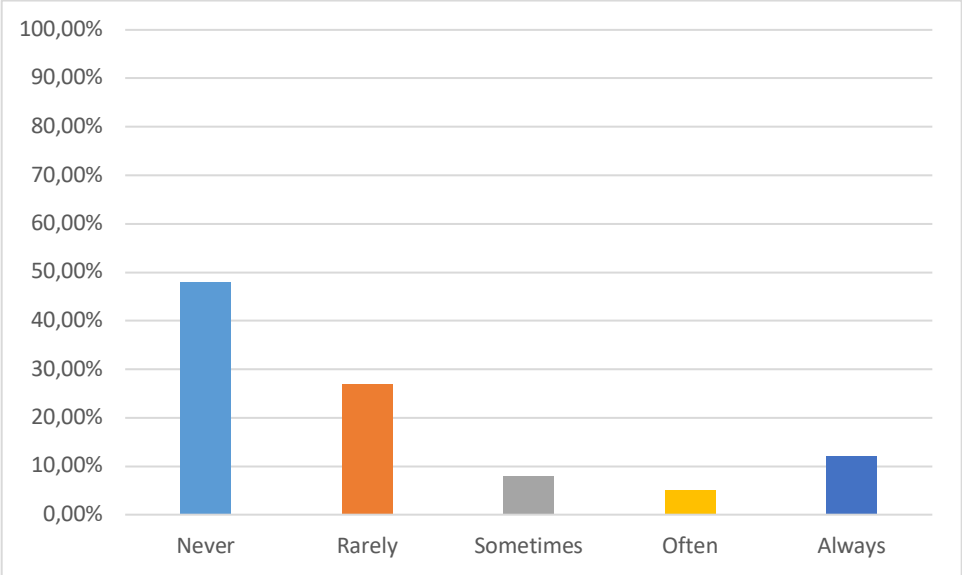
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
1. At my centre, in general, I receive only normal histological evidence of "inflammatory nasal polyp"	35.00%	21
2. At my centre the pathologist specifies if it is an inflammation with an eosinophilic prevalence	23.33%	14
3. At my centre the pathologist gives a rough estimate of the eosinophilic infiltrate (poor, moderate, rich).	18.33%	11
4. At my centre the pathologist gives a precise estimate of the eosinophilic infiltrate providing the precise count of eosinophils per field	21.67%	13
5. At my centre I can easily request a precise definition of eosinophilia also on previous slides	1.67%	1
TOTAL		60

Q27 How often do you perform a nasal polyp biopsy during outpatient evaluation in a patient who is a candidate for biologic therapy?

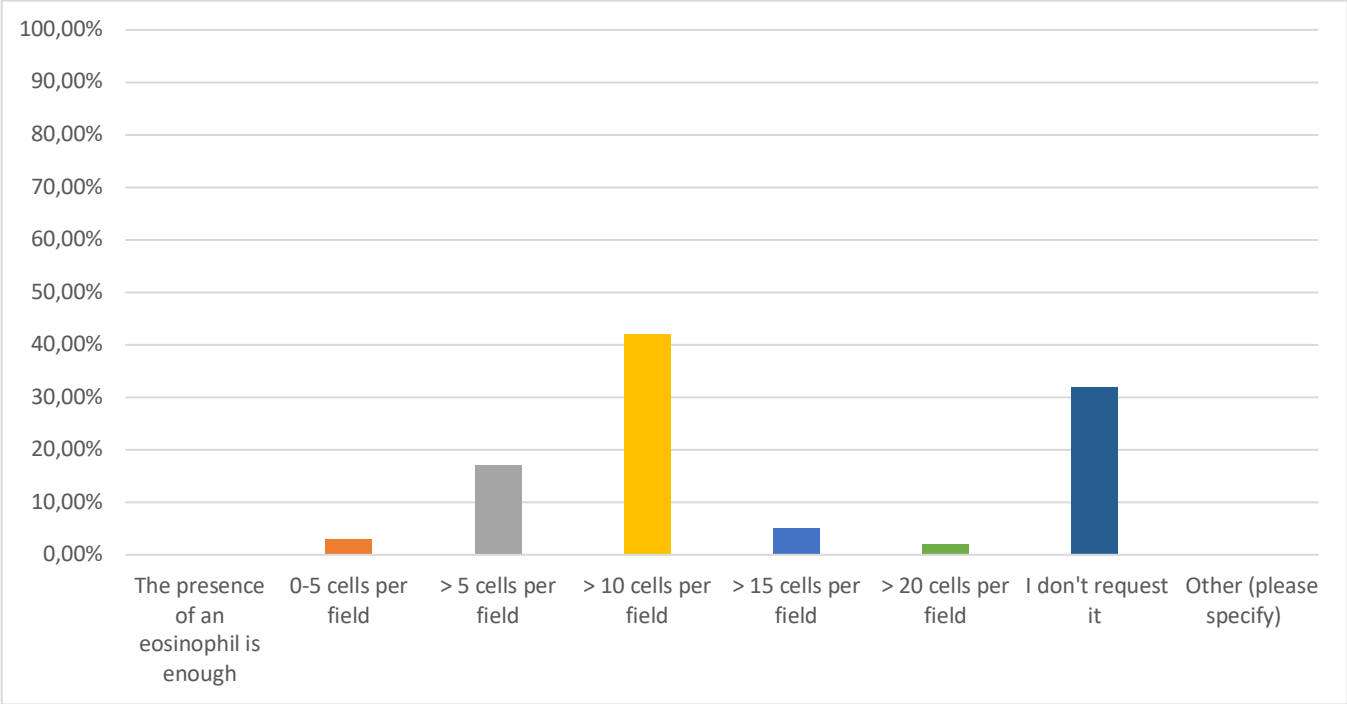
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	48.33%	29
Rarely	26.67%	16
Sometimes	8.33%	5
Often	5.00%	3
Always	11.67%	7
TOTAL		60

Q28 What tissue eosinophilic count value do you consider as indicative of CRSwNP type 2?

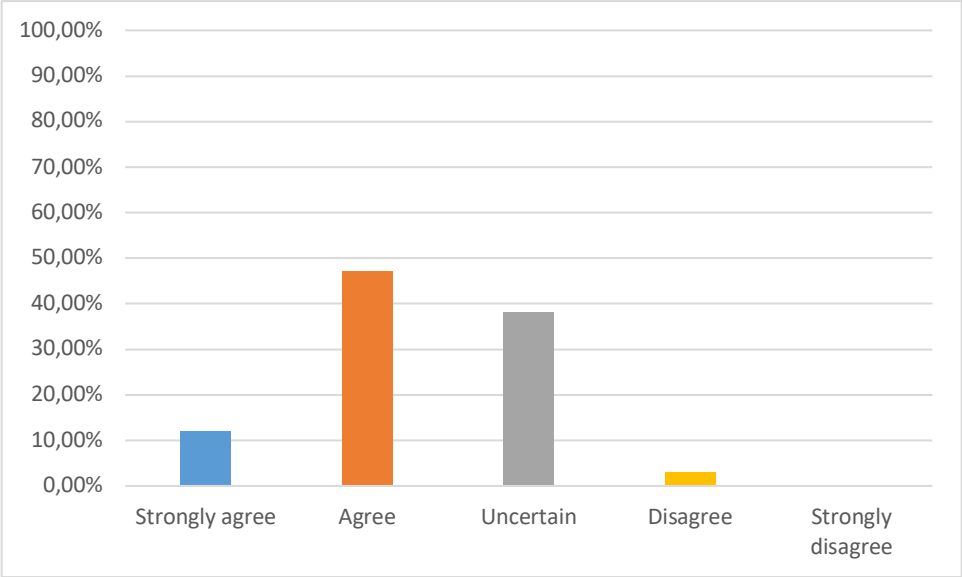
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
The presence of an eosinophil is enough	0.00%	0
0-5 cells per field	3.33%	2
> 5 cells per field	16.67%	10
> 10 cells per field	41.66%	25
> 15 cells per field	5.00%	3
> 20 cells per field	1.67%	1
I don't request it	31.67%	19
Other (please specify)	0.00%	0
TOTAL		60

Q29 You believe that the measurement of fractional exhaled nitric oxide (FeNO) in exhalation, regardless of the simultaneous diagnosis of asthma, may be useful to define the inflammatory profile of CRSwNP:

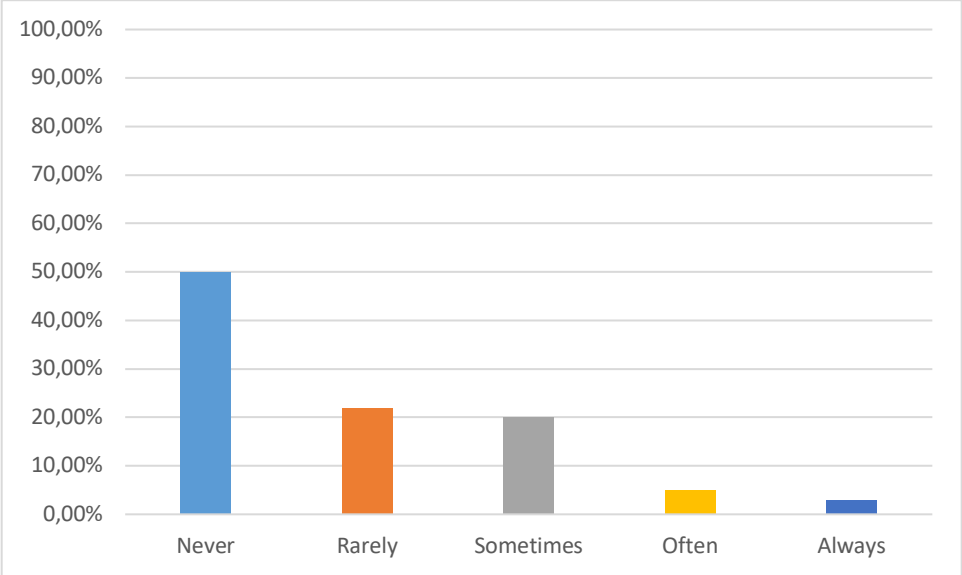
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Strongly agree	11.67%	7
Agree	46.67%	28
Uncertain	38.33%	23
Disagree	3.33%	2
Strongly disagree	0.00%	0
TOTAL		60

Q30 How often do you request pulmonary FeNO dosing?

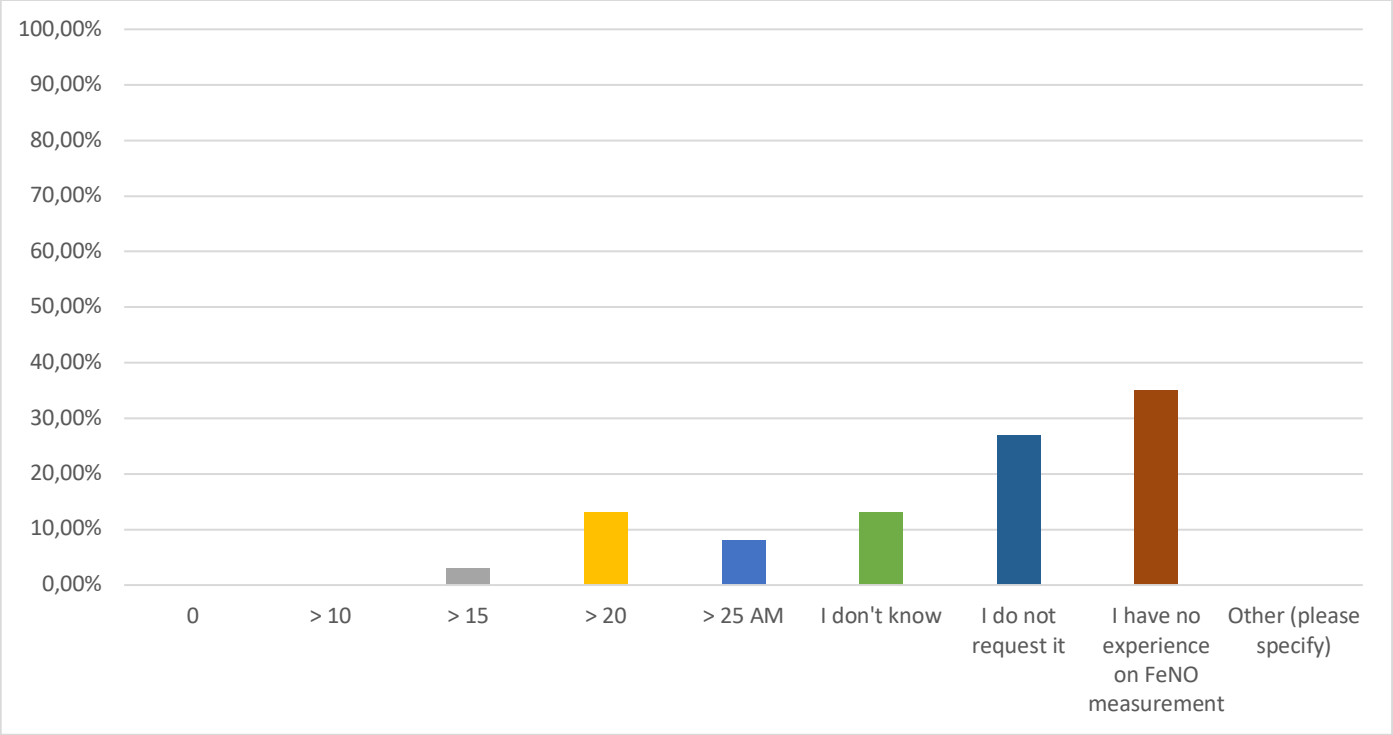
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
Never	50.00%	30
Rarely	21.67%	13
Sometimes	20.00%	12
Often	5.00%	3
Always	3.33%	2
TOTAL		60

Q31 What FeNO value do you consider as indicative of type 2 inflammation?

