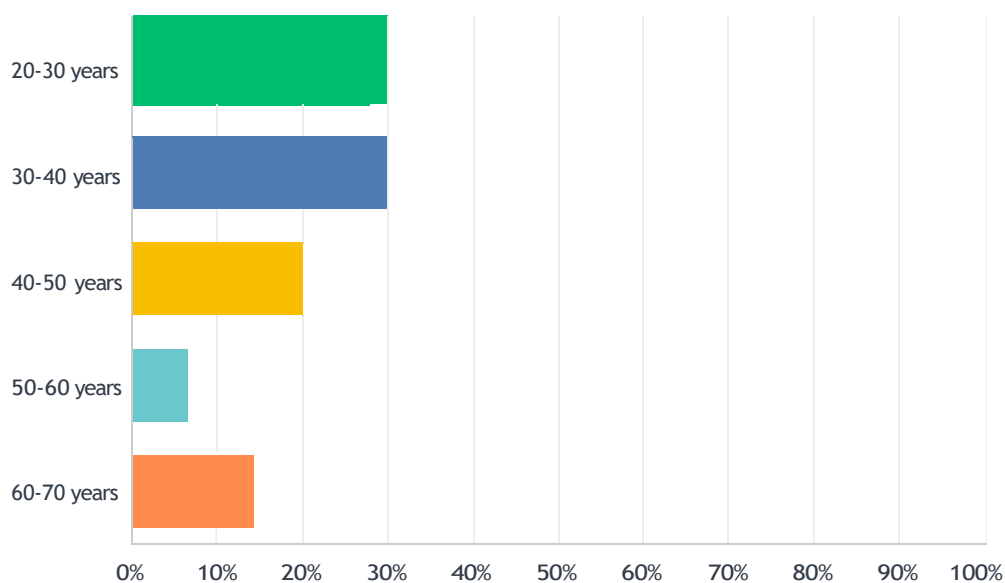


D1 Specialist's Age

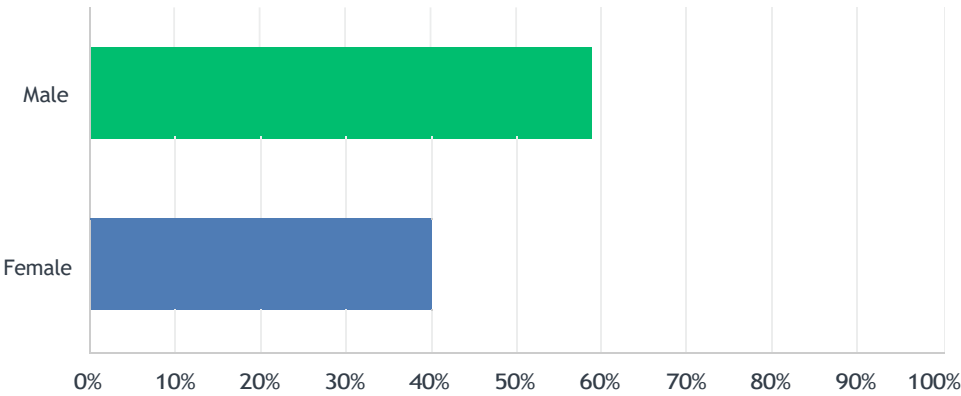
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RESPONSE OPTIONS	RESPONSES	
20-30 years	28.21%	33
30-40 years	29.91%	35
40-50 years	20.51%	24
50-60 years	6.84%	8
60-70 years	14.53%	17
TOTAL RESPONDERS		117

D2 Gender

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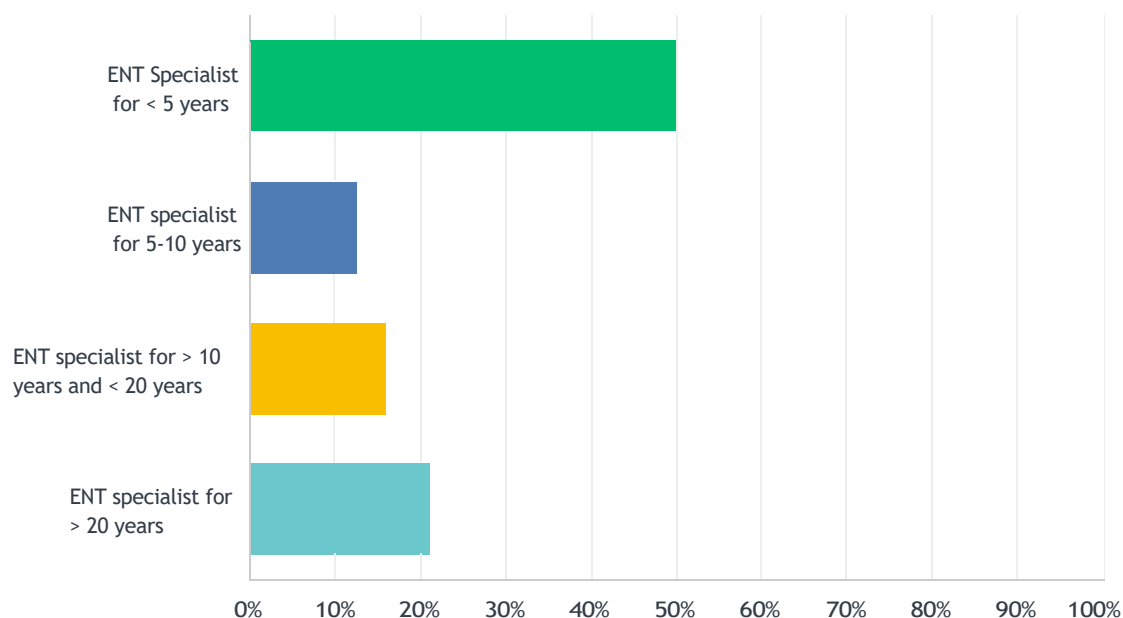


RESPONSE OPTIONS	RESPONSES	
Male	58.97%	69
Female	41.03%	48
TOTAL RESPONDERS		117

D3 I'm ...

Responses: 117

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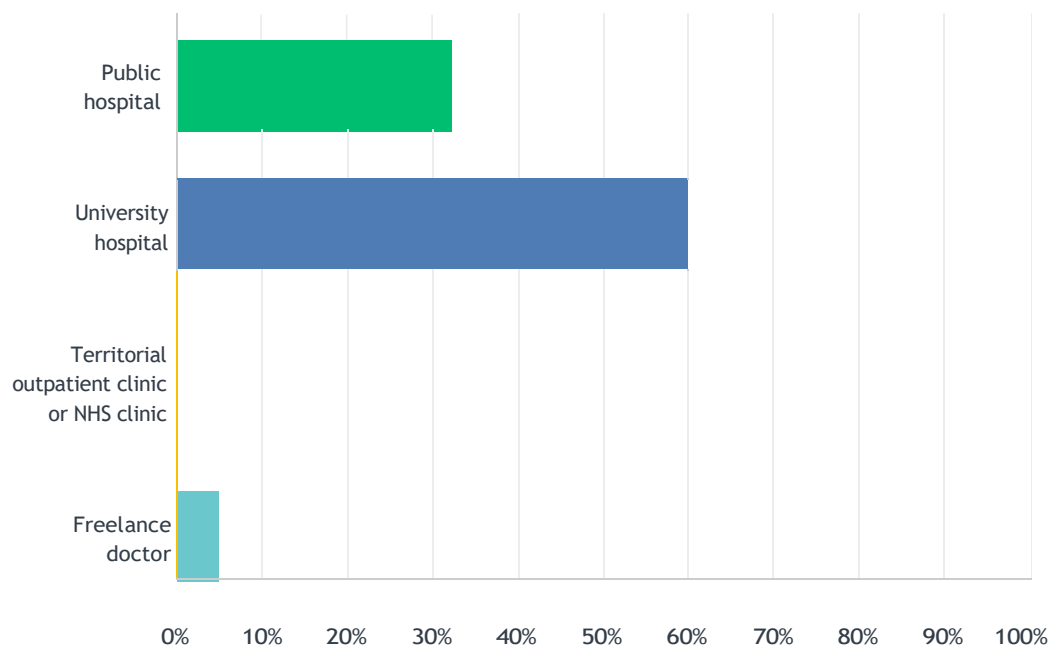


RESPONSE OPTIONS	RESPONSES	
ENT specialist for less than 5 years	49.57%	58
ENT specialist for 5 -10 years	12.82%	15
ENT specialist for more than 10 years and less than 20 years	16.24%	19
ENT specialist for more than 20 years	21.37%	25
TOTAL RESPONDERS		117

D4 I'm ENT specialist and I work at a:

Responses: 117

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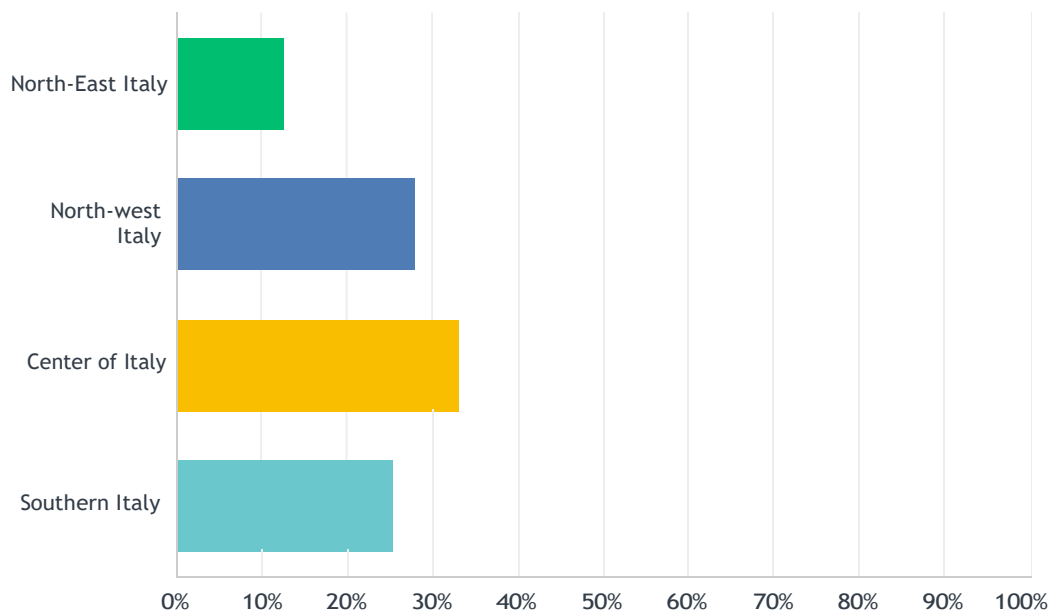


RESPONSE OPTIONS	RESPONSES	
Public hospital	32.48%	38
University Hospital	60.68%	71
Territorial outpatient clinic or NHS outpatient clinic	1.71%	2
Freelance Doctor	5.13%	6
TOTAL RESPONDERS		117

