Practice parameter

The Joint Task Force on Practice Parameters GRADE guidelines for the medical management of chronic rhinosinusitis with nasal polyposis

Matthew A. Rank, MD,[a,b] Derek K. Chu, MD, PhD,[c] Antonio Bognanni, MD, PhD,[c] Paul Oykhman, MD, MSc,[c] Jonathan A. Bernstein, MD,[d] Anne K. Ellis, MD, MSc, FRCPC,[e] David B. K. Golden, MDCM,[f] Matthew Greenhawt, MD, MBA, MSc,[g,h] Caroline C. Horner, MD, MSCI,[i] Dennis K. Ledford, MD,[j,k] Jay Lieberman, MD,[l,m] Amber U. Luong, MD, PhD,[n] Richard R. Orlandi, MD,[o] Shefali A. Samant, MD,[p] Marcus S. Shaker, MD, MS,[q,r] Zachary M. Soler, MD, MSc,[s] Whitney W. Stevens, MD, PhD,[t] David R. Stukus, MD,[u,v] Julie Wang, MD,[w] and Anju T. Peters, MD[t] *Scottsdale and Phoenix, Ariz; Hamilton and Kingston, Ontario, Canada; Cincinnati and Columbus, Ohio; Baltimore, Md; Aurora, Colo; St Louis, Mo; Tampa, Fla; Memphis, Tenn; Houston, Tex; Salt Lake City, Utah; Los Angeles, Calif; Lebanon, NH; Charleston, SC; Chicago, Ill; and New York, NY*

These evidence-based guidelines support patients, clinicians, and other stakeholders in decisions about the use of intranasal corticosteroids (INCS), biologics, and aspirin therapy after desensitization (ATAD) for the management of chronic rhinosinusitis with nasal polyposis (CRSwNP). It is important to note that the current evidence on surgery for CRSwNP was not assessed for this guideline nor were management options other than INCS, biologics, and ATAD. The Allergy-Immunology Joint Task Force on Practice Parameters formed a multidisciplinary guideline panel balanced to include the views of multiple stakeholders and to minimize potential biases. Systematic reviews for each management option informed the guideline. The guideline panel used the Grading of Recommendations Assessment, Development and Evaluation approach to inform and develop recommendations. The guideline panel reached consensus on the following statements: (1) In people with CRSwNP, the guideline panel suggests INCS rather than no INCS (conditional recommendation, low certainty of evidence). (2) In people with CRSwNP, the guideline panel suggests biologics rather than no biologics (conditional recommendation, moderate certainty of evidence). (3) In people with aspirin (nonsteroidal anti-inflammatory drug)-exacerbated respiratory disease, the guideline panel suggests ATAD rather than no ATAD (conditional recommendation, moderate certainty of evidence). The conditions for each recommendation are discussed in the guideline. (J Allergy Clin Immunol 2023;151:386-98.)

Key words: *Chronic rhinosinusitis, nasal polyposis, aspirin, corticosteroids, biologics, clinical guideline*

From [a]the Mayo Clinic in Arizona, Scottsdale, [b]Phoenix Children's Hospital; [c]McMaster University, Hamilton; [d]University of Cincinnati; [e]the Division of Allergy and Immunology, Department of Medicine, Queen's University, Kingston; [f]Johns Hopkins University School of Medicine, Baltimore; [g]Children's Hospital Colorado and [h]the University of Colorado School of Medicine, Aurora; [i]the Division of Allergy and Pulmonary Medicine, Department of Pediatrics, Washington University School of Medicine, St Louis; [j]the Morsani College of Medicine, University of South Florida and [k]the James A. Haley Veterans' Affairs Hospital, Tampa; [l]the University of Tennessee Health Science Center and [m]LeBonheur Children's Hospital, Memphis; [n]the McGovern Medical School of the University of Texas Health Science Center at Houston; [o]the University of Utah, Salt Lake City; [p]Kaiser Permanente Southern California, Los Angeles; [q]the Dartmouth Geisel School of Medicine and [r]the Section of Allergy, Dartmouth Hitchcock Medical Center, Lebanon; [s]the Medical University of South Carolina, Charleston; [t]the Division of Allergy and Immunology, Northwestern University Feinberg School of Medicine, Chicago; [u]Nationwide Children's Hospital and [v]the Ohio State University College of Medicine, Columbus; and [w]the Icahn School of Medicine at Mount Sinai, New York,

Disclosure of potential conflict of interest: J.A. Bernstein reports consulting and/or speaking for Mylan, ALK-Abelló, Pharvaris, Celldex Therapeutics, Ionis, Amgen, Blueprint Medicine, BioMarin Pharmaceutical, GSK, OptiNose, CSL Behring, KalVista Pharmaceuticals, Merck, GI, Allakos, Teva Pharmaceuticals, Akarin, Sanofi Regeneron, AstraZeneca, Novartis, Genentech, Pharming, BioCryst Pharmaceuticals, and Shire/Takeda. A.K. Ellis reports consulting for GSK; speaking for Bausch Health, ALK-Abelló, AstraZeneca, GSK, Pfizer, Medexus Pharmaceuticals, and CSL Behring; and serving on advisory board for AbbVie, ALK-Abelló, and Novartis. D.B.K. Golden reports consulting with ALK-Abelló, Thermo Fisher Scientific, LabCorp, Allergy Therapeutics, and Novartis; speaking for Genentech; serving on an advisory board for Aquestive Therapeutics; and clinical trials support from Regeneron, Pfizer, Merch, Roche, GSK, and Aimmune Therapeutics. M. Greenhawt reports serving on an advisory board for Allergy Therapeutics, Allergenis, Sanofi Regeneron, Pfizer, US World Meds, Prota Therapeutics, Aquestive, Novartis, Intrommune Therapeutics, and DBV Technologies. D.K. Ledford reports consulting with AstraZeneca/Amgen, GSK, and BioCryst; speaking for Sanofi Regeneron, Genentech, Abbot, AstraZeneca/Amgen, and GSK; and serving on an advisory board for AstraZeneca/Amgen. J. Lieberman reports speaking for Genentech and serving on advisory boards for ALK-Abelló, DBV, and Novartis. M. Shaker participated in research funded by DBV. W.W. Stevens reports serving on an advisory board for GSK. D.R. Stukus reports consulting with Before Brands, Integrity CE, Kaléo, and Novartis. A.U. Luong reports consulting with Stryker, Medtronic, Sanofi, and Lyra Therapeutics, and serving on advisory boards for AstraZeneca, ENTvantage Diagnostics, and GSK. Z.M. Soler reports on consulting for OptiNose, Lyra, and GSK. J. Wang reports consulting for ALK-Abelló, Jubilant HollisterStier, Food Allergy Research and Education, and Genentech. A.T. Peters reports consulting with OptiNose and Sanofi Regeneron, and serving on advisory boards for GSK and AstraZeneca. The rest of the authors declare that they have no relevant conflicts of interest.

Received for publication October 14, 2022; accepted for publication October 21, 2022.

Available online November 9, 2022.

Corresponding author: David B.K. Golden, MDCM, or Marcus S. Shaker, MD, MS, Joint Task Force on Allergy-Immunology Practice Parameters, 555 E Wells Street, Suite 1100, Milwaukee, WI 53212. E-mail: dbkgolden@gmail.com. Or: marcus.s.shaker@hitchcock.org.

0091-6749/$36.00

https://doi.org/10.1016/j.jaci.2022.10.026