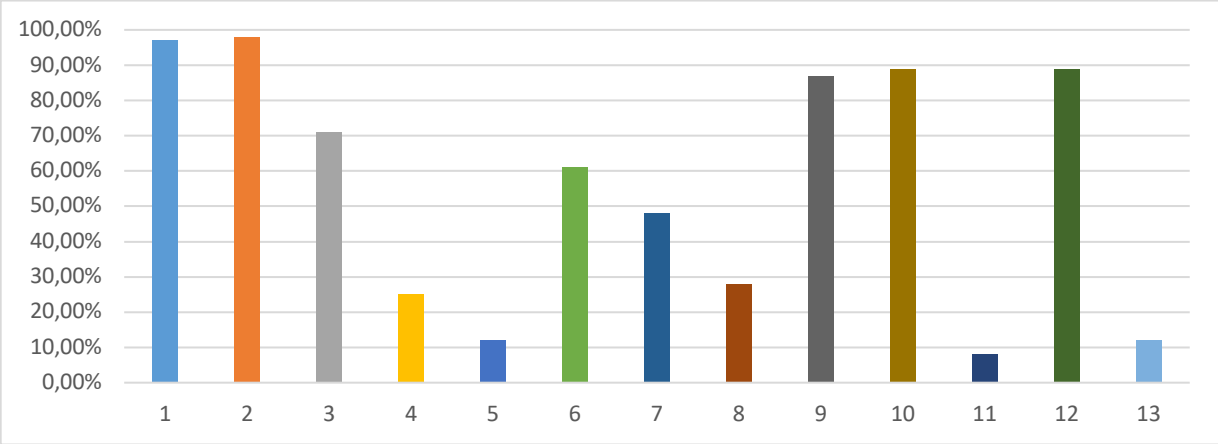
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
0	0.00%	0
> 10	0.00%	0
> 15	3.33%	2
> 20	13.33%	8
> 25 AM	8.33%	5
I don't know	13.33%	8
I do not request it	26.68%	16
I have no experience on FeNO measurement	35.00%	21
Other (please specify)	0.00%	0
TOTAL		60

Q32 Which of these scores/elements do you use in clinical practice to establish disease severity? (multiple answers possible)

Replies: 61 Skipped: 0

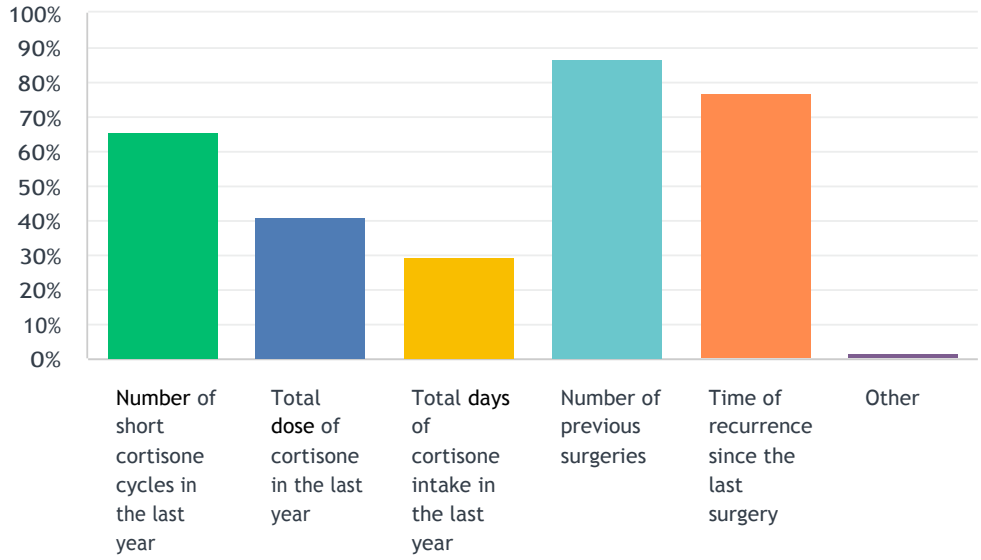


ANSWER OPTIONS	ANSWERS	
1. NPS (Nasal Polyps Score)	96.72%	59
2. Sino-nasal outcome test 22 (SNOT-22)	98.36%	60
3. Total VAS specific for symptoms (nasal obstruction, rhinorrhoea, smell and craniofacial pain)	70.49%	43
4. Nasal congestion score (NCS)	24.59%	15
5. Total nasal symptoms score/Total symptoms score (TNSS/TSS)	11.48%	7
6. Specific tests for smell (University of Pennsylvania Smell Identification Test - UPSITT, Sniffin' sticks)	60.66%	37
7. Local eosinophilic count (to cytology or to any previous histology)	47.54%	29
8. Local mast cell count (to cytology)	27.87%	17
9. Blood eosinophilic count	86.89%	53
10. Measurement of blood IgE	88.52%	54
11. Measurement of IgE specific to S. Aureus	8.20%	5
12. Presence of comorbidities (asthma, NSAID, ...)	88.52%	54
13. Other (please specify)	11.48%	7

TOTAL	61

Q33 Which of these parameters do you use to establish non-disease control? (multiple answers possible)

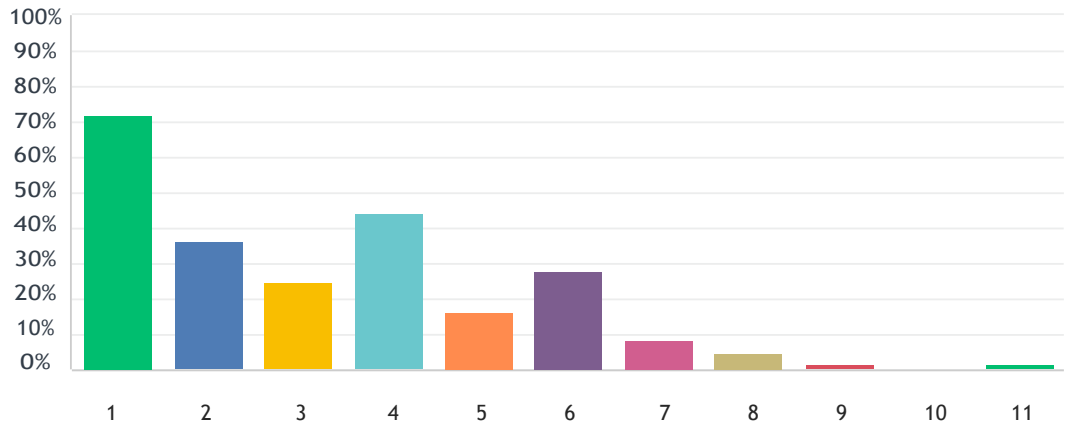
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
Number of short cortisone cycles in the last year	65.57%	40
Total dose of cortisone in the last year	40.98%	25
Total days of cortisone intake in the last year	29.51%	18
Number of previous surgeries	86.89%	53
Recurrence time since last surgery	77.05%	47
Other (please specify)	1.64%	1
TOTAL		61

Q34 What questionnaires do you use to assess the impact of the disease on quality of life? (multiple answers possible)

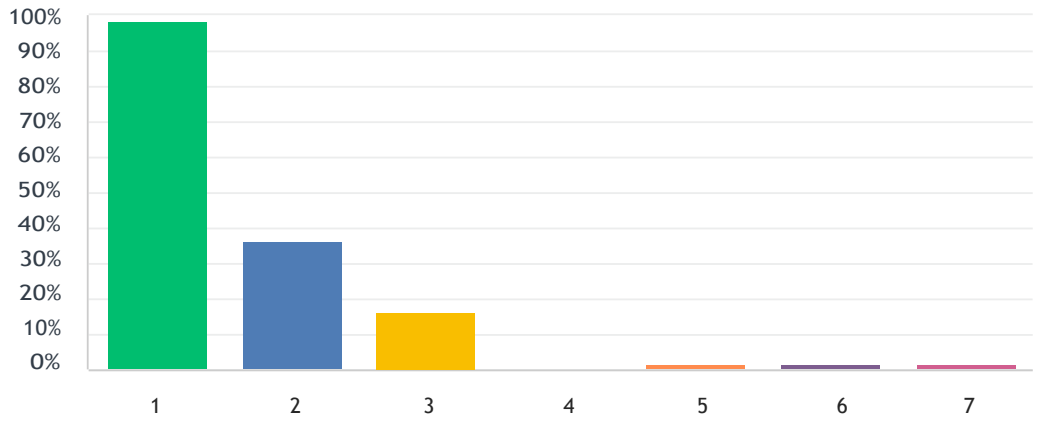
Replies: 61 Skipped: 0



ANSWER OPTIONS	ANSWERS	
1. SNOT-22	72.13%	44
2. SNOT-22 giving greater weight to the single domain (rhinologic symptoms, extra nasal rhinologic symptoms, disorders ear/face, sleep disturbances, emotional disturbances)	36.07%	22
3. Visual Analogue scale (VAS) 0-10 total (average of the sum of symptoms)	24.59%	15
4. VAS 0-10 for single symptom (nasal obstruction, rhinorrhoea, anosmia, headache, sleep disturbances, fatigue, loss of taste)	44.26%	27
5. VAS 0-10 on the impact that the disease has on professional and social life	16.39%	10
6. NCS	27.87%	17
7. TNSS or TSS	8.20%	5
8. EuroQoL 5-Dimension 5-Level (EQ5D5L)	4.92%	3
9. No specific questionnaire but I deduce it from the patient's story	1.64%	1
10. It is not of particular relevance once the severity and level of control have been assessed	0.00%	0
11. Other (please specify)	1.64%	1
TOTAL		61

Q35 What endoscopic scores do you use to assess the severity of disease in a patient with CRSwNP? (multiple answers possible)

Replies: 61 Skipped: 0

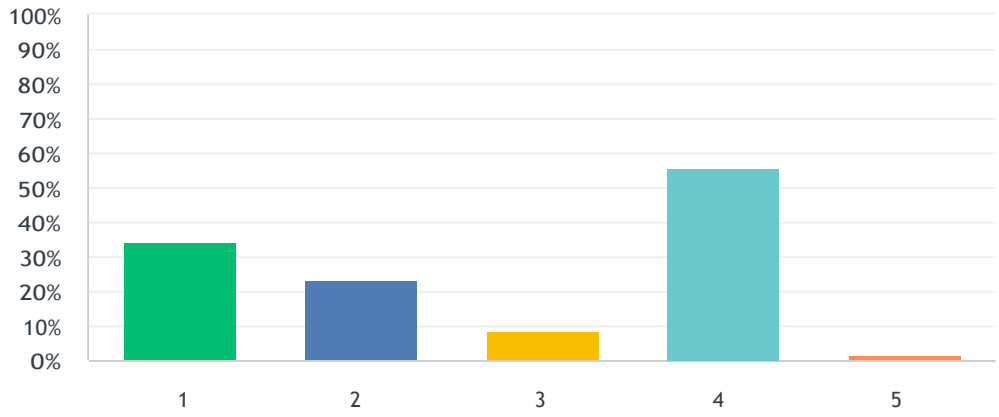


ANSWER OPTIONS		ANSWERS
1.	NPS - Nasal Polyp Score: 0-4 per nasal fossa	98.36% 60
2.	LKE - Lund-Kennedy Endoscopic Score (Original): 0-2 of polyps, oedema, secretion, crusts, scars	36.07% 22
3.	MLKE - Modified Lund-Kennedy Endoscopic Score: 0-2 of polyps, oedema, secretion	16.39% 10
4.	POSE - Perioperative Sinus Endoscopy scoring system: 0-2 of medium turbinate, medium meatus, ethmoid, frontal, sphenoid	0.00% 0
5.	DIP - Discharge, Inflammation, and Polyps/oedema scoring system: 0,5,10 secretion, inflammation, polyps/oedema	1.64% 1
6.	I do not use endoscopic scores	1.64% 1
7.	Other (please specify)	1.64% 1

TOTAL	61

Q36 Do you think CT scans can be a useful tool for measuring disease severity? (multiple answers possible)