D5 The facility where I work is located in:

Responses: 117

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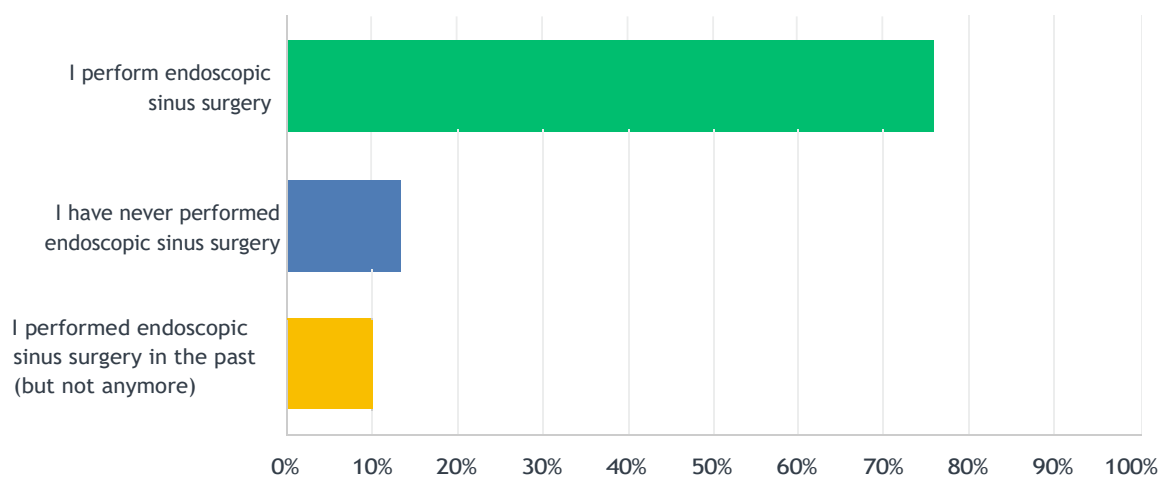


RESPONSE OPTIONS	RESPONSES	
North-east Italy	12.82%	15
North-west Italy	28.21%	33
Center of Italy	33.33%	39
Southern Italy	25.64%	30
TOTAL RESPONDERS		117

D6 Regarding endoscopic sinus surgery:

Responses: 117

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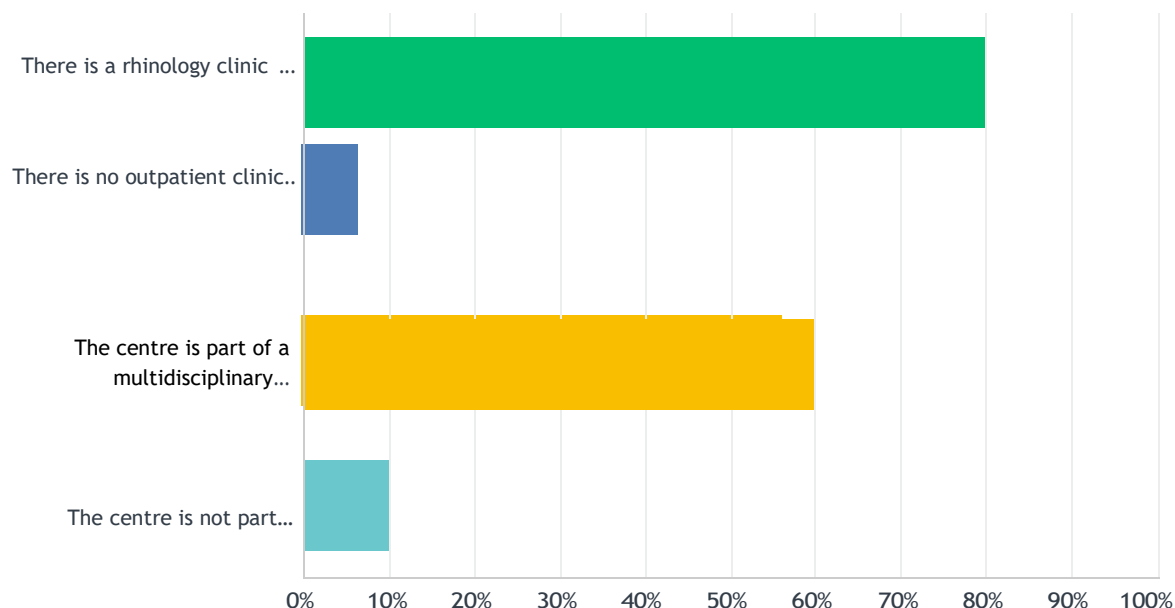


RESPONSE OPTIONS	RESPONSES	
I perform endoscopic naso-sinus surgery	76.07%	89
I have never performed endoscopic naso-sinus surgery	13.68%	16
I performed endoscopic naso-sinus surgery in the past (but not anymore)	10.26%	12
TOTAL RESPONDERS		117

D7 Which of the following better describe your center? (Multiple answers possible)

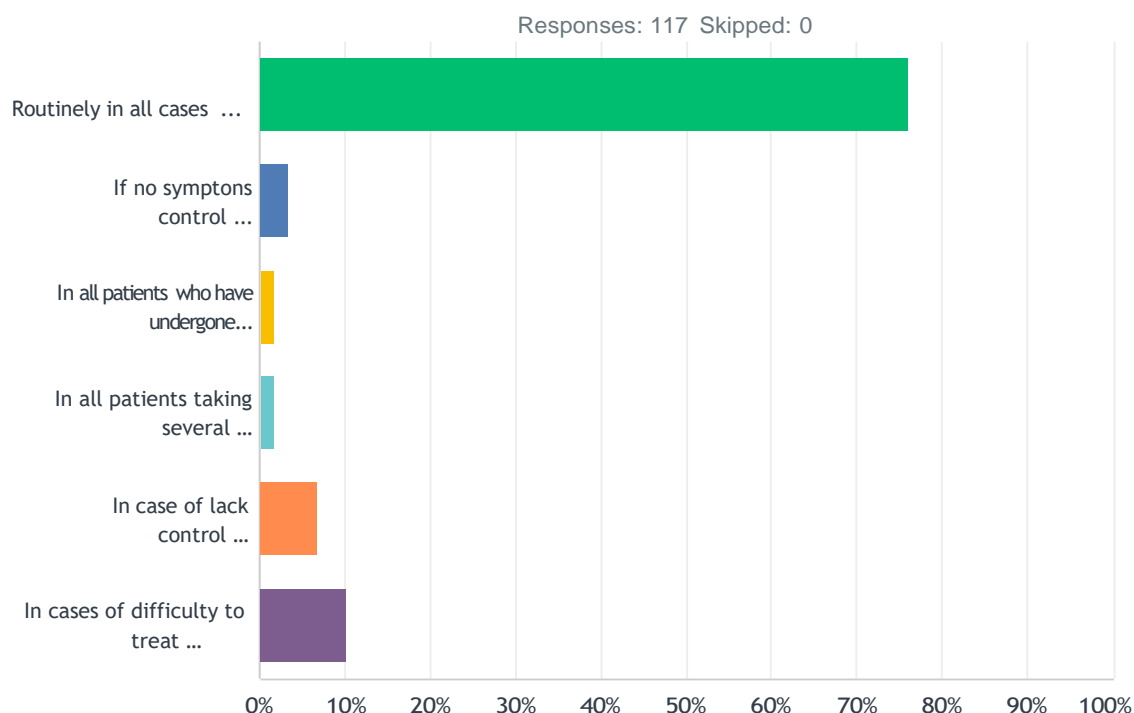
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RESPONSE OPTIONS	RESPONSES	
There is a rhinology clinic where patients with chronic recalcitrant rhinosinusitis are treated	79.49%	93
There is no outpatient clinic where patients with chronic recalcitrant rhinosinusitis are treated	6.84%	8
The center is part of a multidisciplinary collaboration network with allergists and pulmonologists	56.41%	66
The center is not part of a multidisciplinary collaboration network	9.40%	11
TOTAL RESPONDERS		117

D8 In your clinical practice do you carry out specific assessment for disease control in chronic rhinosinusitis? (Multiple answers possible)

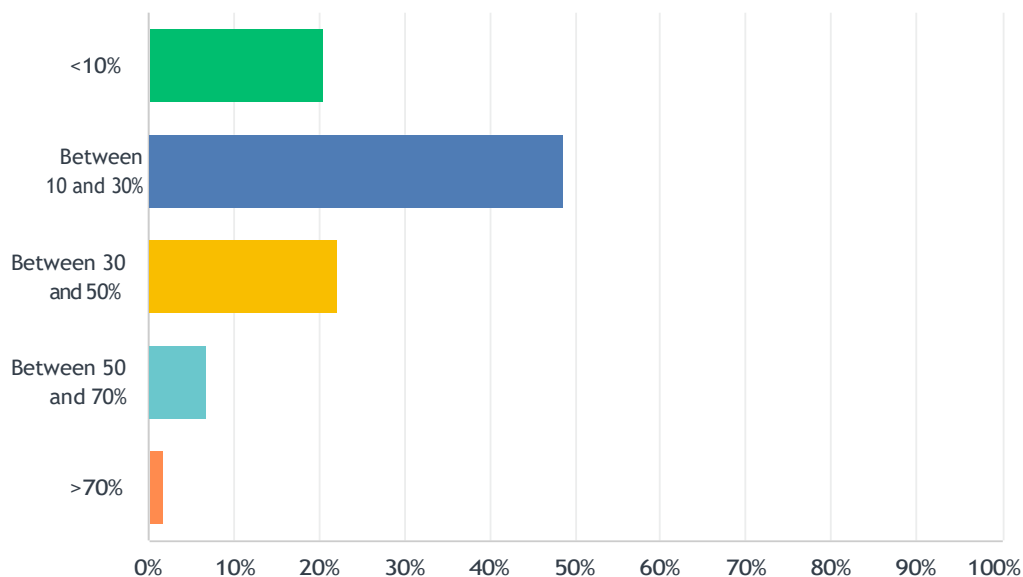


RESPONSE OPTIONS	RESPONSES	
Routinely in all cases of polyposis	76.07%	89
If no symptom control after surgery	3.42%	4
In all patients who have undergone multiple surgeries	1.71%	2
In all patients taking several courses of systemic corticosteroids	1.71%	2
In cases of difficult to treat CRSwNP in candidates for biological therapy	6.84%	8
	10.26%	12
TOTAL RESPONDERS		117

D9 In your routine clinical practice, what is the percentage of patients with severe CRSwNP who are not controlled by systemic corticosteroids?