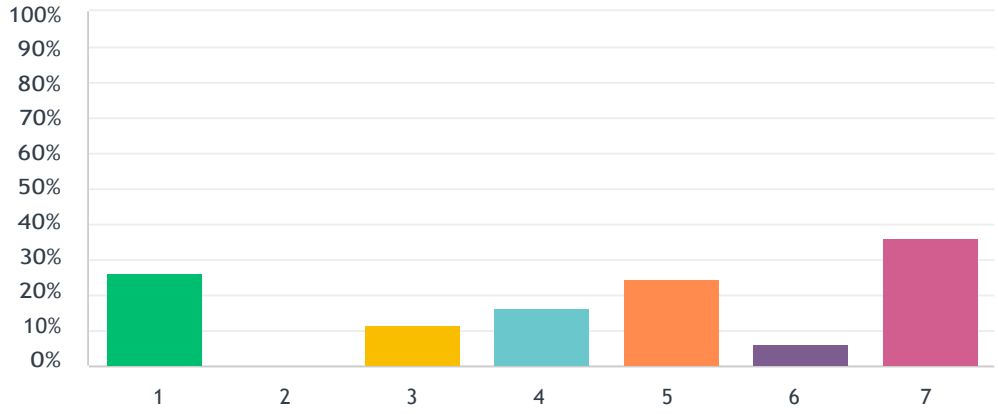
Replies: 61 Skipped: 0



ANSWER OPTIONS		ANSWERS
1.	I do not require a CT scan to assess the severity of the disease because I believe that CT is useful exclusively to confirm the diagnosis of CRSwNP, for surgical planning, for differential diagnosis	34.43% 21
2.	I request the CT scan to understand if the CRSwNP is localised or widespread	22.95% 14
3.	I request the CT scan to assess the extent/severity of the CRSwNP but I do not use the precise scores	8.20% 5
4.	I request a CT scan to evaluate the extent/severity of CRSwNP and use Lund-Mackay score	55.74% 34
5.	Other (please specify)	1.64% 1
TOTAL		61

Q37 How do you rate nasal function/patency? (multiple answers possible)

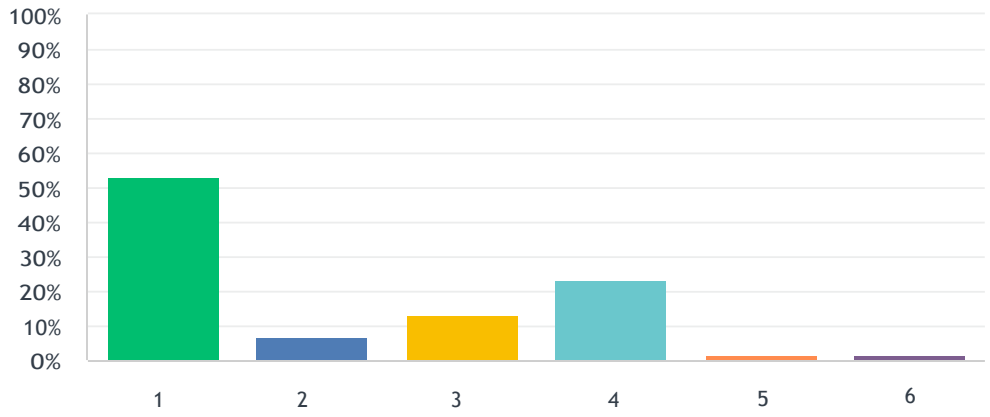
Replies: 61 Skipped: 0



ANSWER OPTIONS		ANSWERS	
1.	I request/perform an active anterior rhinomanometry	26.23%	16
2.	I request/perform an acoustic rhinometry	0.00%	0
3.	I have the patient perform a flowmetry using peak nasal inspiratory flow (PNIF) (at the first visit)	11.48%	7
4.	I have the patient perform a flowmetry using PNIF (at all check-ups)	16.39%	10
5.	I do not perform assessments of nasal function, except for research, because in clinical practice they are not strictly necessary	24.59%	15
6.	I do not perform assessments of nasal function because they are not provided for by the guidelines	6.56%	4
7.	I do not perform assessments of nasal function in clinical practice for logistical-managerial reasons	36.07%	22
TOTAL			61

Q38 Do you consider it essential to carry out an evaluation using an olfactory test before starting treatment with biologicals for polyposis?

Replies: 60 Skipped: 1

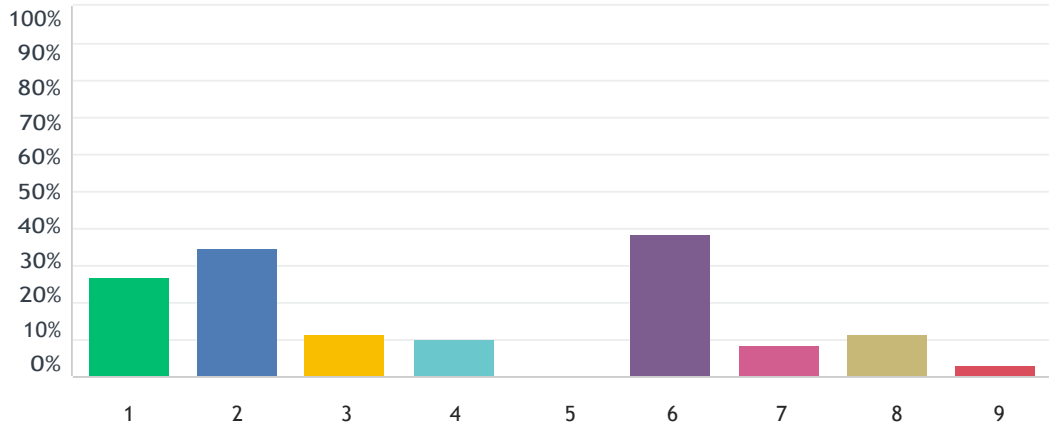


ANSWER OPTIONS		ANSWERS	
1.	Yes	53.33%	32
2.	No	6.67%	4
3.	It depends on whether the patient reports anosmia or hyposmia	13.33%	8
4.	It depends on the availability of the olfactometric test	23.33%	24
5.	It is enough to ask the patient how he perceives odours	1.67%	1
6.	Other (please specify)	1.67%	1

TOTAL	60

Q39 How do you evaluate the olfactory capacity in the biologic therapy candidate with CRSwNP? (as many answers as possible)

Replies: 60 Skipped: 1

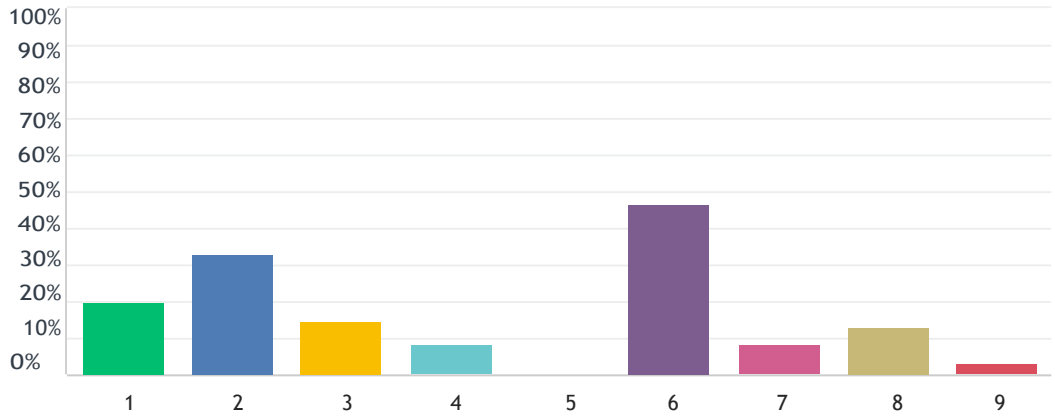


ANSWER OPTIONS		ANSWERS	
1.	Complete olfactometric test using Sniffin Sticks (identification, discrimination, threshold)	26.67%	16
2.	Olfactory Identification Test 16 odours using Sniffin Sticks.	35.00%	21
3.	Olfactory Identification Test 12 odours using Sniffin Sticks.	11.67%	7
4.	UPSIT	10.00%	6
5.	Brief Smell Identification Test (B-SIT)	0.00%	0
6.	VAS olfaction	38.33%	23
7.	Chemosensory Complaint Score	8.33%	5
8.	No measurement with olfactory tests is necessary, a subjective evaluation of smell with SNOT-22 is sufficient	11.67%	7
9.	Other (please specify)	3.33%	2

TOTAL	60	

Q40 During the follow-up of a patient in biologic therapy, how do you measure the recovery of olfactory capacity? (multiple answers possible)

Replies: 60 Skipped: 1

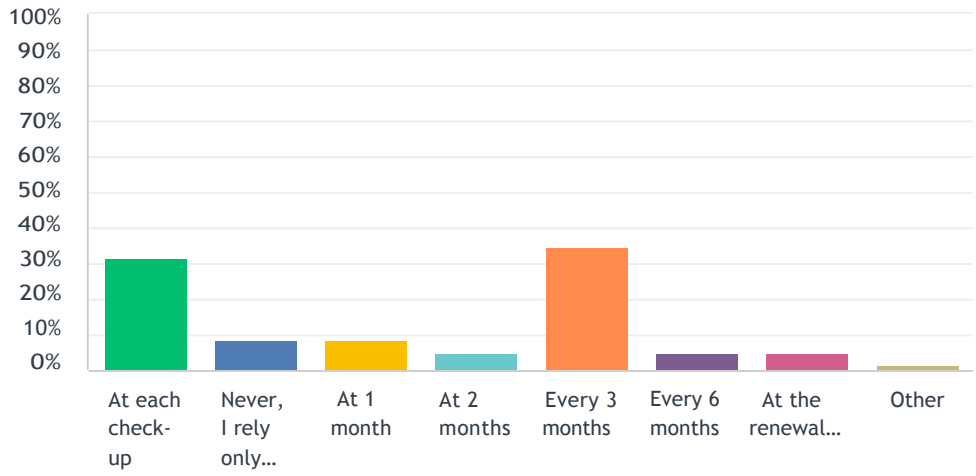


ANSWER OPTIONS		ANSWERS	
1.	Complete olfactometric test using Sniffin Sticks (identification, discrimination, threshold)	20.00%	12
2.	Olfactory Identification Test 16 odours using Sniffin Sticks.	33.33%	20
3.	Olfactory Identification Test 12 odours using Sniffin Sticks.	15.00%	9
4.	UPSIT	8.33%	5
5.	B-SIT	0.00%	0
6.	VAS	46.67%	28
7.	Chemosensory Complaint Score	8.33%	5
8.	No measurement with olfactory tests is necessary, a subjective evaluation of smell with SNOT-22 is sufficient	13.33%	8
9.	Other (please specify)	3.33%	2

TOTAL	60	

Q41 During the follow-up of a patient receiving biologicals, when do you measure the recovery of olfactory capacity?

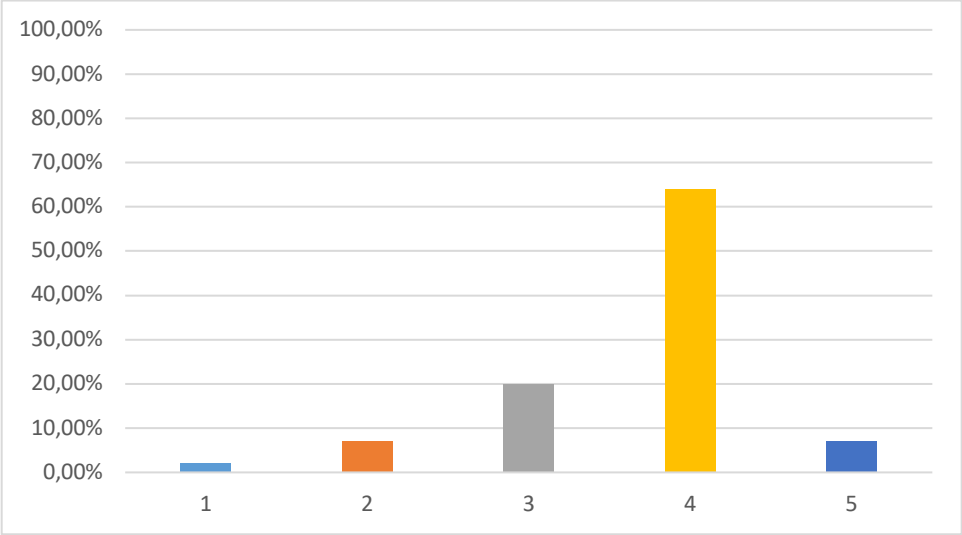
Replies: 60 Skipped: 1



ANSWER OPTIONS	ANSWERS	
At each check-up	31.67%	19
Never, I rely only on what the patient tells me	8.33%	5
At 1 month	8.33%	5
At 2 months	5.00%	3
Every 3 months	35.00%	21
Every 6 months	5.00%	3
At the renewal of the therapeutic plan	5.00%	3
Other (please specify)	1.67%	1
TOTAL		60

Q42 In your centre, rhinological evaluation is always required in severe asthma patients who are not controlled candidates for biological?

Replies: 59 Skipped: 2

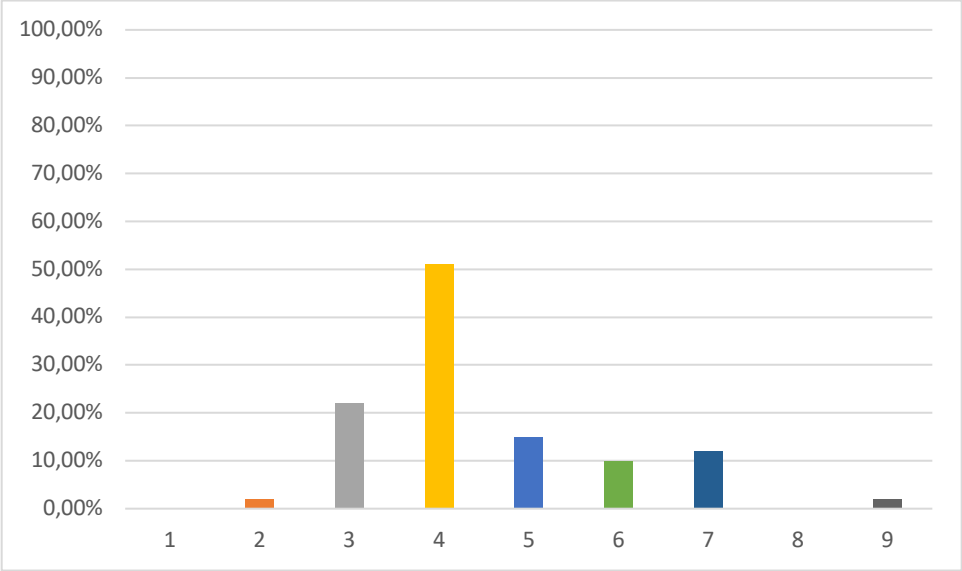


ANSWER OPTIONS		ANSWERS	
1.	No, patients with severe asthma are not treated in my centre	1.69%	1
2.	No, in my centre we do not have a collaboration with severe asthma specialists	6.78%	4
3.	Yes, it is performed systematically in all patients regardless of whether they have sinus nose symptoms.	20.34%	12
4.	Yes, it is performed exclusively in patients with a relevant rhinological history and/or relevant nasosinusal symptoms	64.41%	38
5.	Yes, it is performed exclusively in patients with a history or CRSwNP	6.78%	4

TOTAL	59

Q43 In your centre, is rhinological evaluation always required during the follow-up of severe asthmatic patients on biologicals? (as many answers as possible)

Replies: 59 Skipped: 2

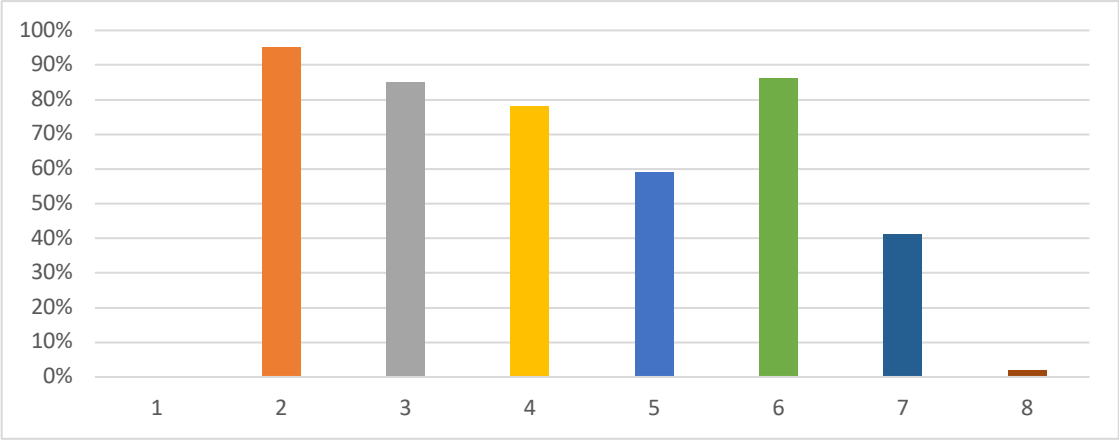


ANSWER OPTIONS	ANSWERS	
1. No, patients with severe asthma are not treated in my centre	0.00%	0
2. No, in my centre we do not have a collaboration with severe asthma specialists	1.69%	1
3. No, it is only required in case of nasal symptoms	22.03%	13
4. No, only in case of history of concomitant rhinology pathology (allergic rhinitis/CRSsNP/Non-Allergic Rhinitis)	50.85%	30
5. No, only in cases with concomitant CRSwNP	15.25%	9
6. Yes, to specific time points every 3 months	10.17%	6
7. Yes, to specific time points every 6 months	11.86%	7
8. Yes, to every follow-up visit	0.00%	0
9. Other (please specify)	1.69%	1

TOTAL	59

Q44 During a rhinologic examination of a patient with severe asthma on biological and concomitant CRSwNP therapy, which information is important to acquire? (as many answers as possible)

Replies: 59 Skipped: 2

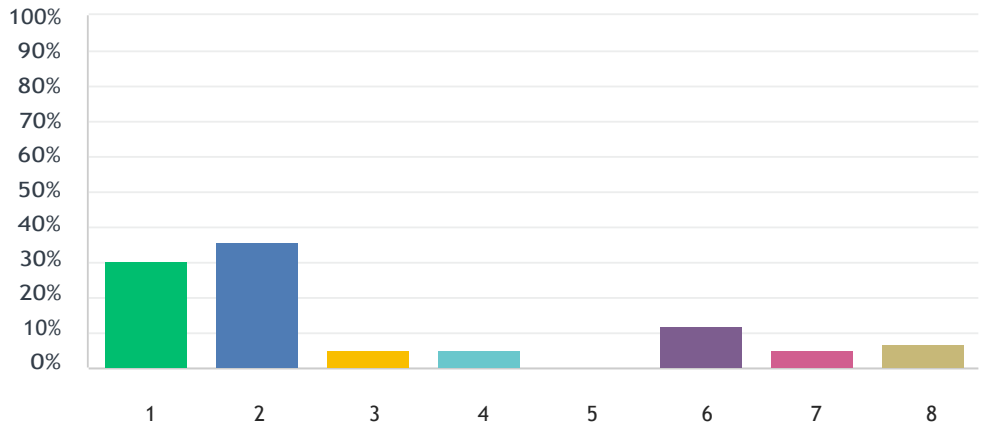


ANSWER OPTIONS	ANSWERS	
1. None of the above options	0.00%	0
2. Type of biological used for asthma	94.92%	56
3. Duration of biological therapy	84.75%	50
4. Any previous biological therapies	77.97%	46
5. Asthma endotype	59.32%	35
6. Asthma control under therapy	86.44%	51
7. Spirometry data	40.68%	24
8. Other	1.69%	1

TOTAL	59

Q45 During the rhinologic evaluation of a CRSwNP patient with asthma, particularly if severe asthma, do you have a habit of assessing the asthma control status?

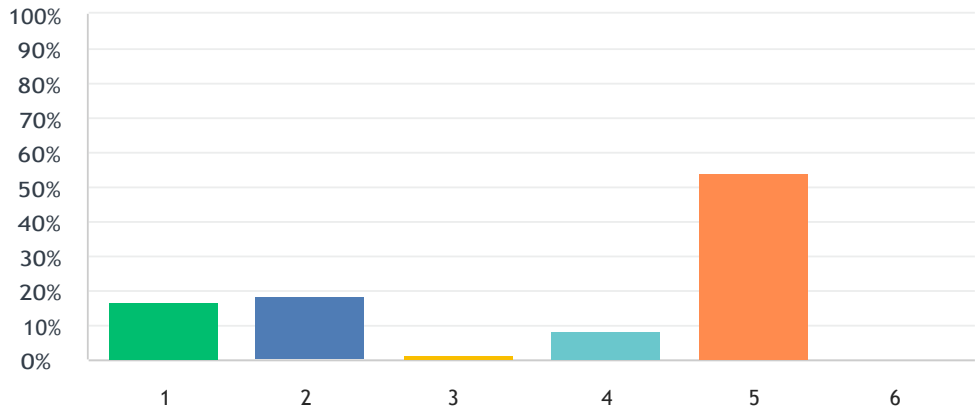
Replies: 59 Skipped: 2



ANSWER OPTIONS		ANSWERS	
1.	No, because they are tools that I do not use / not pertinent to ENT / that I do not know how to interpret	30.51%	18
2.	Yes, I use asthma control assessment questionnaire - ACT	35.59%	21
3.	Yes, I use asthma control assessment questionnaire - ACQ	5.08%	3
4.	Yes, I use multiple asthma control assessment questionnaires like ACQ and ACT	5.08%	3
5.	Yes, I request a measurement of the level of airway inflammation (FeNO)	0.00%	0
6.	A global spirometry is required	11.86%	7
7.	Yes, I use a total VAS 0-10 for asthma symptoms (leaving a more thorough assessment to the asthma reference specialist)	5.08%	3
8.	Other (please specify)	6.78%	4
TOTAL			59

Q46 In your experience do you evaluate the amount of OCS taken by the patient for severe asthma in the comorbid patient?

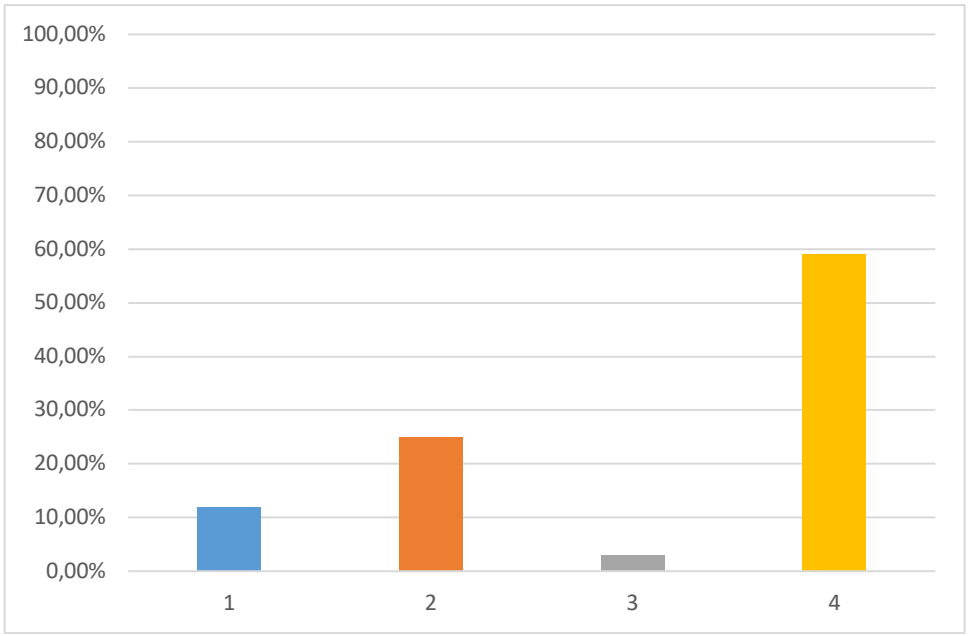
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
1. No, because it is difficult to quantify	16.95%	10
2. Yes, I systematically record the amount of systemic corticosteroid correlating it to the pathology	18.64%	11
3. No, because I do not consider it necessary	1.69%	1
4. Yes, trying to identify the patient needing endocrinological evaluation for the evaluation of the pituitary-hypothalamic-adrenal axis	8.48%	5
5. Yes, because the evaluation of the amount of OCS taken allows me to make more in-depth evaluations also in relation to the pathology of my relevance and provides me with indicators also for any treatment choices	54.24%	32
6. Other (please specify)	0.00%	0
TOTAL		59

Q47 During the rhinologic evaluation of a patient with severe asthma, about to start biological therapy, do you consider it useful to establish the severity and control of CRSwNP possibly present?