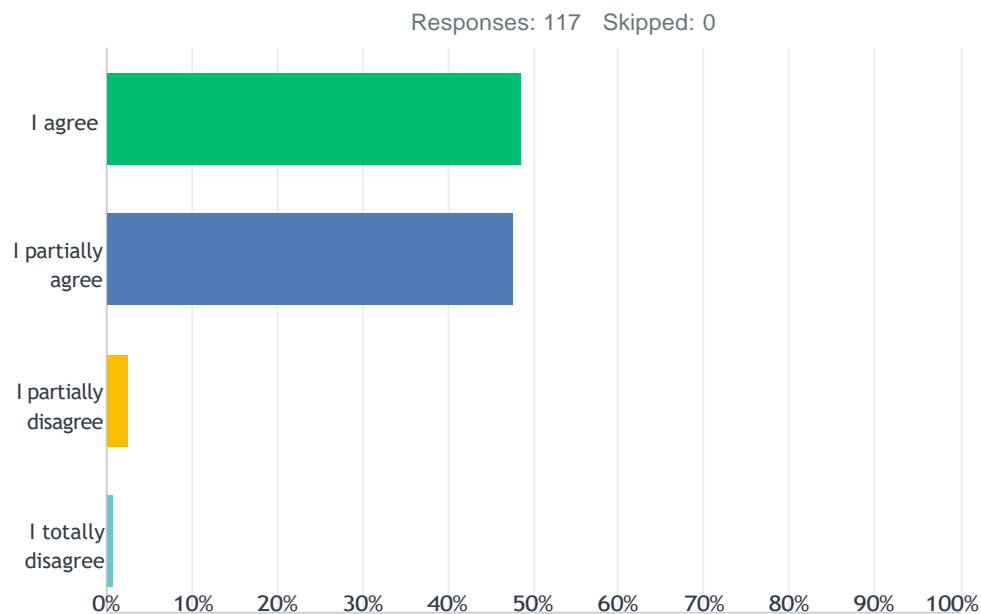
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RESPONSE OPTIONS	RESPONSES	
<10%	20.51%	24
Between 10 and 30%	48.72%	57
Between 30 and 50%	22.22%	26
Between 50 and 70%	6.84%	8
>70%	1.71%	2
TOTAL RESPONDERS		117

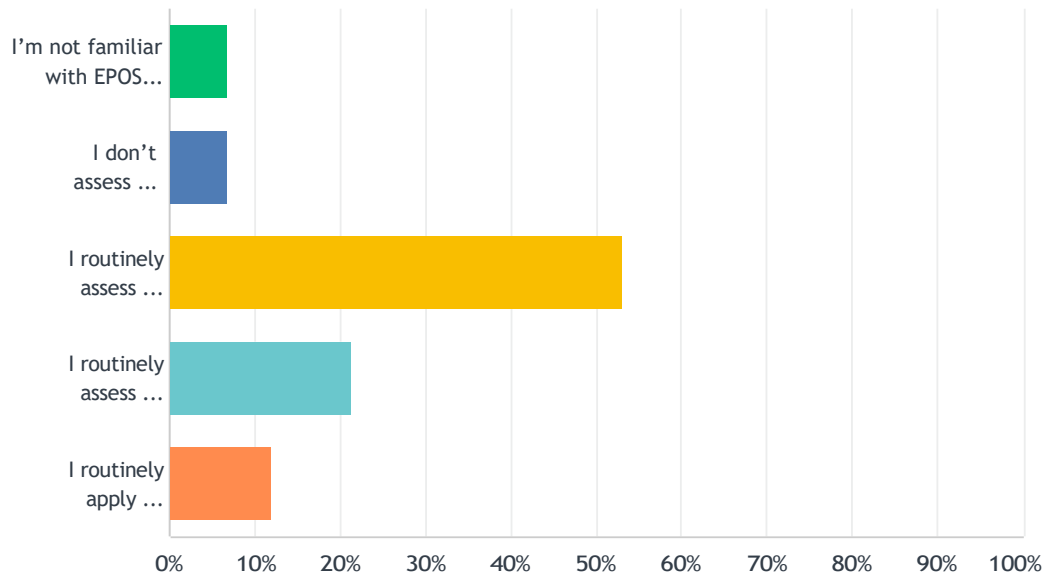
D10 Do you believe that national and international guidelines provide useful clinical indications to define disease control in CRSwNP in clinical practice?



RESPONSE OPTIONS	RESPONSES	
I agree	48.72%	57
I partially agree	47.86%	56
I partially disagree	2.56%	3
I totally disagree	0.85%	1
TOTAL RESPONDERS		117

D11 Do you apply the indications in the EPOS 2020 guidelines in clinical practice to evaluate disease control?

Responses: 117 Skipped: 0

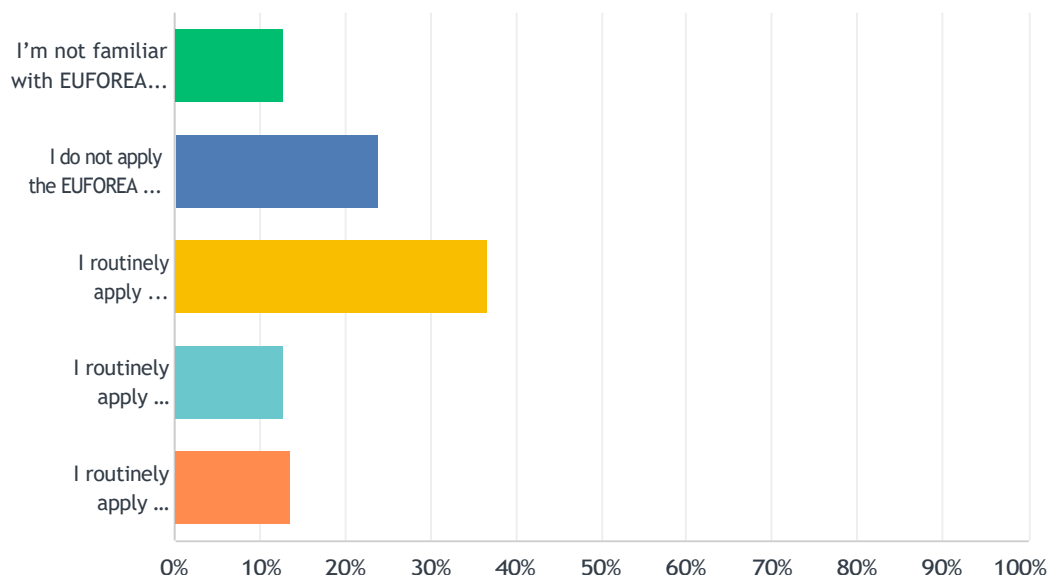


RESPONSE OPTIONS	RESPONSES	
I am not familiar with the EPOS 2020 guidelines	6.84%	8
I do not assess disease control according to the EPOS 2020 guidelines in clinical practice	6.84%	8
I routinely assess disease control as suggested by EPOS 2020 in all patients with CRSwNP	52.99%	62
I routinely assess disease control as suggested by EPOS 2020 in difficult to treat cases	21.37%	25
I routinely apply disease control assessment in candidates for a biological treatment	11.97%	14
TOTAL RESPONDERS	117	

D12 Do you apply the indications of EUFOREA in clinical practice to define severe uncontrolled disease?

Responses: 117

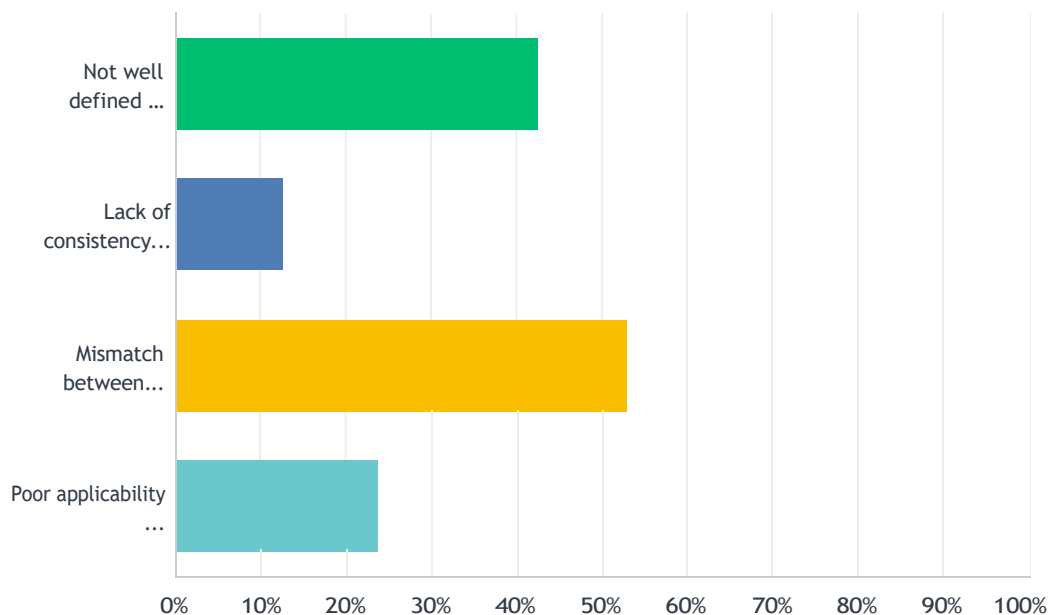
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RESPONSE OPTIONS	RESPONSES
I am not familiar with the EUFOREA guidelines	12.82% 15
I do not apply the indications of EUFOREA to define severe uncontrolled disease in patients with CRSwNP	23.93% 28
I routinely apply the indications of EUFOREA to define severe uncontrolled disease in patients with CRSwNP	36.75% 43
I routinely apply the indications of EUFOREA to define severe uncontrolled disease in difficult to treat cases	12.82% 15
I routinely apply the indications of EUFOREA to define severe uncontrolled disease in candidates for a biological treatment	13.68% 16
TOTAL RESPONDERS	117

D13 In which aspects are GUIDELINES lacking considering the definition of non-control in CRSwNP? (Multiple answers possible)

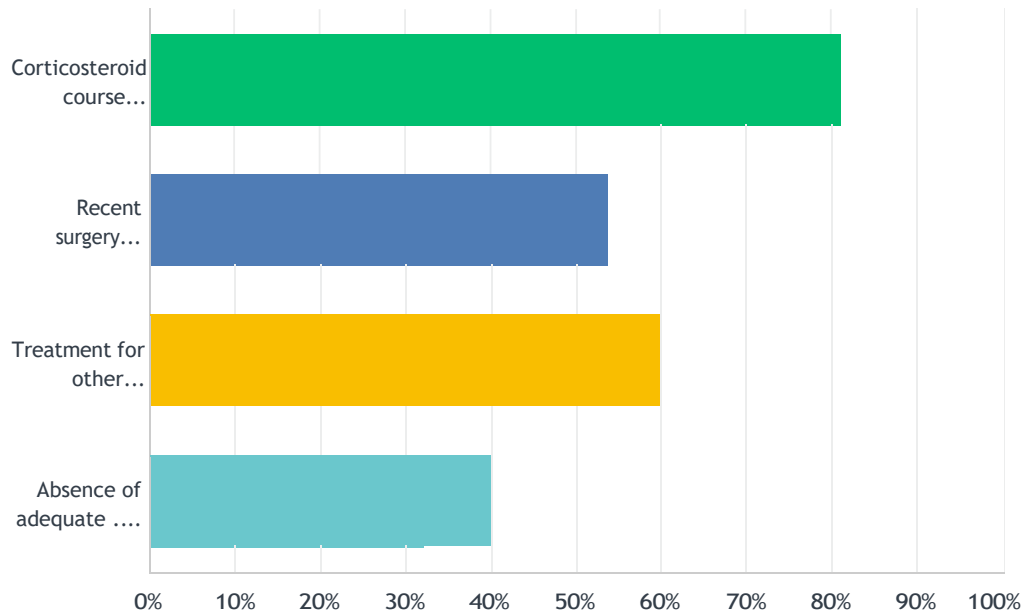
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RESPONSE OPTIONS	RESPONSES	
The characteristics of the uncontrolled patients are not well defined	42.74%	50
Lack of consistency between different sources	12.82%	15
Mismatch between cut-off scores	52.99%	62
Poor applicability in clinical practice	23.93%	28
TOTAL RESPONDENTS		117

D14 Which of the following aspects can influence assessment of non-control in CRSwNP (multiple answers possible):

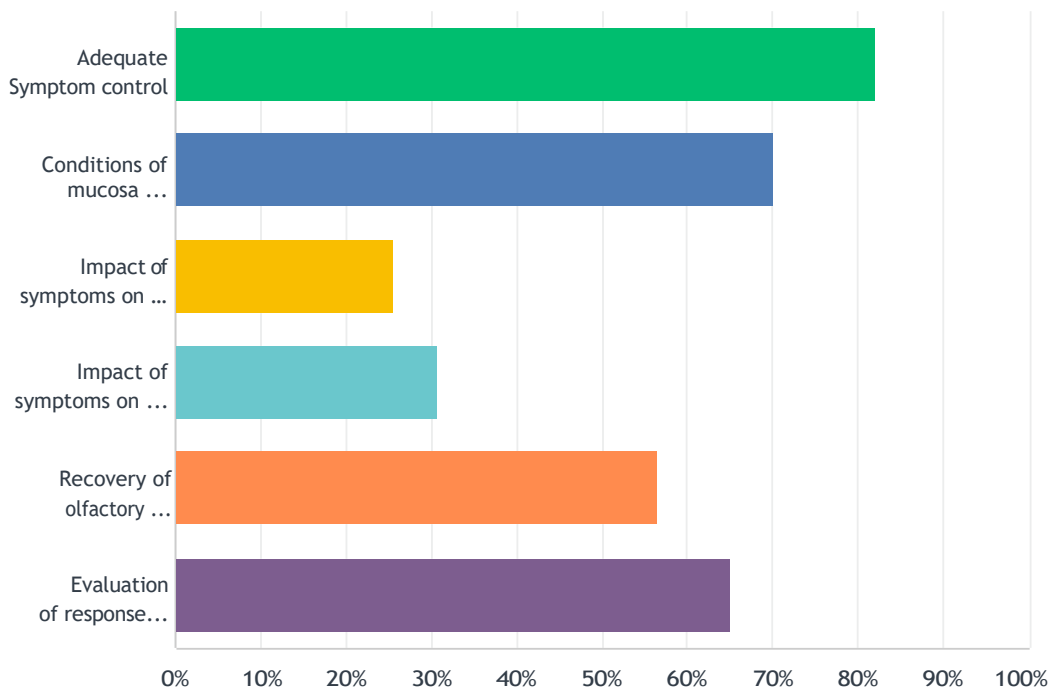
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RESPONSE OPTIONS	RESPONSES	
Corticosteroid course close to or concurrent with evaluation	81.20%	95
Recent surgery	53.85%	63
Treatment for other comorbidities (related or unrelated)	59.83%	70
Absence of adequate diagnostic tools	32.48%	38
TOTAL RESPONDERS		117

D15 Which of these criteria do you consider important in assessing disease control in CRSwNP in your clinical practice? (Multiple answers possible)

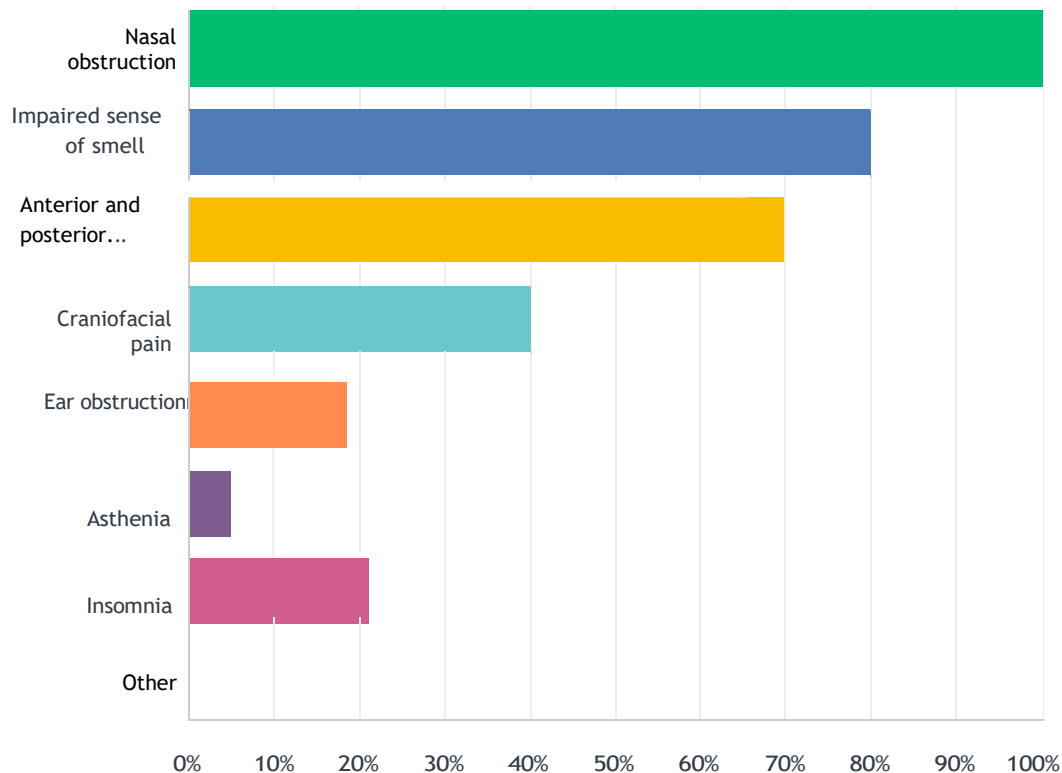
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RESPONSE OPTIONS	RESPONSES
Adequate symptom control	82.05% 96
Condition of mucosa assessed endoscopically (secretions and polypoid neoformations)	70.09% 82
Impact of symptoms on sleep	25.64% 30
Impact of symptoms on job performance	30.77% 36
Recovery of olfactory functionality	56.41% 66
Evaluation of response to previous treatments (corticosteroids, surgery o biological threapies)	64.96% 76
TOTAL RESPONDERS	117

D16 In your clinical practice, which symptoms do you think are most important in defining non-control in CRSwNP? (Multiple answers possible)

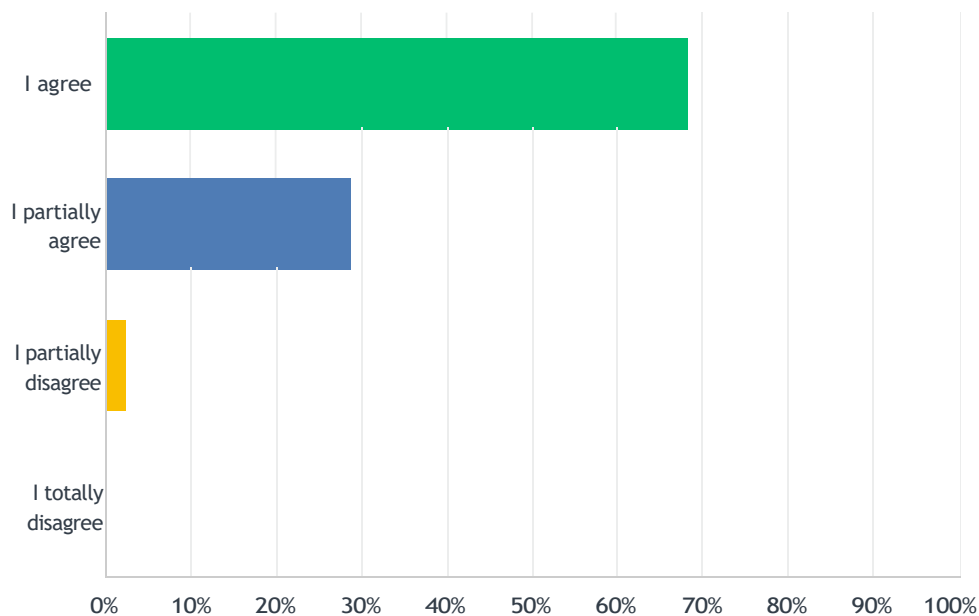
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RESPONSE OPTIONS	RESPONSES	
Nasal obstruction	94.02%	110
Impaired sense of smell	80.34%	94
Anterior and posterior rhinorrhea	64.96%	76
Craniofacial pain	41.03%	48
Ear obstruction	18.80%	22
Asthenia	5.13%	6
Insomnia	21.37%	25
Other	0.00%	0
TOTAL RESPONDERS		117

D17 In your clinical practice, do you think it is important to have a well-defined score and a relative cut-off for each symptom that defines non-control in CRSwNP?