Replies: 59 Skipped: 2

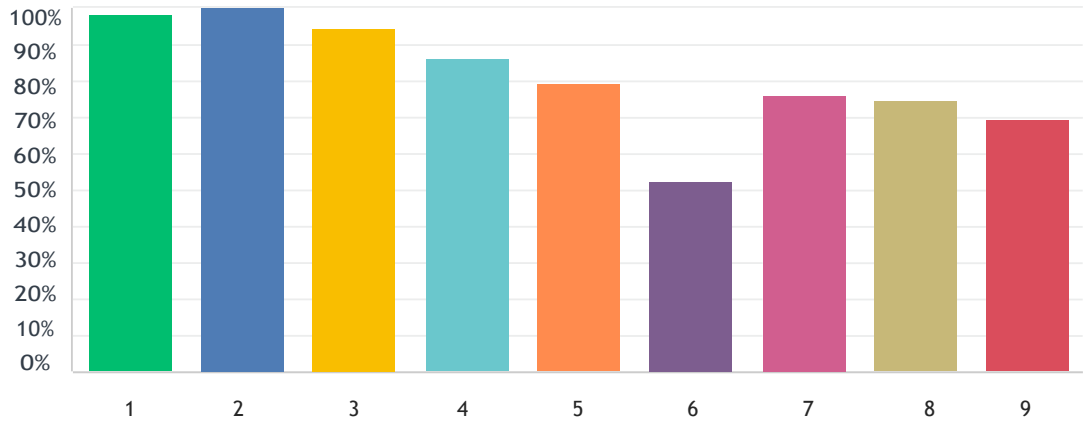


ANSWER OPTIONS		ANSWERS	
1.	I never/almost never intercept the patient with severe asthma BEFORE starting biological therapy for severe asthma	11.86%	7
2.	Yes, in my centre all patients are evaluated and discussed in a multidisciplinary session before starting the biological	25.42%	15
3.	I consider it useful to establish the presence or absence of CRSwNP, but I do not evaluate the severity or control	3.39%	2
4.	I consider it essential to indicate the presence of CRSwNP, its level of severity and its control	59.33%	35

TOTAL	59

Q48 In the presence of a patient with moderately/severe CRSwNP who has never been operated on and has never undergone biological therapy, what tests/evaluations do you consider necessary? (more than one answer possible)

Replies: 59 Skipped: 2

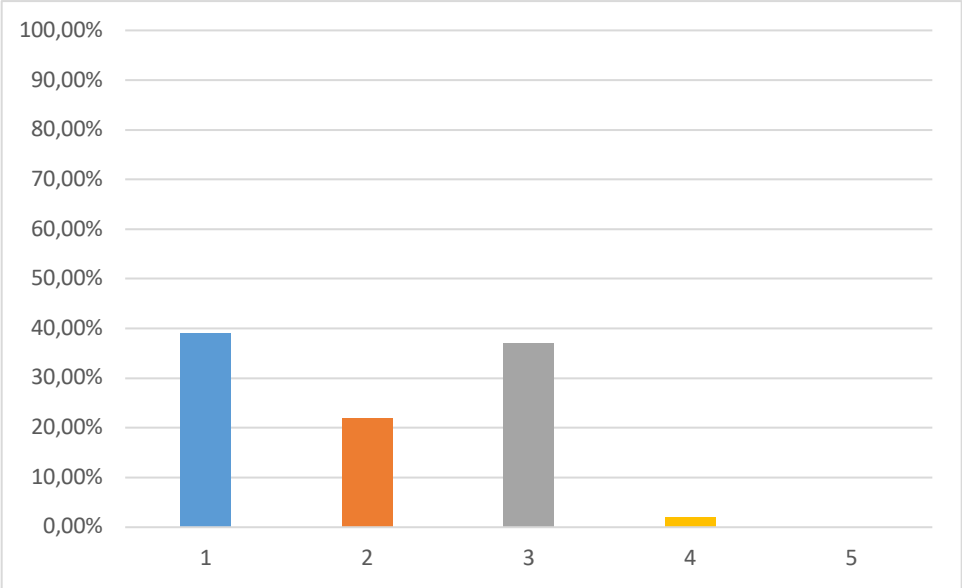


ANSWER OPTIONS	ANSWERS	
1. Questionnaires (e.g., SNOT-22, VAS, etc.)	98.31%	58
2. Nasal endoscopy	100.00%	59
3. Maxillofacial CT scan	94.92%	56
4. Blood count with formula	86.44%	51
5. Total IgE	79.66%	47
6. Nasal cytology	52.54%	31
7. Pneumological evaluation	76.27%	45
8. Allergy assessment	74.58%	44
9. Measurement of sense of smell	69.49%	41

TOTAL	59

Q49 In the event that patients suffering from severe uncontrolled nasal polyposis is not taking topical corticosteroid therapy at the first evaluation they have at the rhinology centre, I prescribe:

Replies: 59 Skipped: 2

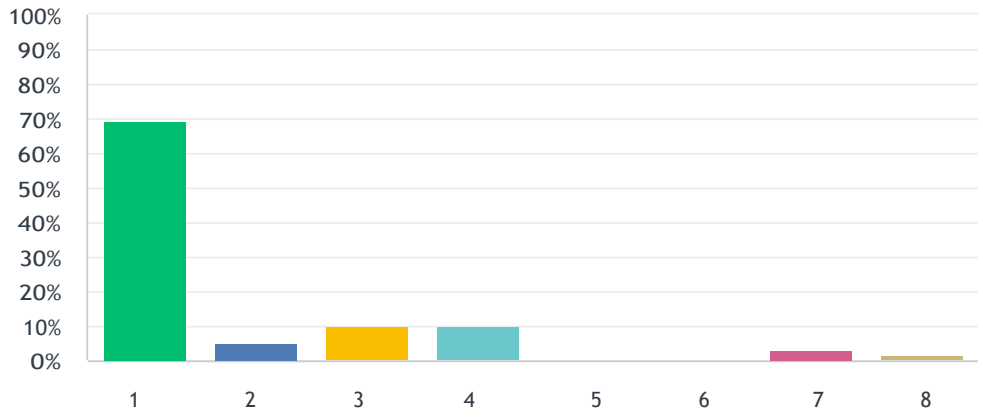


ANSWER OPTIONS	ANSWERS	
1. Local corticosteroid therapy and re-evaluate the patient in one month	38.98%	23
2. Local corticosteroid therapy and re-evaluate the patient in two months	22.04%	13
3. Local corticosteroid therapy and re-evaluate the patient in three months	37.29%	22
4. Local corticosteroid therapy and re-evaluate the patient in six months	1.69%	1
5. Local corticosteroid therapy and re-evaluate the patient in 12 months	0.00%	0

TOTAL	59

Q50 At what stage of the evaluation of the naïve patient do you prescribe blood chemistry tests (e.g., blood count with formula, total IgE, specific IgE)?

Replies: 59 Skipped: 2

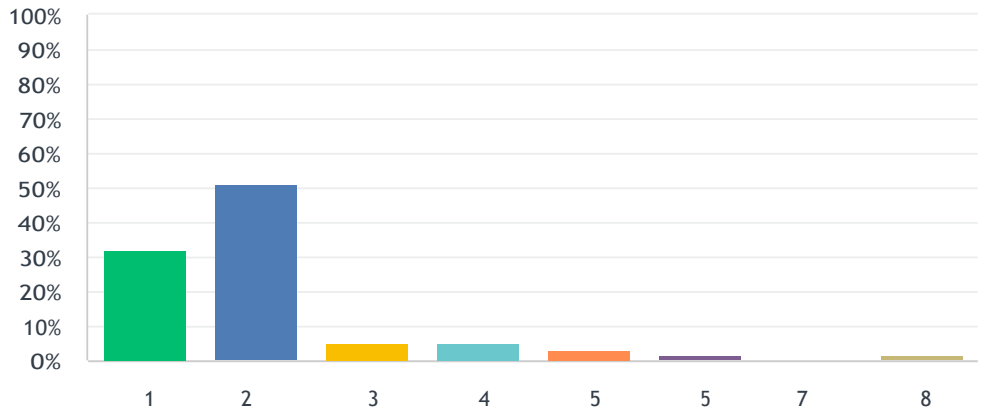


ANSWER OPTIONS		ANSWERS	
1.	During the initial assessments, as part of the overall framework	69.50%	41
2.	I never prescribe these exams at the first visit	5.08%	3
3.	I prescribe these tests only in the severe uncontrolled patient	10.17%	6
4.	I prescribe these tests in severe/moderate patient (controlled or uncontrolled)	10.17%	6
5.	Only if the patient is positive for skin allergy tests	0.00%	0
6.	I prescribe these tests in cases with particular anamnestic indications	0.00%	0
7.	Usually, it is the consultants (pulmonologists or allergists) to whom I direct patients who prescribe these examinations	3.39%	2
8.	Other (please specify)	1.69%	1

TOTAL	59

Q51 Do you prescribe a pneumology evaluation in a patient with CRSwNP who has never been operated on and never treated with biologic?

Replies: 59 Skipped: 2

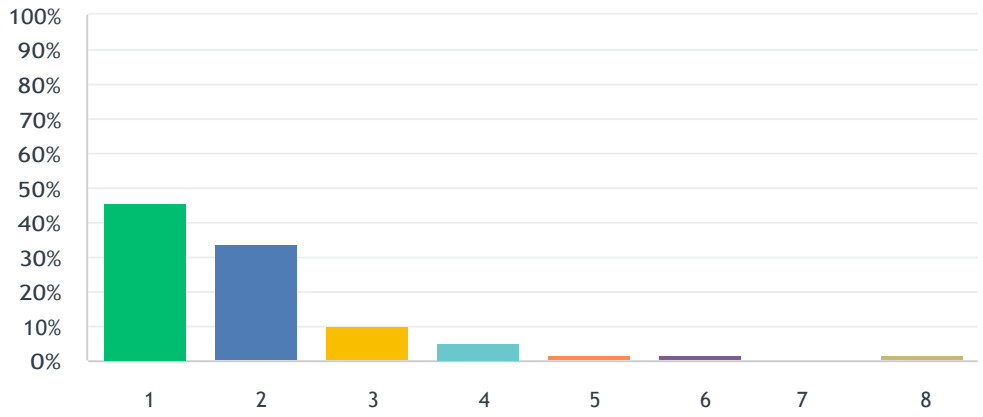


ANSWER OPTIONS		ANSWERS	
1.	Yes, always	32.20%	19
2.	Only in patients with known or strongly suspected bronchial asthma	50.86%	30
3.	In all patients with severe uncontrolled CRSwNP	5.08%	3
4.	In all patients with severe CRSwNP (controlled and uncontrolled)	5.08%	3
5.	Only in patients who intend to apply for the biological instead of surgery	3.39%	2
6.	Never, as I consider the pneumology evaluation non-necessary to surgery or to the beginning of biological treatment	1.69%	1
7.	Under no circumstances	0.00%	0
8.	Other (please specify)	1.69%	1

TOTAL	59

Q52 Do you prescribe an allergy assessment in a patient with CRSwNP who has never been operated on and never treated with biologic?

Replies: 59 Skipped: 2

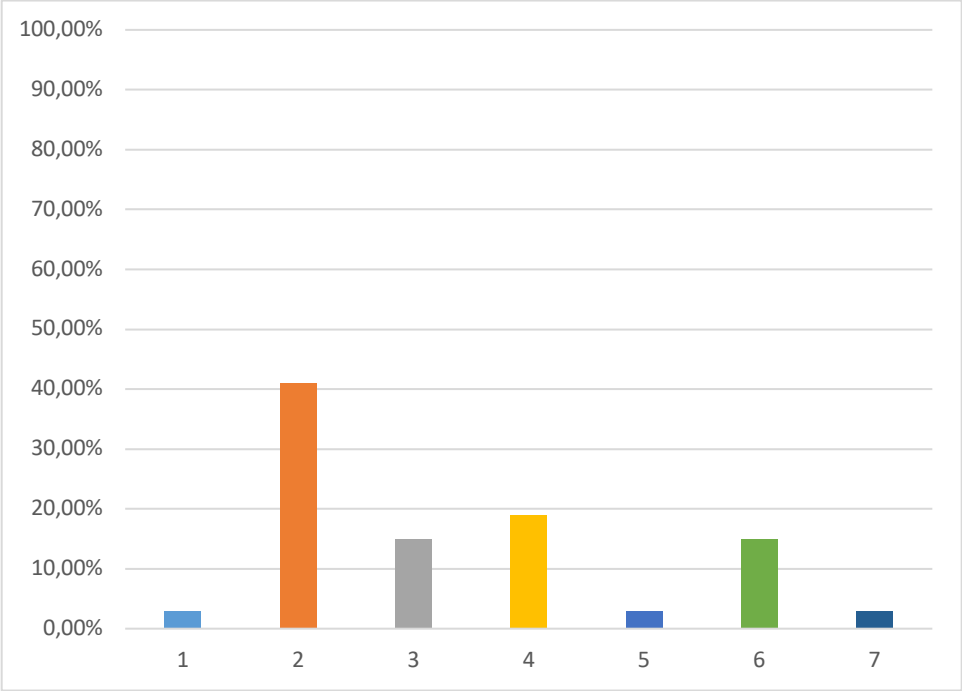


ANSWER OPTIONS		ANSWERS	
1.	Yes, always	45.77%	27
2.	Only in patients with known or strongly suspected specific allergy	33.90%	20
3.	In all patients with severe uncontracted CRSwNP	10.17%	6
4.	In all patients with severe CRSwNP (controlled and uncontrolled)	5.08%	3
5.	Only in patients who intend to apply for biologics instead of surgery	1.69%	1
6.	Never, as I consider the allergy assessment not preparatory to surgery or the beginning of biological care	1.69%	1
7.	Under no circumstances	0.00%	0
8.	Other (please specify)	1.69%	1

TOTAL	59

Q53 Would you direct a unoperated patient with uncontrolled CRSwNP to a biological therapy?