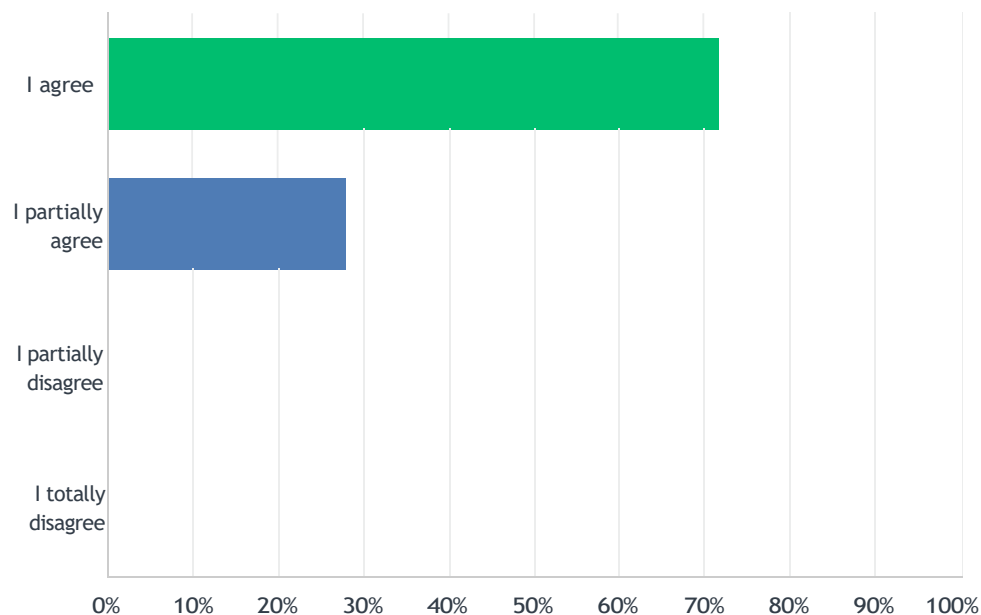
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RESPONSE OPTIONS	RESPONSES	
I agree	68.38%	80
I partially agree	29.06%	34
I partially disagree	2.56%	3
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D18 To what extent do you agree that the main symptoms to consider are nasal obstruction, rhinorrhea and smell, to define an uncontrolled patient?

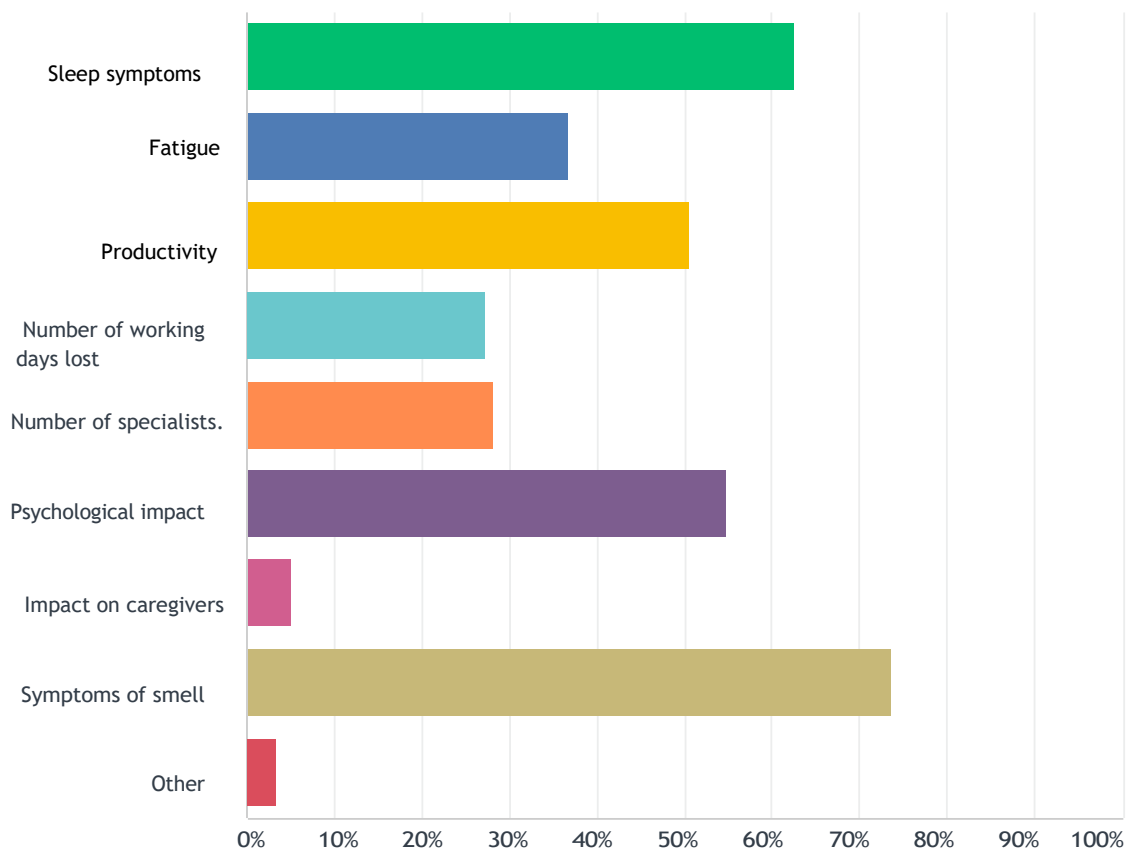
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RESPONSE OPTIONS	RESPONSES	
I agree	71.79%	84
I partially agree	28.21%	33
I partially disagree	0.00%	0
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D19 In your clinical practice, which aspects of QoL do you consider most important to define non-control in severe CRSwNP in surgically-naive patients (multiple answers possible):

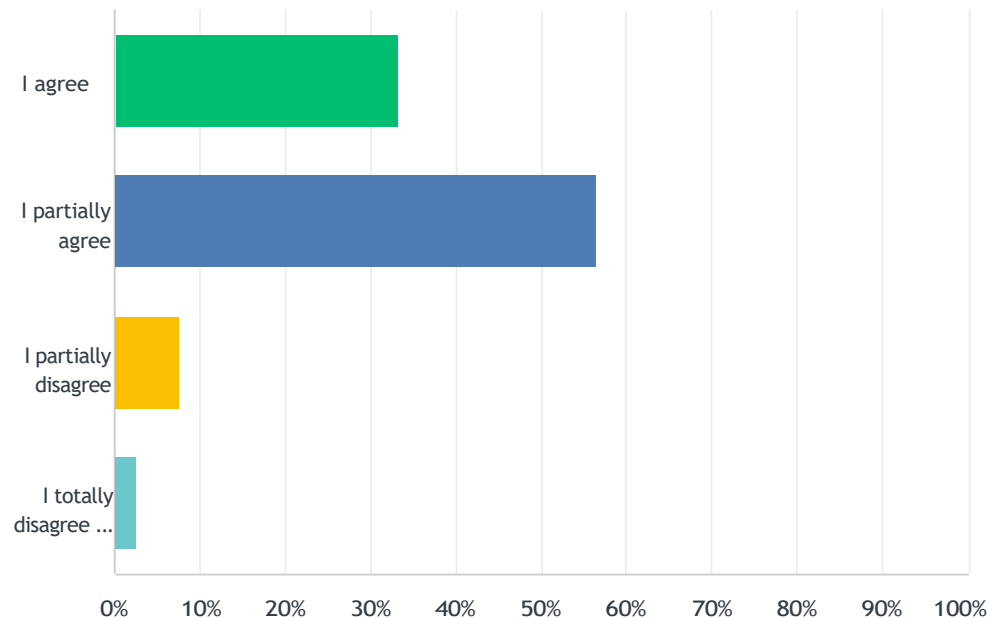
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RESPONSE OPTIONS	RESPONSES	
Sleep symptoms	62.39%	73
Fatigue	36.75%	43
Productivity	50.43%	59
Number of working days lost	27.35%	32
Number of specialist visit per year	28.21%	33
Psychological impact	54.70%	64
Impact on caregivers	5.13%	6
Symptoms of smell	73.50%	86
Other	3.42%	4
TOTAL RESPONDERS	117	

D20 Do you agree with the statement that the most important QoL aspects to consider in the specific evaluation of non-control are: asthenia, sleep quality and productivity at work? (Multiple answers possible)

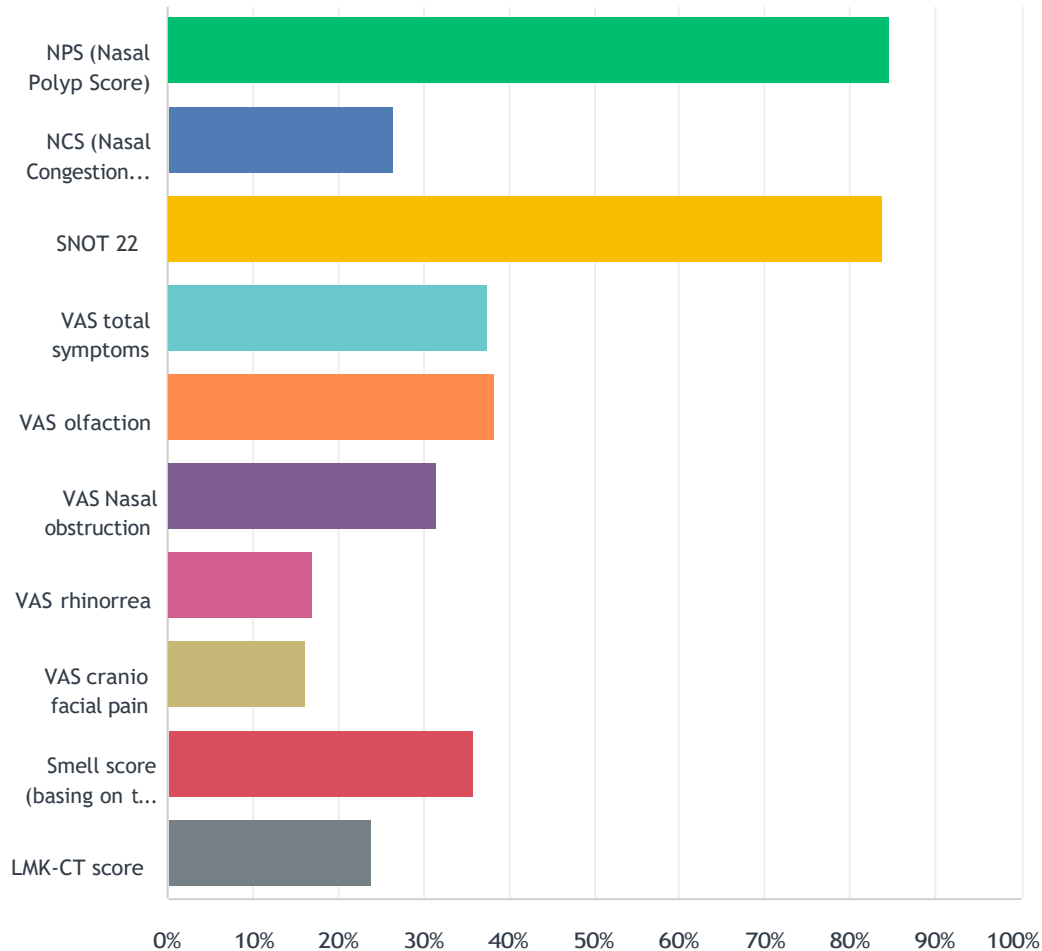
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	33.33%	39
I partially agree	56.41%	66
I partially disagree	7.69%	9
I totally disagree	2.56%	3
TOTAL RESPONDERS		117

D21 Which of the following parameters do you think can help in defining a severe uncontrolled form? (multiple)

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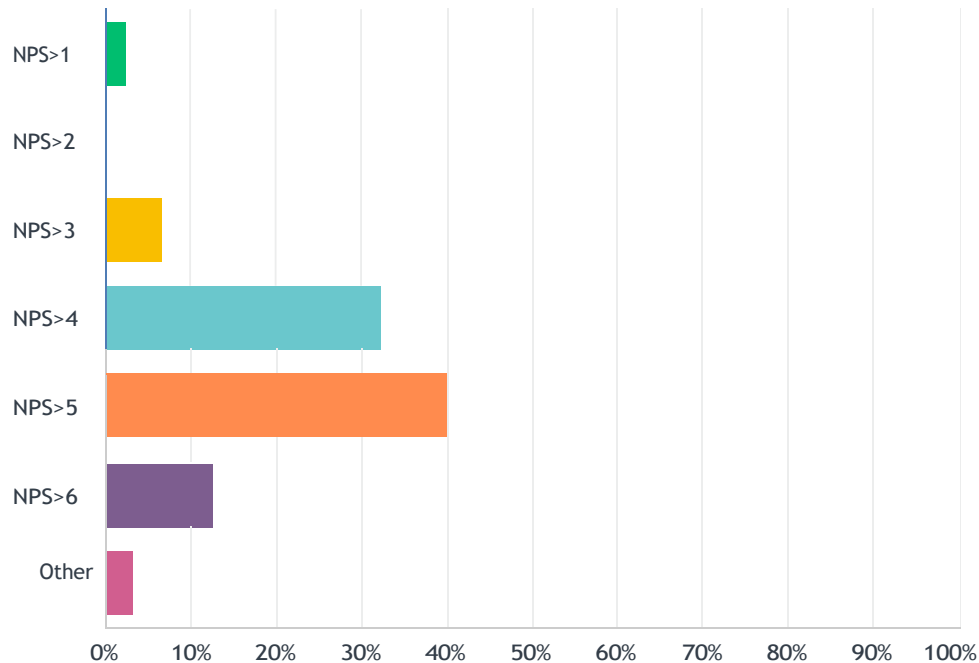


RESPONSE OPTIONS	RESPONSES	
NPS (Nasal Polyp Score)	84.62%	99
NCS (Nasal Congestion Score)	26.50%	31
SNOT 22	83.76%	98
VAS total symptoms	37.61%	44
VAS olfaction	38.46%	45
VAS Nasal obstruction	31.62%	37
VAS rhinorrhea	17.09%	20
VAS cranio facial pain	16.24%	19
Smell score (basing on the test used)	35.90%	42
LMK-CT score	23.93%	28
TOTAL RESPONDENTS		117

D22 Regarding NPS, which of these values do you think is the most suitable to define a severe uncontrolled form?

Responses: 117

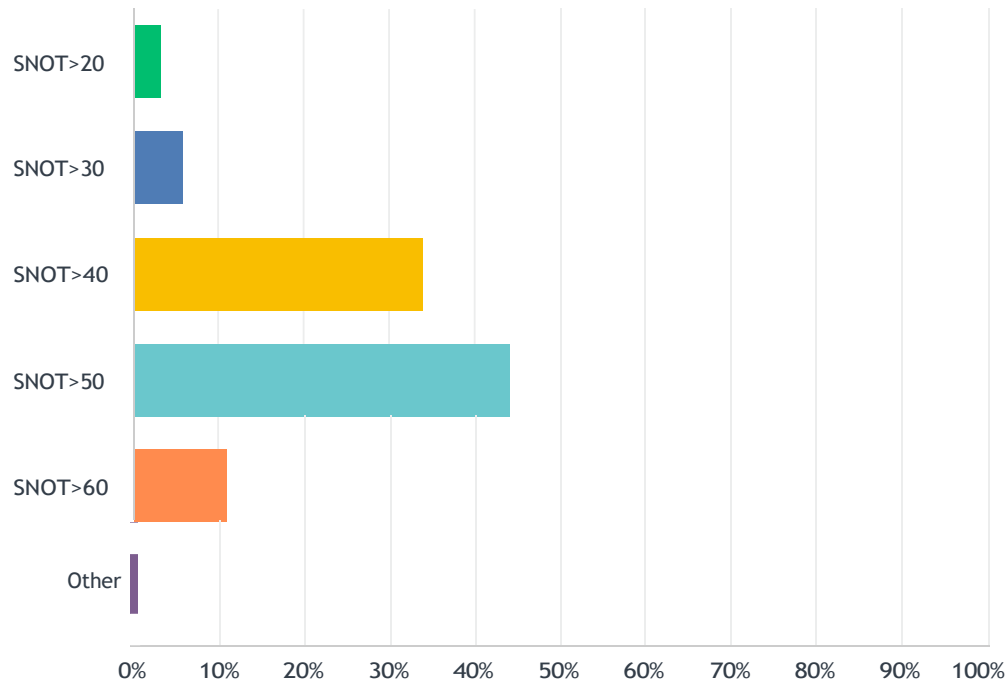
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RESPONSE OPTIONS	RESPONSES	
NPS>1	2.56%	3
NPS>2	1.71%	2
NPS>3	6.84%	8
NPS>4	32.48%	38
NPS>5	40.17%	47
NPS>6	12.82%	15
Other	3.42%	4
TOTAL RESPONDERS		117

D23 Regarding SNOT-22 which of these values do you think is more suitable to define a severe uncontrolled form?

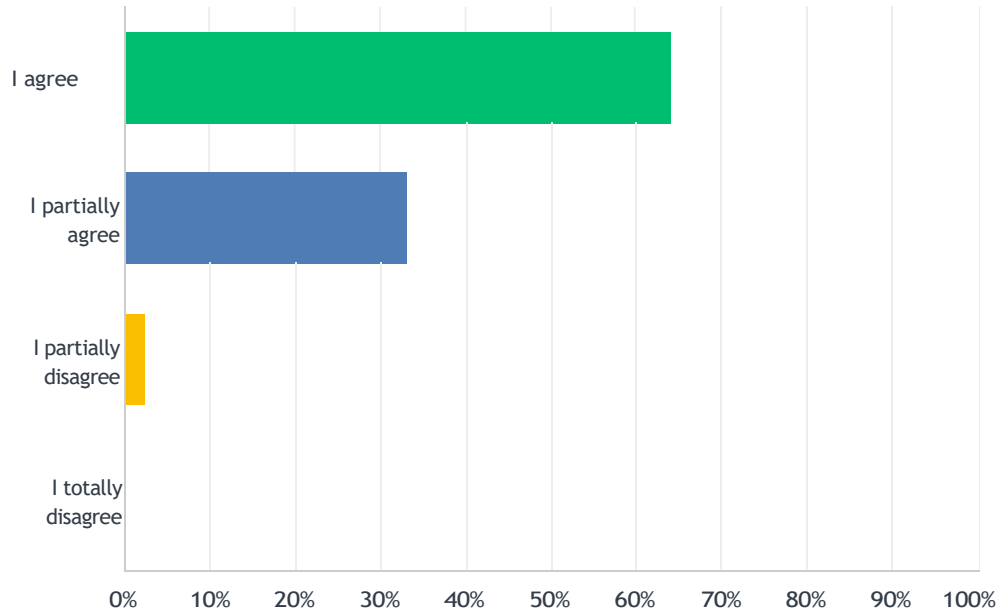
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RESPONSE OPTIONS	RESPONSES	
SNOT>20	3.42%	4
SNOT>30	5.98%	7
SNOT>40	34.19%	40
SNOT>50	44.44%	52
SNOT>60	11.11%	13
Other	0.85%	1
TOTAL RESPONDERS		117

D24 In assessing QoL with SNOT-22, non-specific sinus domains should be evaluated since they are closely related to disease

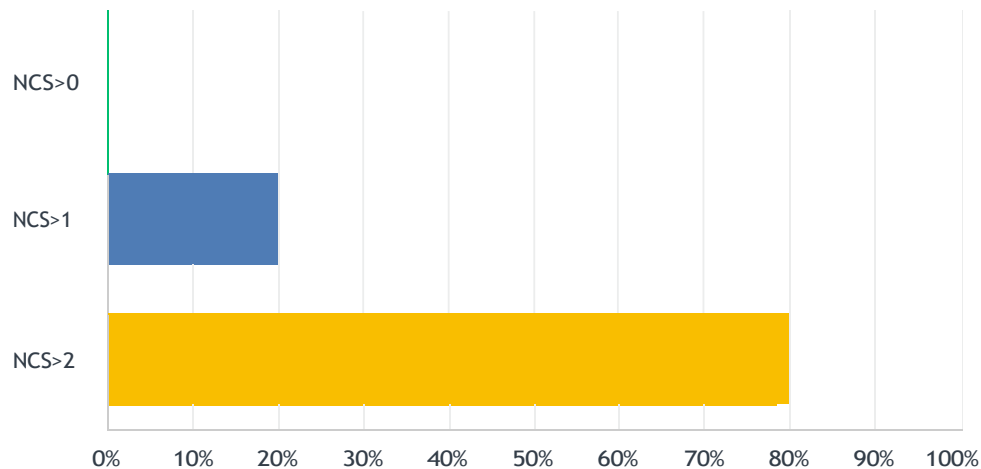
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RESPONSE OPTIONS	RESPONSES	
I agree	64.10%	75
I partially agree	33.33%	39
I partially disagree	2.56%	3
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D25 With regard to the NCS, which of these values do you think is most suitable for defining a severe, uncontrolled form?

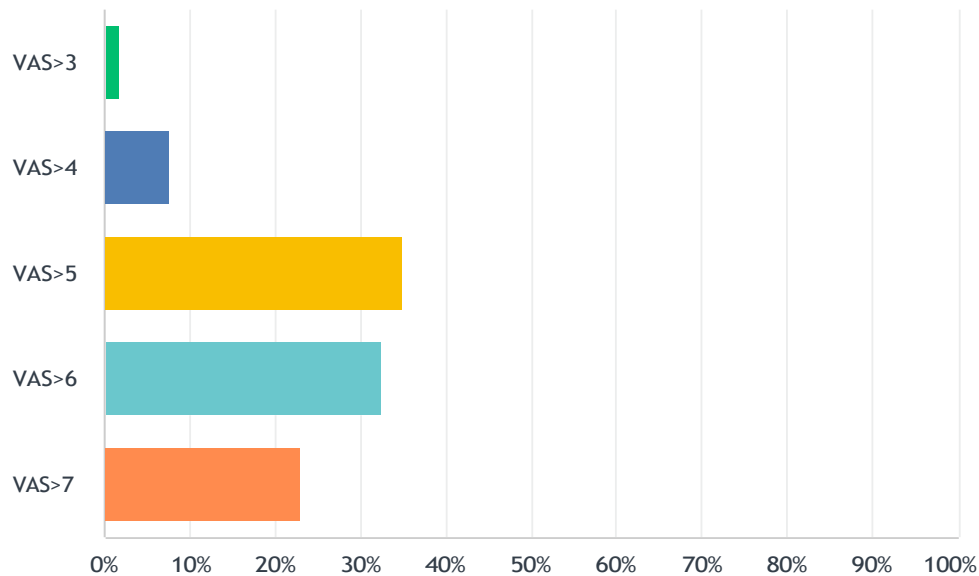
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RESPONSE OPTIONS	RESPONSES	
NCS>0	1.71%	2
NCS>1	19.66%	23
NCS>2	78.63%	92
TOTAL RESPONDERS		117

D26 With regard to VAS total symptoms or specific for symptoms, which of these values do you think is more suitable to define a severe uncontrolled form?