Replies: 59 Skipped: 2



ANSWER OPTIONS		ANSWERS	
1.	No, never	3.39%	2
2.	Only in the presence of real contraindications to the intervention	40.68%	24
3.	I always recommend surgery as a first line, but in case of categorical refusal of surgery by the patient I will prescribe the biological	15.25%	9
4.	Yes, if the patient has a greater number of candidacy criteria than expected in operated patients (e.g., 4 criteria from EPOS 2020 guidelines, instead than 3)	18.65%	11
5.	Yes, in the presence of indicators of inflammation type 2, I propose surgery and biological therapy on the same level and leave the choice to the patient	3.39%	2
6.	Yes, in the case the patient has type 2 inflammation and risk factors for recurrence after surgery	15.25%	9
7.	Other (please specify)	3.39%	2
TOTAL			59

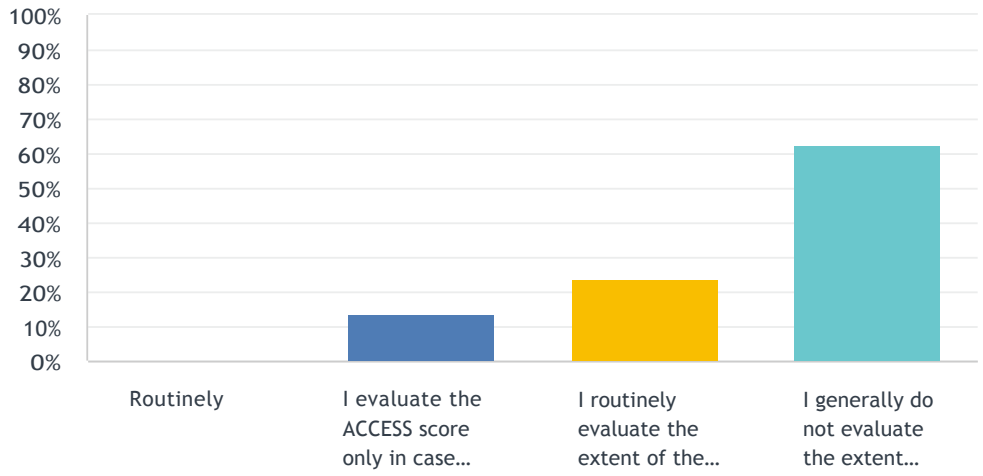
Q54 In the evaluation of a patient with CRSwNP previously undergoing Functional Endoscopic Sinus Surgery (FESS), for the possible indication to biological therapy, how frequently is post-surgical CT required?

Replies: 59 Skipped: 2

ANSWER OPTIONS	ANSWERS	
Routinely	35.59%	21
In cases of suspicion of insufficient surgery or exclusion of other diagnoses	30.52%	18
In cases the endoscopic evaluation is not sufficient for me to quantify the extent of the pathology	20.34%	12
I request it only in exceptional cases	13.56%	8
TOTAL		59

Q55 In the evaluation of a patient with CRSwNP previously undergoing FESS (whose CT scan is available), for the possible indication of a biological, how frequently do you use the ACCESS score to evaluate the extent of the previous surgery?

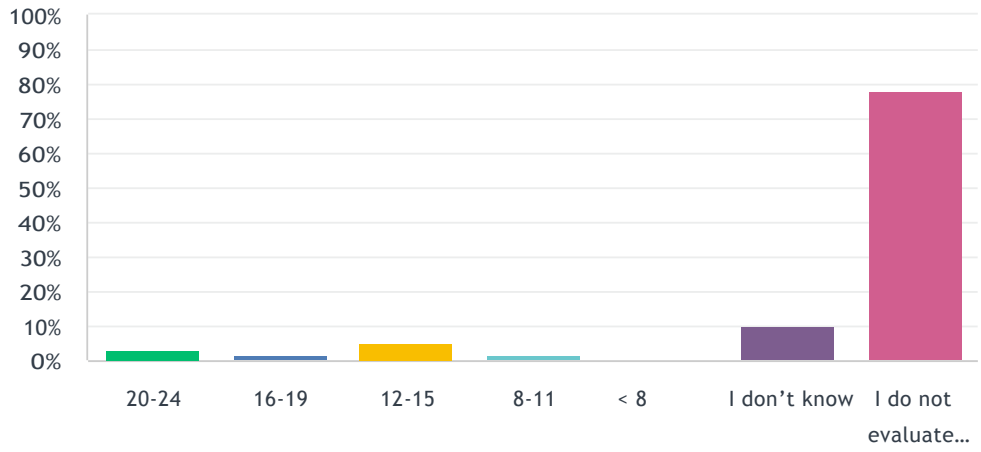
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Routinely	0.00%	0
I evaluate the ACCESS score only in case of suggestive endoscopy for previous insufficient surgery	13.56%	8
I routinely evaluate the extent of the previous surgery according to clinical experience, without using ACCESS score	23.73%	14
I generally do not evaluate the extent of the previous surgery by means of the ACCESS score	62.71%	37
TOTAL		59

Q56 In the case of an ACCESS score assessment, what value does it need for surgical revision instead of medical/biological therapy?

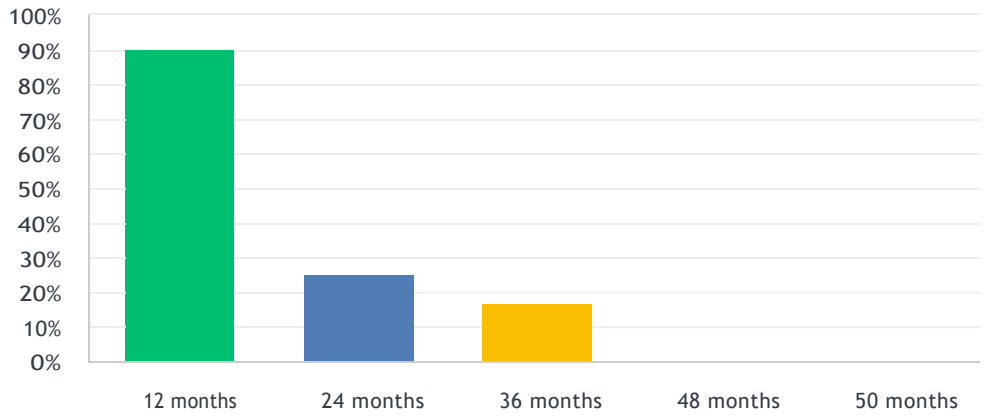
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
20-24	3.39%	2
16-19	1.69%	1
12-15	5.09%	3
8-11	1.69%	1
< 8	0.00%	0
I don't know	10.17%	6
I do not evaluate the ACCESS score	77.97%	46
TOTAL		59

Q57 In case of recurrence after a first surgery, what time of recurrence makes you lean towards a biological therapy rather than a new surgery? (as many answers as possible)

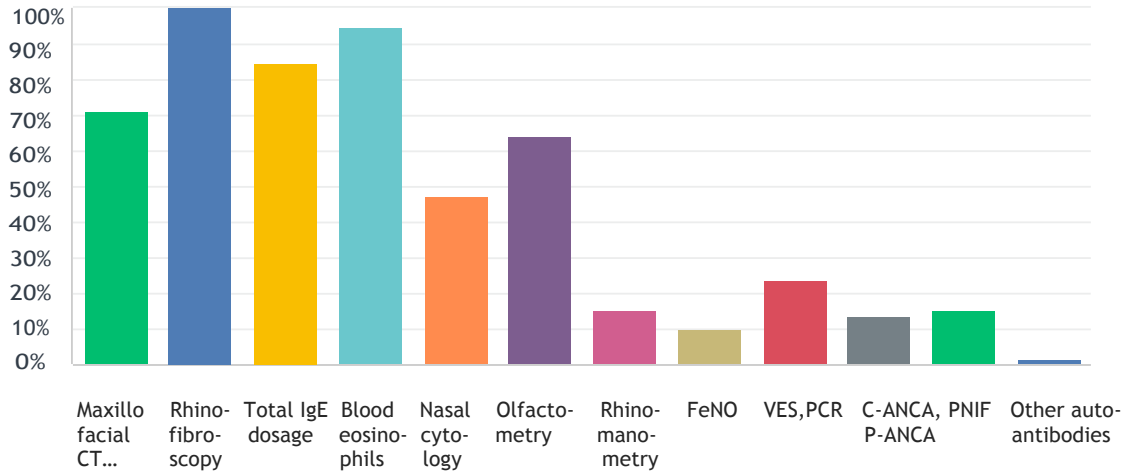
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
12 months	91.53%	54
24 months	25.42%	15
36 months	16.95%	10
48 months	0.00%	0
50 months	0.00%	0
TOTAL		59

Q58 What do you consider necessary to consider a patient with CRSwNP ready to start therapy with biologics? (as many answers as possible)

Replies: 59 Skipped: 2

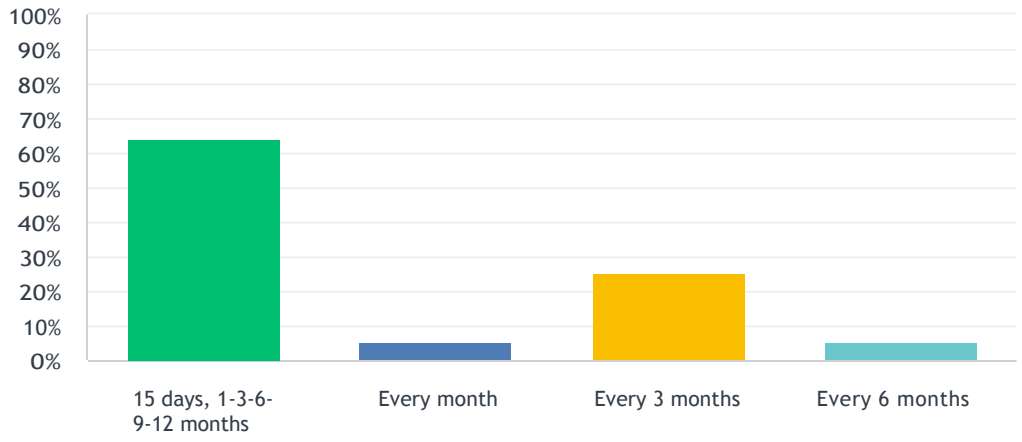


ANSWER OPTIONS	ANSWERS	
Maxillofacial CT without MDC	71.19%	42
Rhinofibroscopy	100.00%	59
Total IgE dosage	84.75%	50
Blood eosinophils	94.92%	56
Nasal cytology	47.46%	28
Olfactometry	64.41%	38
Rhinomanometry	15.25%	9
FeNO	10.17%	6
ESR, CRP	23.73%	14
C-ANCA, P-ANCA	13.56%	8
PNIF	15.25%	9
Other autoantibodies (please specify)	1.69%	1

TOTAL	59

Q59 What is your timing of follow up for a patient with CRSwNP on biologic therapy in the first year of treatment?

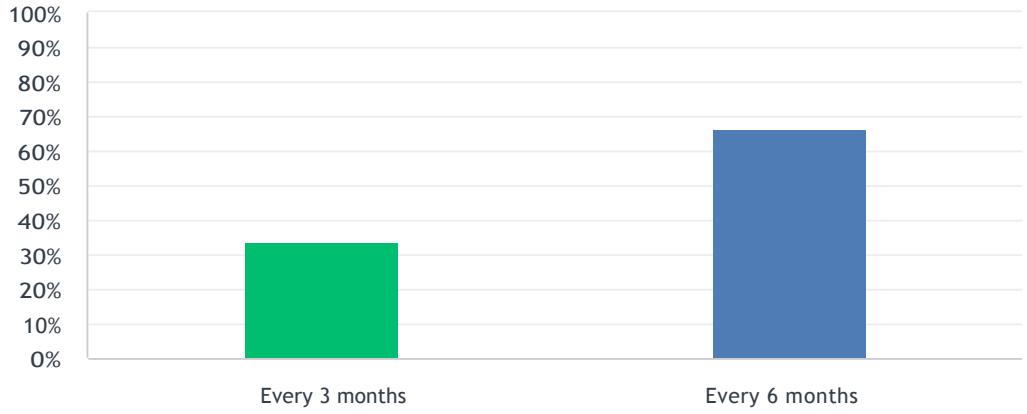
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
15 days, 1 month, 3 months, 6 months, 9 months, 1 year	64.42%	38
Every month	5.08%	3
Every 3 months	25.42%	15
Every 6 months	5.08%	3
TOTAL		59

Q60 What is your timing of follow up for a patient with CRSwNP on biologic therapy AFTER the first year of treatment?