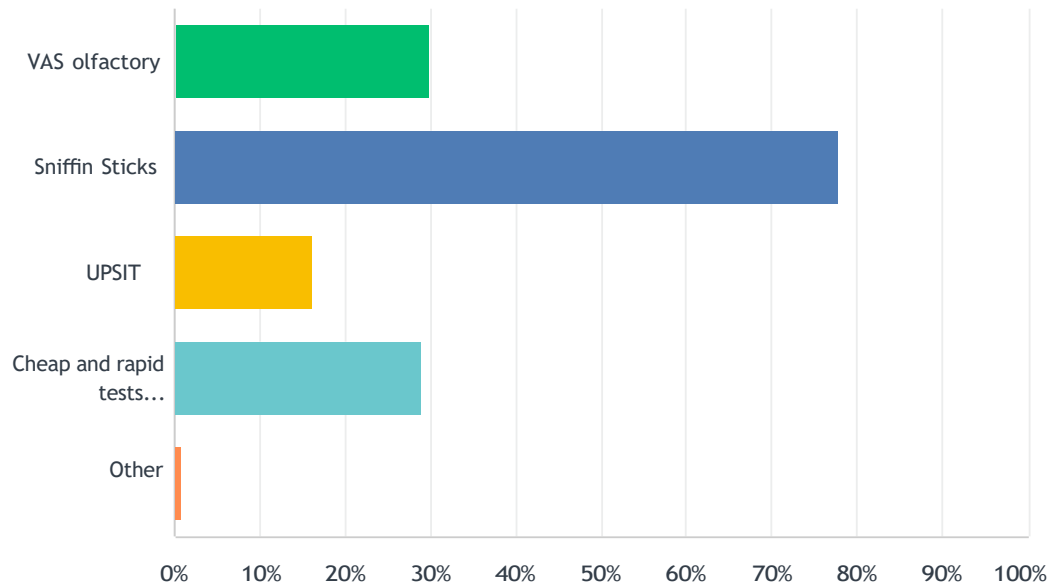
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RESPONSE OPTIONS	RESPONSES	
VAS>3	1.71%	2
VAS>4	7.69%	9
VAS>5	35.04%	41
VAS>6	32.48%	38
VAS>7	23.08%	27
TOTAL RESPONDERS		117

D27 What do you think is the best way to assess olfaction during specific assessment for disease control? (multiple answers possible)

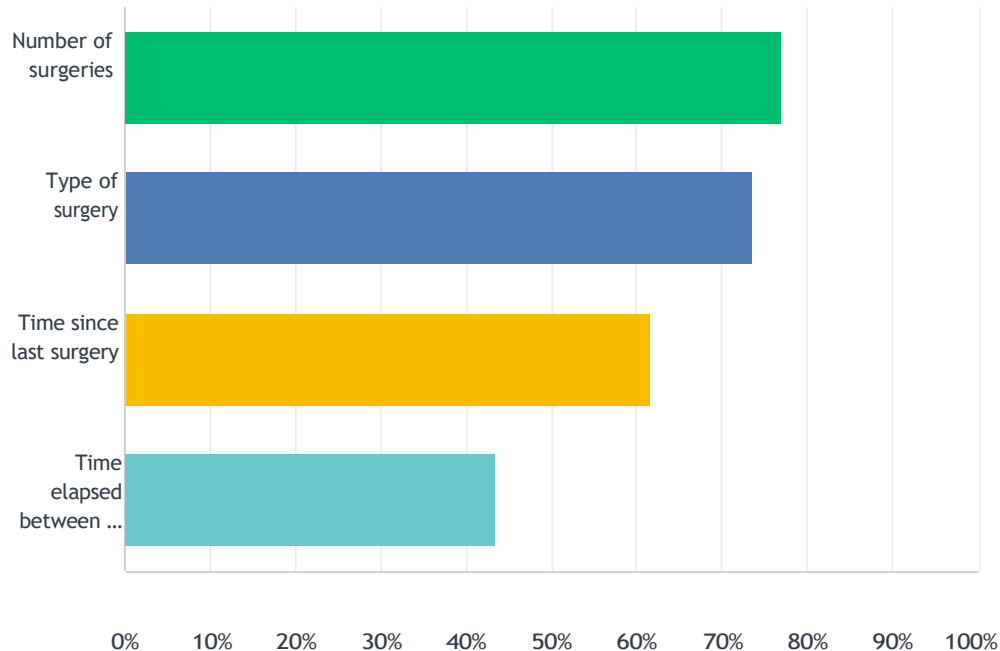
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RESPONSE OPTIONS	RESPONSES	
VAS olfactory	29.91%	35
Sniffin Sticks	77.78%	91
UPSIT	16.24%	19
Cheap and rapid semi-objective tests are needed	29.06%	34
Other	0.85%	1
TOTAL RESPONDERS		117

D28 Considering previous surgeries, what do you think it is necessary to assess? (multiple answers possible)

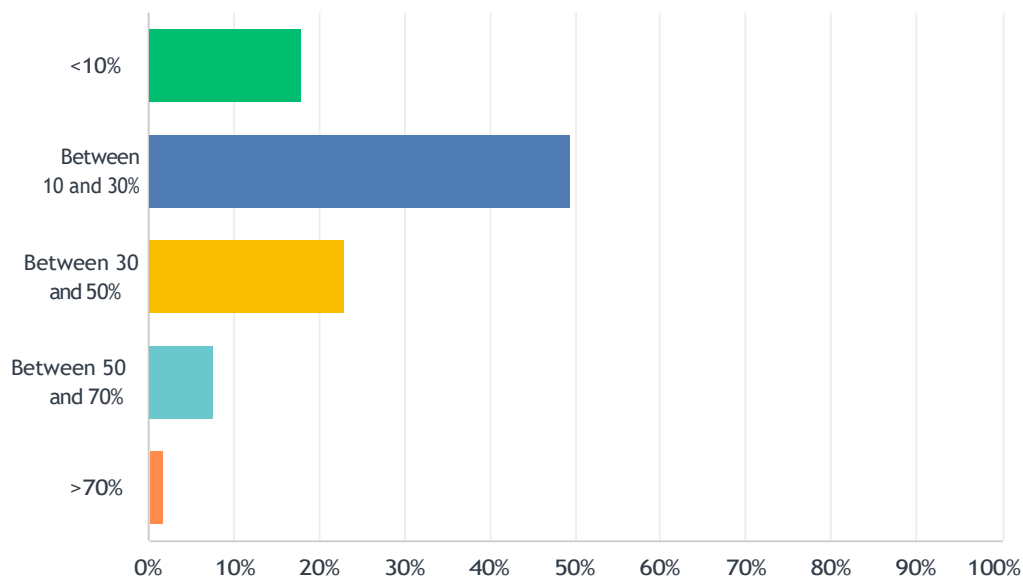
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RESPONSE OPTIONS	RESPONSES	
Number of surgeries	76.92%	90
Type of surgery	73.50%	86
Time since last surgery	61.54%	72
Time elapsed between different surgeries	43.59%	51
TOTAL RESPONDENTS		117

D29 What percentage of CRSwNP patients are uncontrolled after surgery in your practice?

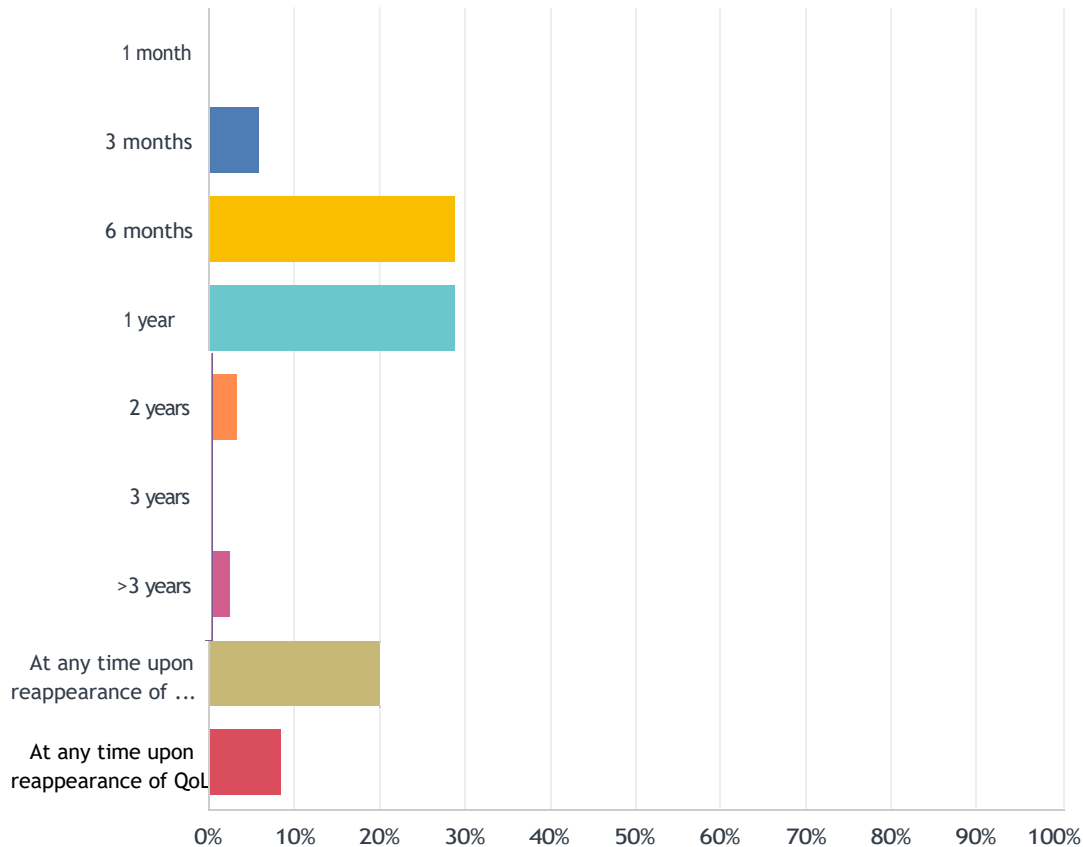
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RESPONSE OPTIONS	RESPONSES	
<10%	17.95%	21
Between 10 and 30%	49.57%	58
Between 30 and 50%	23.08%	27
Between 50 and 70%	7.69%	9
>70%	1.71%	2
TOTAL RESPONDERS		117

D30 In your clinical practice, how long after the last intervention can it be held that surgery does not guarantee patient control?