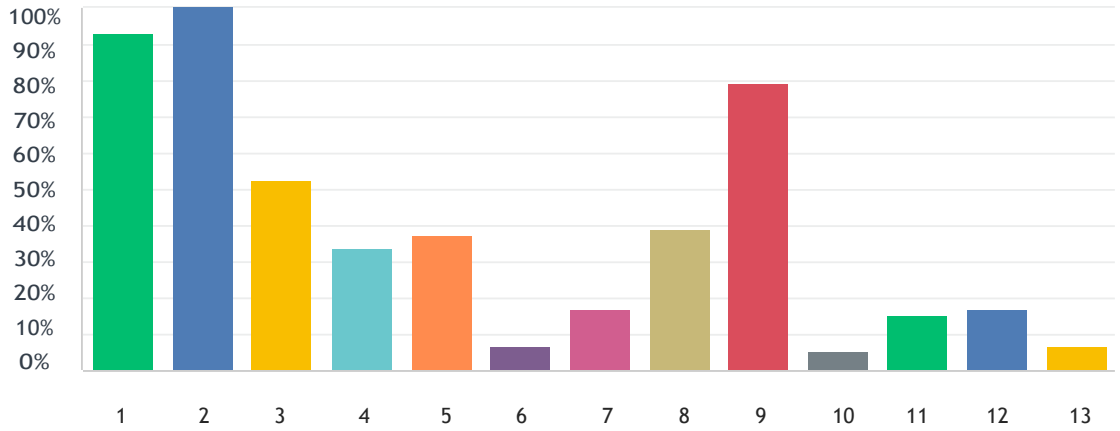
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Every 3 months	33.90%	20
Every 6 months	66.10%	39
TOTAL		59

Q61 Which of these parameters do you use in your clinical practice in the first year of treatment during follow-up visits? (more than one answer possible)

Replies: 59 Skipped: 2

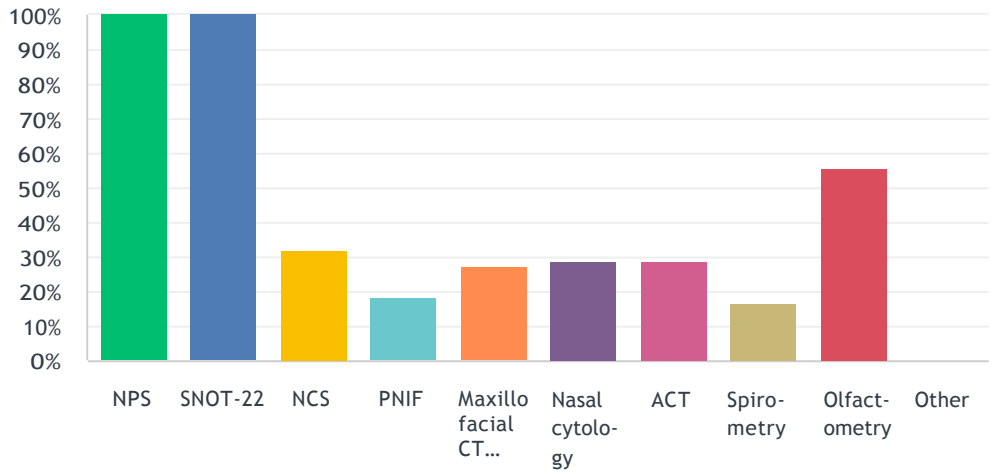


ANSWER OPTIONS	ANSWERS	
1. NPS	93.22%	55
2. SNOT-22	100.00%	59
3. Subjective olfactometry	52.54%	31
4. Nasal Congestion Score	33.90%	20
5. Nasal cytology	37.29%	22
6. Rhinomanometry	6.78%	4
7. PNIF	16.95%	10
8. Blood chemistry tests	38.98%	23
9. Blood count with formula	79.66%	47
10. FeNO	5.08%	3
11. Maxillo facial CT without MDC	15.25%	9
12. Spirometry	16.95%	10
13. Other (please specify)	6.78%	4

TOTAL	59

Q62 What parameters do you use to establish the response of biological therapy at 12 months? (more than one answer possible)

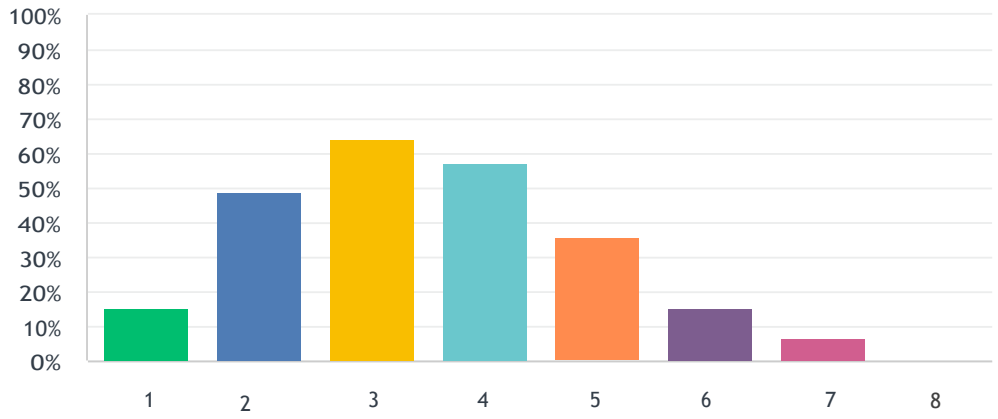
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
NPS	100.00%	59
SNOT-22	100.00%	59
Nasal Congestion Score (NCS)	32.20%	19
PNIF	18.64%	11
Maxillofacial CT without MDC	27.12%	16
Nasal cytology	28.81%	17
ACT	28.81%	17
Spirometry	16.95%	10
Olfactometry	55.93%	33
Other (please specify)	0.00%	0
TOTAL		59

Q63 Do you consider it necessary to screen for autoimmunity before applying for biological therapy to a patient with severe and uncontrolled CRSwNP? (as many answers as possible)

Replies: 59 Skipped: 2

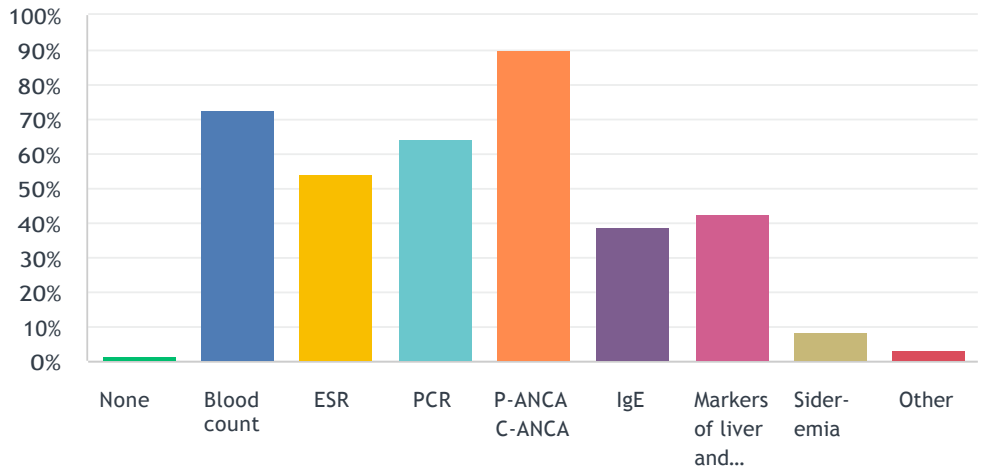


ANSWER OPTIONS		ANSWERS	
1.	Yes, always	15.25%	9
2.	Yes, in the case of very high values of blood hypereosinophilia	49.15%	29
3.	Yes, in the case of other associated autoimmune diseases	64.41%	38
4.	Yes, in the case of other eosinophilic pathologies (eosinophilic pneumonia, esophagitis, or gastroenteritis)	57.63%	34
5.	Yes, in the case of obvious alterations of the nasal mucosa (e.g., septal perforations, crustiness)	35.59%	21
6.	Yes, in patients with impaired renal function, neuropathy	15.25%	9
7.	No, never	6.78%	4
8.	In other cases (please specify)	0.00%	0

TOTAL	59

Q64 What blood chemistry tests do you consider useful for the exclusion of a CRSwNP associated with autoimmune disease in the screening of a patient candidate for biological therapy? (as many answers as possible)

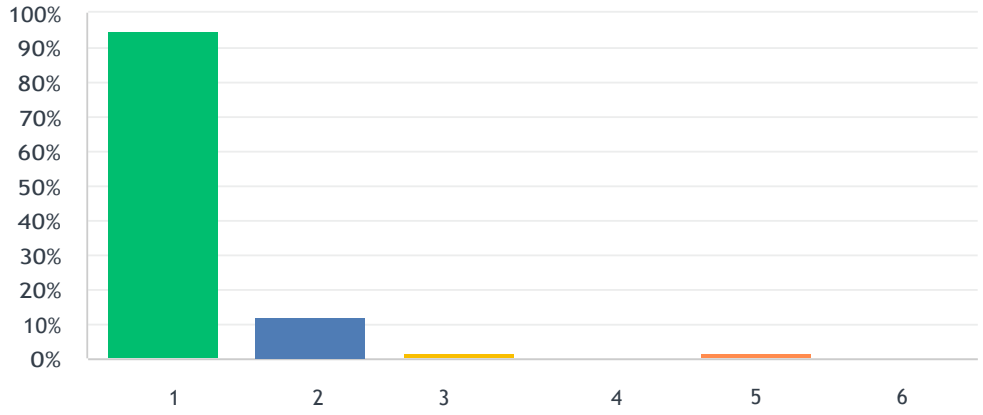
Replies: 59 Saltate: 2



ANSWER OPTIONS	ANSWERS	
None	1.69%	1
Blood count with formula	72.88%	43
ESR	54.24%	32
CRP	64.41%	38
P-ANCA, C-ANCA	89.83%	53
IgE	38.98%	23
Markers of liver and kidney function	42.37%	25
Sideremia	8.47%	5
Other (please specify)	3.39%	2
TOTAL		59

Q65 What other tests do you think are useful to recommend if you suspect rheumatologic disease? (as many answers as possible)

Replies: 59 Skipped: 2

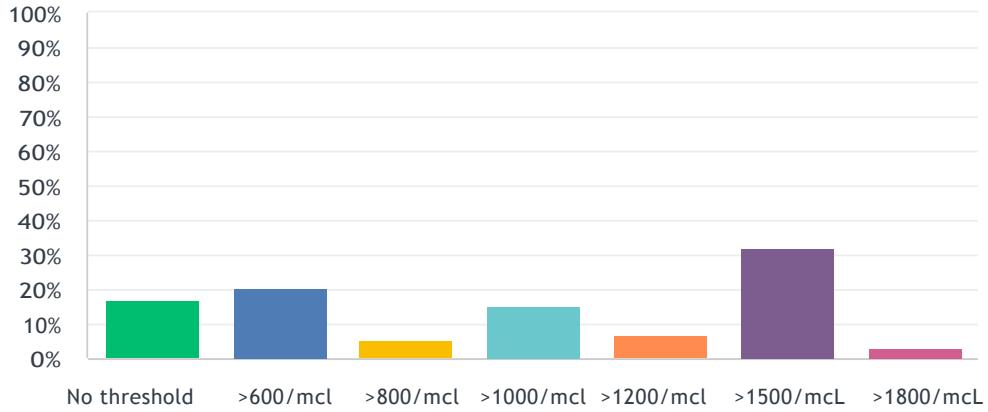


ANSWER OPTIONS		ANSWERS	
1.	I prefer to send the patient directly to the rheumatologist	94.92%	56
2.	I think it is necessary to perform nasal biopsy before sending the patient to the rheumatologist	11.86%	7
3.	I find chest X-rays useful	1.69%	1
4.	Electromyography	0.00%	0
5.	Spirometry	1.69%	1
6.	Other (please specify)	0.00%	0

TOTAL	59

Q66 What threshold of peripheral hypereosinophilia do you use to direct the patient to further investigation to exclude a CRSwNP secondary to autoimmune disease?

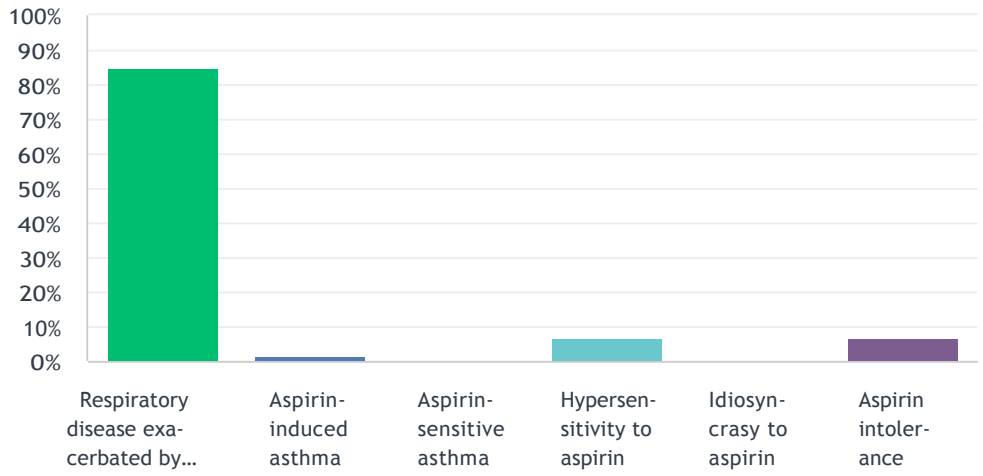
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
No threshold	16.95%	10
> 600/mcl	20.34%	12
> 800/mcl	5.08%	3
> 1000/mcL	15.25%	9
> 1200/mcl	6.78%	4
> 1500/mcL	32.21%	19
> 1800/mcL	3.39%	2
TOTAL		59

Q67 What definition do you apply in your clinical practice that you think best describes nonsteroidal anti-inflammatory drugs-exacerbated respiratory disease (NSAID-ERD) or aspirin exacerbated respiratory disease (AERD)?

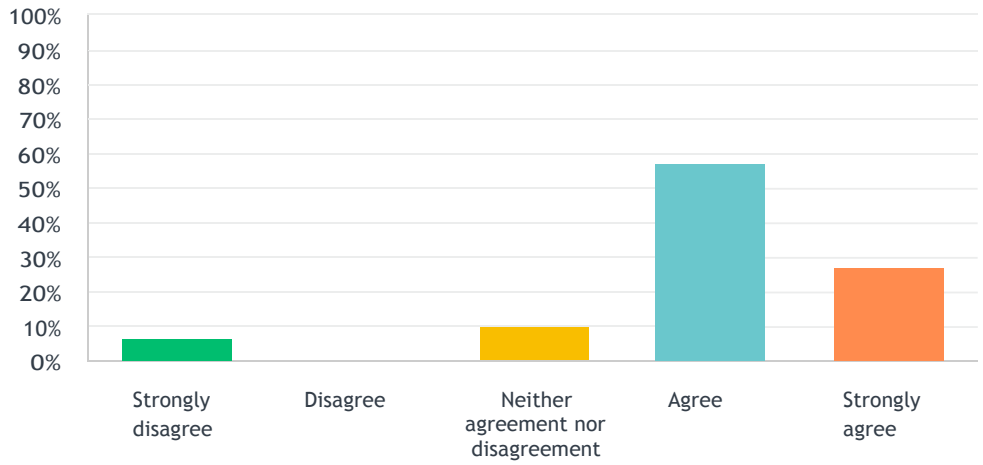
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Respiratory disease exacerbated by nonsteroidal anti-inflammatory drugs	84.75%	50
Aspirin-induced asthma	1.69%	1
Aspirin-sensitive asthma	0.00%	0
Hypersensitivity to aspirin	6.78%	4
Idiosyncrasy to aspirin	0.00%	0
Aspirin intolerance	6.78%	4
TOTAL		59

Q68 The diagnosis of NSAID-ERD is based on the clinical triad of symptoms: asthma, nasal polyps, and respiratory reactions to NSAIDs. How much do you agree with the previous statement?

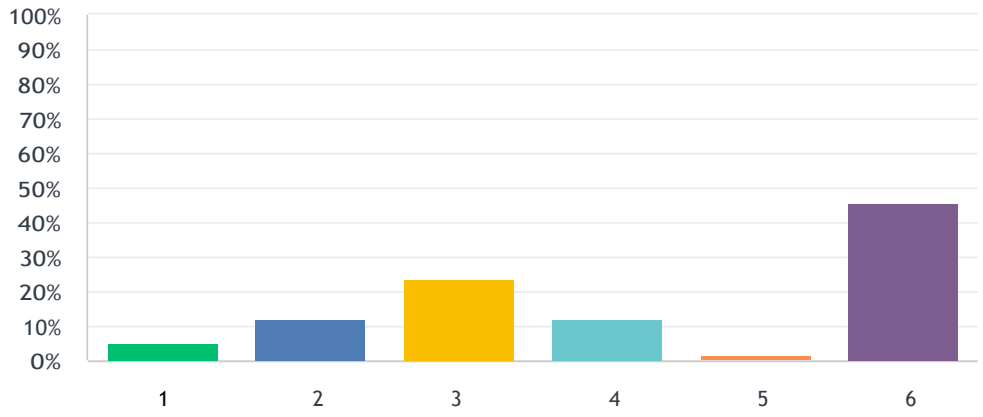
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Strongly disagree	6.78%	4
Disagree	0.00%	0
Neither agree nor disagree	8.47%	5
Agree	57.63%	34
Strongly agree	27.12%	16
TOTAL		59

Q69 Do you think it is always necessary to direct the patient to a path of desensitisation to Acetylsalicylic Acid (ASA)?

Replies: 59 Skipped: 2

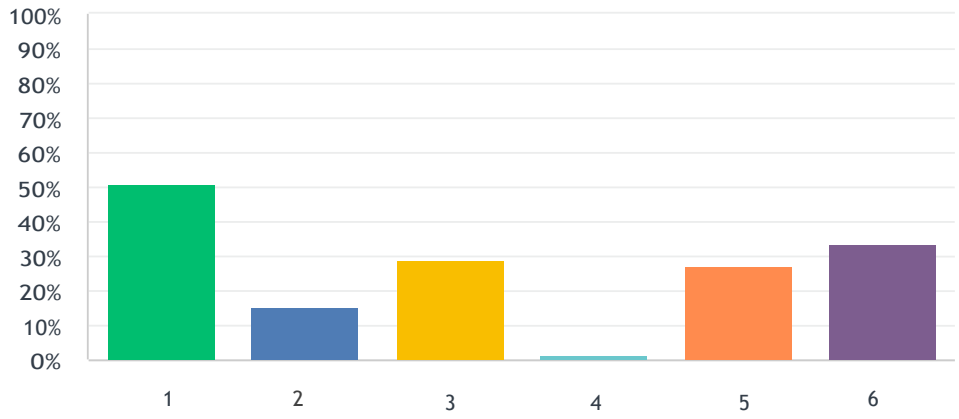


ANSWER OPTIONS		ANSWERS	
1.	Yes, always	5.08%	3
2.	Never	11.86%	7
3.	Only in the event that the patient has not obtained adequate control with systemic corticosteroids or intervention surgical	23.74%	14
4.	Yes, only if the patient is not a candidate for biological therapy	11.86%	7
5.	Yes, only if the patient is a candidate for biological therapy	1.69%	1
6.	No, ASA desensitisation is not performed in my centre	45.77%	27

TOTAL	59

Q70 What do you do if the patient has asthma and sinus/nose polyposis and reports previous adverse reactions to NSAIDs? (as many answers as possible)

Replies: 59 Skipped: 2

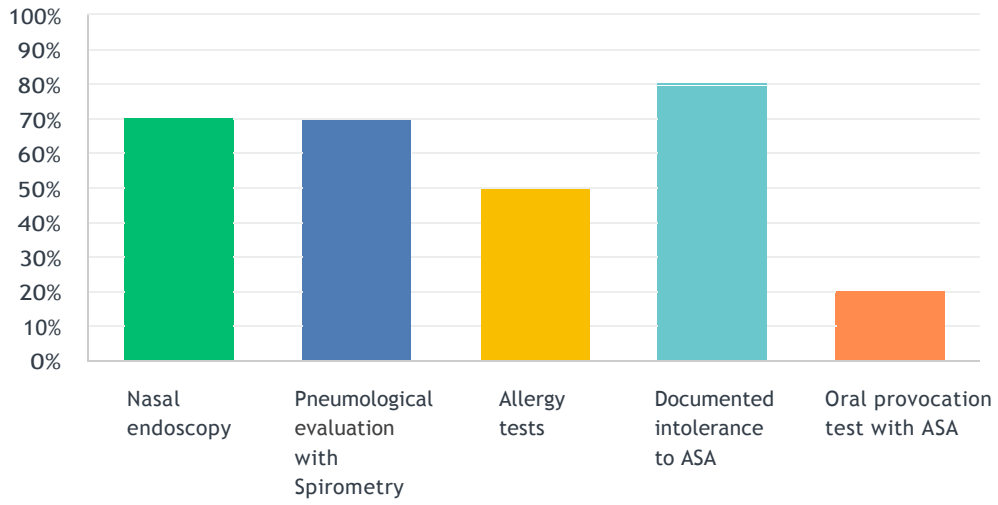


ANSWER OPTIONS	ANSWERS	
1. You try to refine the anamnestic data as much as possible, trying to understand the type of adverse reaction manifested	50.85%	30
2. You consider the anamnestic data sufficient to refine the diagnosis	15.25%	9
3. You believe an allergy assessment is always necessary	28.81%	17
4. You believe an intolerance test for oral intake is always necessary	1.69%	1
5. You believe a pneumologic evaluation is always necessary to confirm bronchoreactivity	27.12%	16
6. You believe allergologic evaluation is necessary in some cases where the anamnestic data is not conclusive	33.90%	20

TOTAL	59

Q71 What tests do you consider mandatory for the diagnosis of NSAID-ERD? (multiple answers possible)

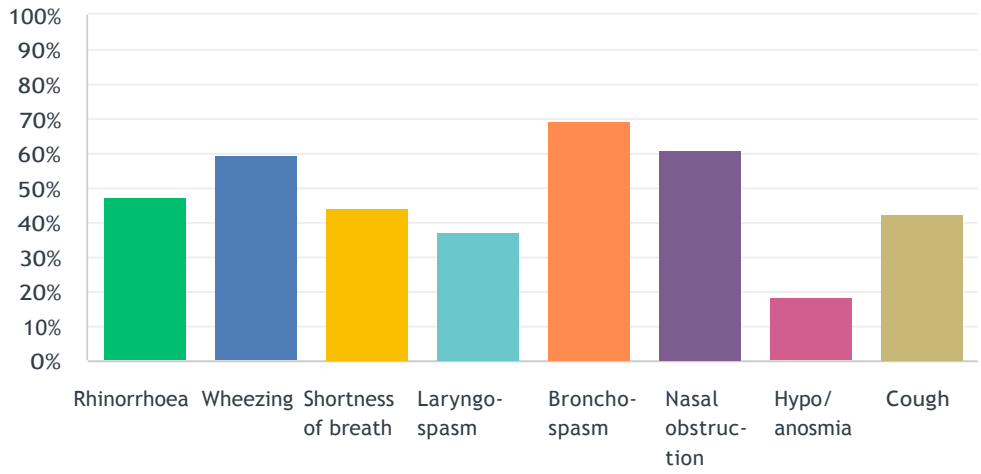
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Nasal endoscopy	71.19%	42
Pneumologic evaluation with spirometry	69.49%	41
Allergy tests	49.15%	29
Documented intolerance to ASA	81.36%	48
Oral provocation test with ASA	20.34%	12
TOTAL		59

Q72 In your clinical practice what are the pathognomonic signs of NSAID-ERD after taking NSAIDs? (as many answers as possible)

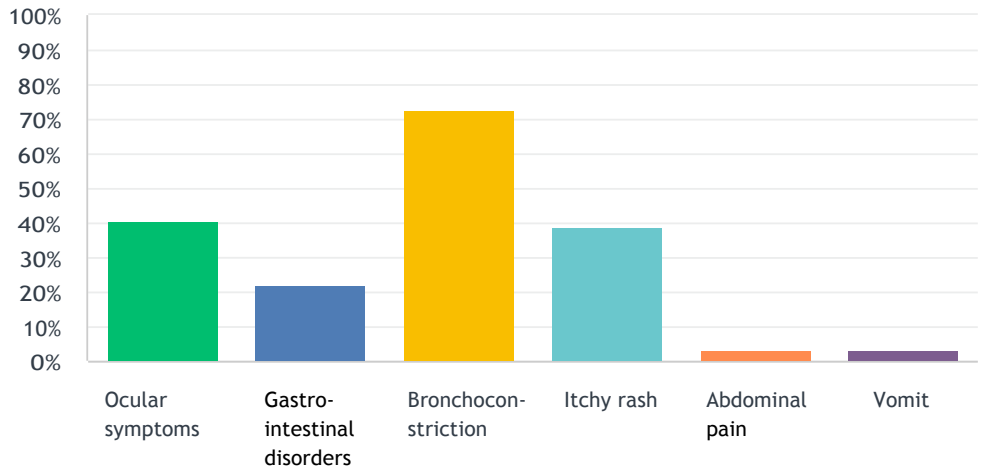
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Rhinorrhoea	47.46%	28
Wheezing	59.32%	35
Shortness of breath	44.07%	26
Laryngospasm	37.29%	22
Bronchospasm	69.49%	41
Nasal obstruction	61.02%	36
Hypo/anosmia	18.64%	11
Cough	42.37%	25
TOTAL		59

Q73 In your outpatient practice, how is NSAID-ERD clinically characterised in addition to the classic triad of asthma, CRSwNP and hypersensitivity to aspirin and other NSAIDs? (as many answers as possible)

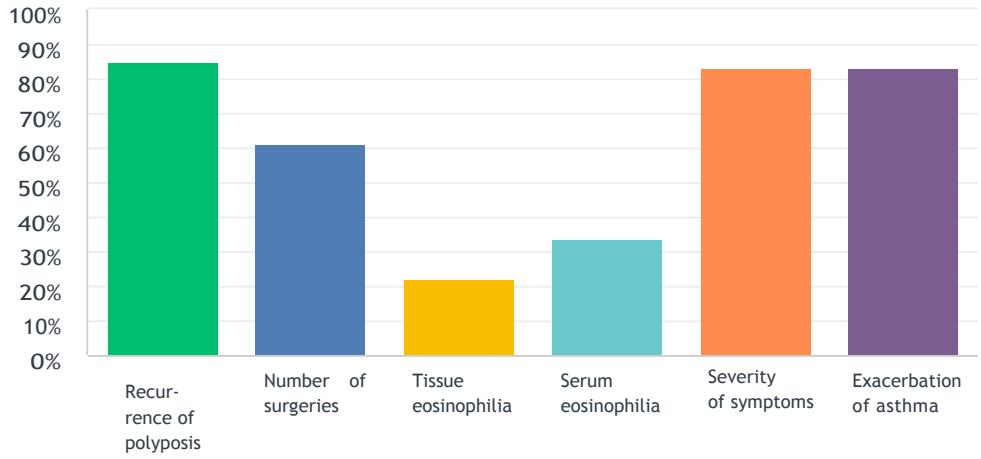
Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Ocular symptoms	40.68%	24
Gastrointestinal disorders	22.03%	13
Bronchoconstriction	72.88%	43
Itchy rash	38.98%	23
Abdominal pain	3.39%	2
Vomit	3.39%	2
TOTAL		59

Q74 What elements do you think are necessary to define disease control in NSAID-ERD? (as many answers as possible)

Replies: 59 Skipped: 2



ANSWER OPTIONS	ANSWERS	
Recurrence of polyposis	84.75%	50
Number of surgeries	61.02%	36
Tissue eosinophilia	22.03%	13
Serum eosinophilia	33.90%	20
Severity of symptoms	83.05%	49
Exacerbation of asthma	83.05%	49
TOTAL		59