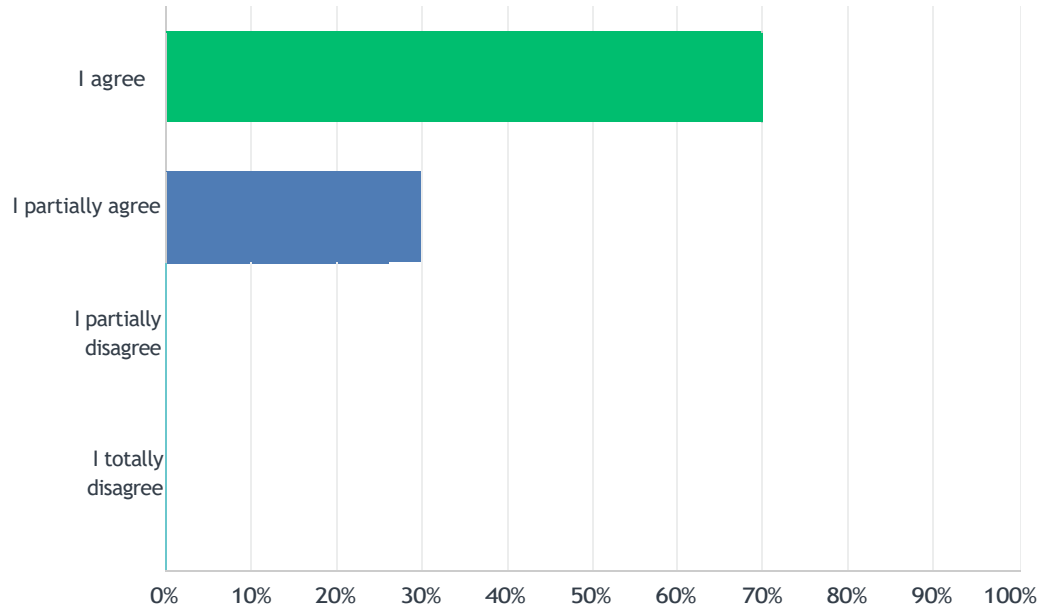
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RESPONSE OPTIONS	RESPONSES	
1 month	0.00%	0
3 months	5.98%	7
6 months	29.06%	34
1 year	29.06%	34
2 years	3.42%	4
3 years	0.85%	1
>3 years	2.56%	3
At any time upon reappearance of objectivity on endoscopy (NPS)	20.51%	24
At any time upon reappearance of QoL symptoms (SNOT 22)	8.55%	10
TOTAL RESPONDERS		117

D31 To what extent do you agree that a patient, to be defined as uncontrolled, must have received adequate surgical treatment?

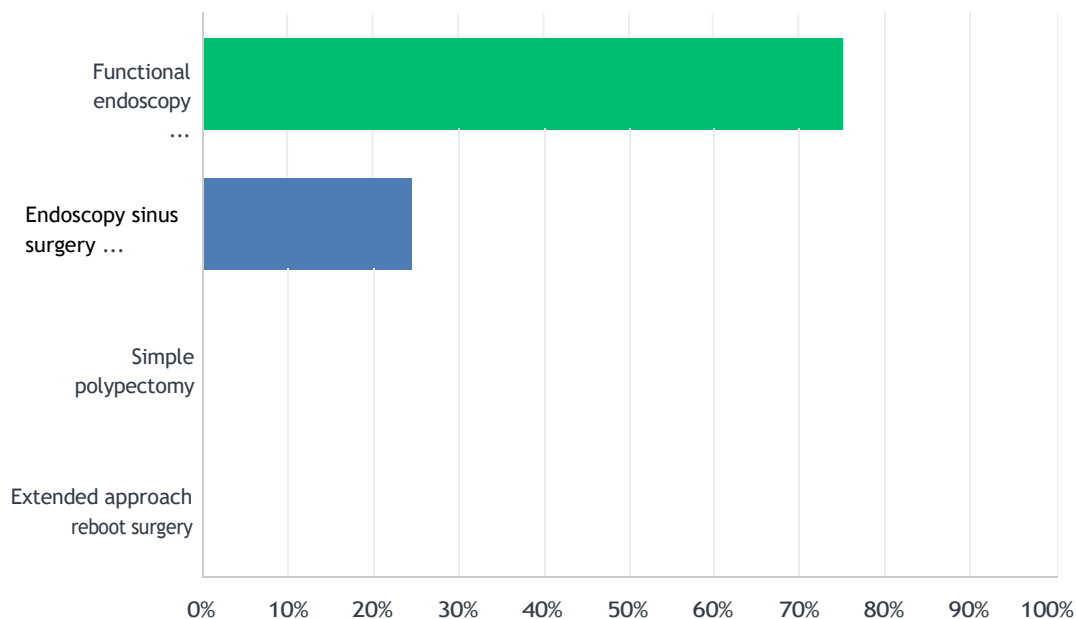
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RESPONSE OPTIONS	RESPONSES	
I agree	70.09%	82
I partially agree	26.50%	31
I partially disagree	1.71%	2
I totally disagree	1.71%	2
TOTAL RESPONDERS		117

D32 In your clinical practice, how do you define adequate surgical therapy?

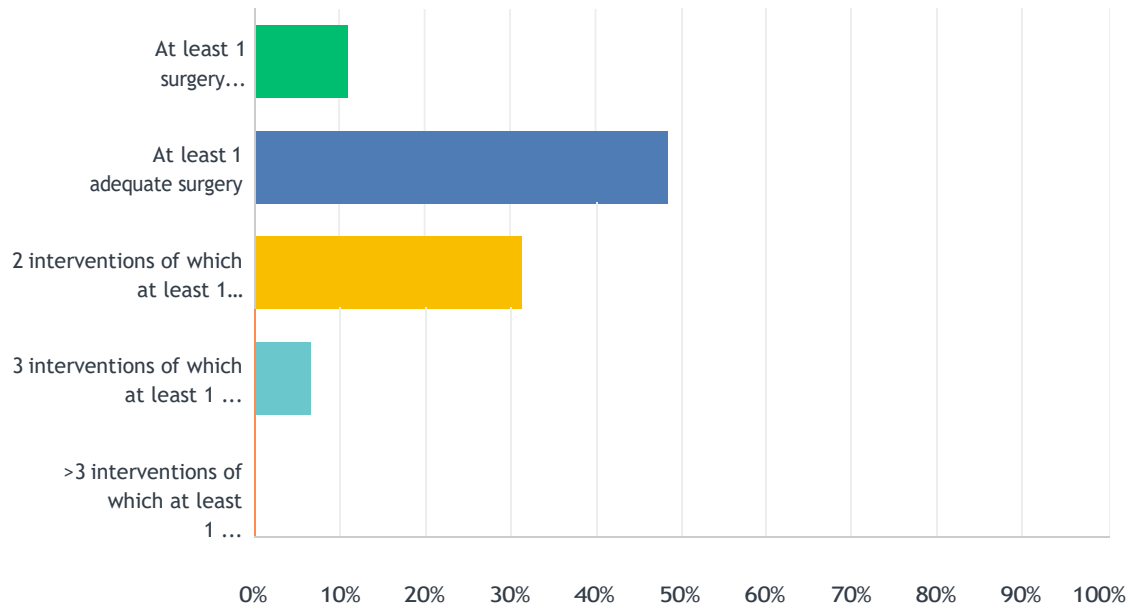
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RESPONSE OPTIONS	RESPONSES	
Functional endoscopic sinus surgery with preservation of the middle turbinate (FESS)	75.21%	88
Endoscopic sinus surgery with removal of the middle turbinate (ESS)	24.79%	29
Simple polypectomy	0.00%	0
Extended approach reboot surgery	0.00%	0
TOTAL RESPONDERS		117

D33 In your clinical practice, after how many operations can it be held that surgery does not ensure patient control?

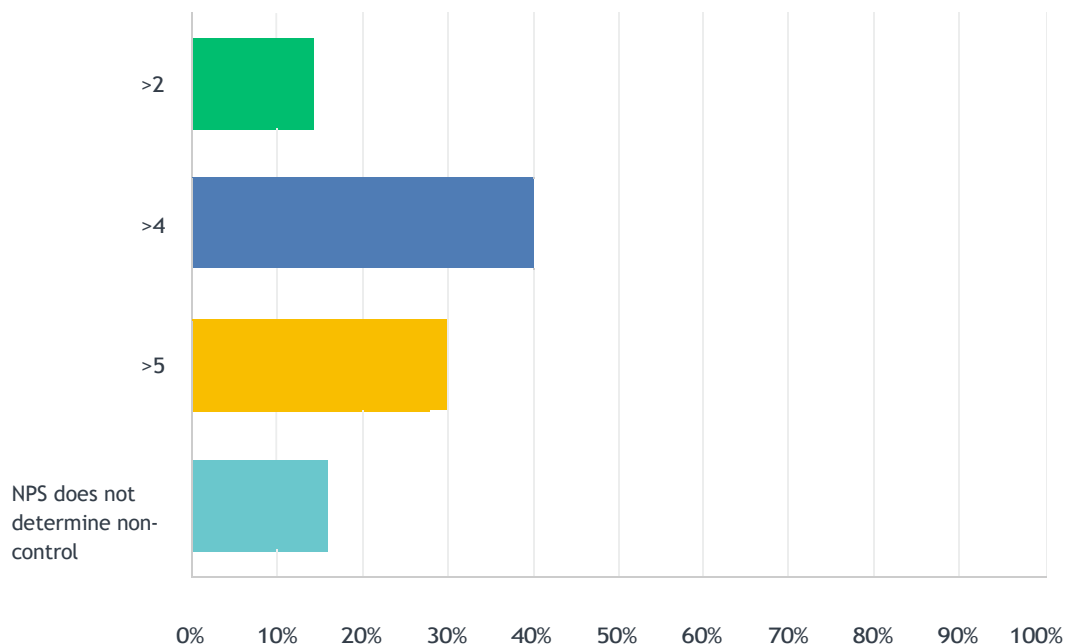
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RESPONSE OPTIONS	RESPONSES	
At least 1 surgery	11.11%	13
At least 1 adequate surgery	48.72%	57
2 interventions of which at least 1 adequate	31.62%	37
3 interventions of which at least 1 adequate	6.84%	8
>3 interventions of which at least 1 adequate	1.71%	2
TOTAL RESPONDERS		117

D34 In a patient who has already undergone at least one surgery, which NPS score can determine a state of non-control?

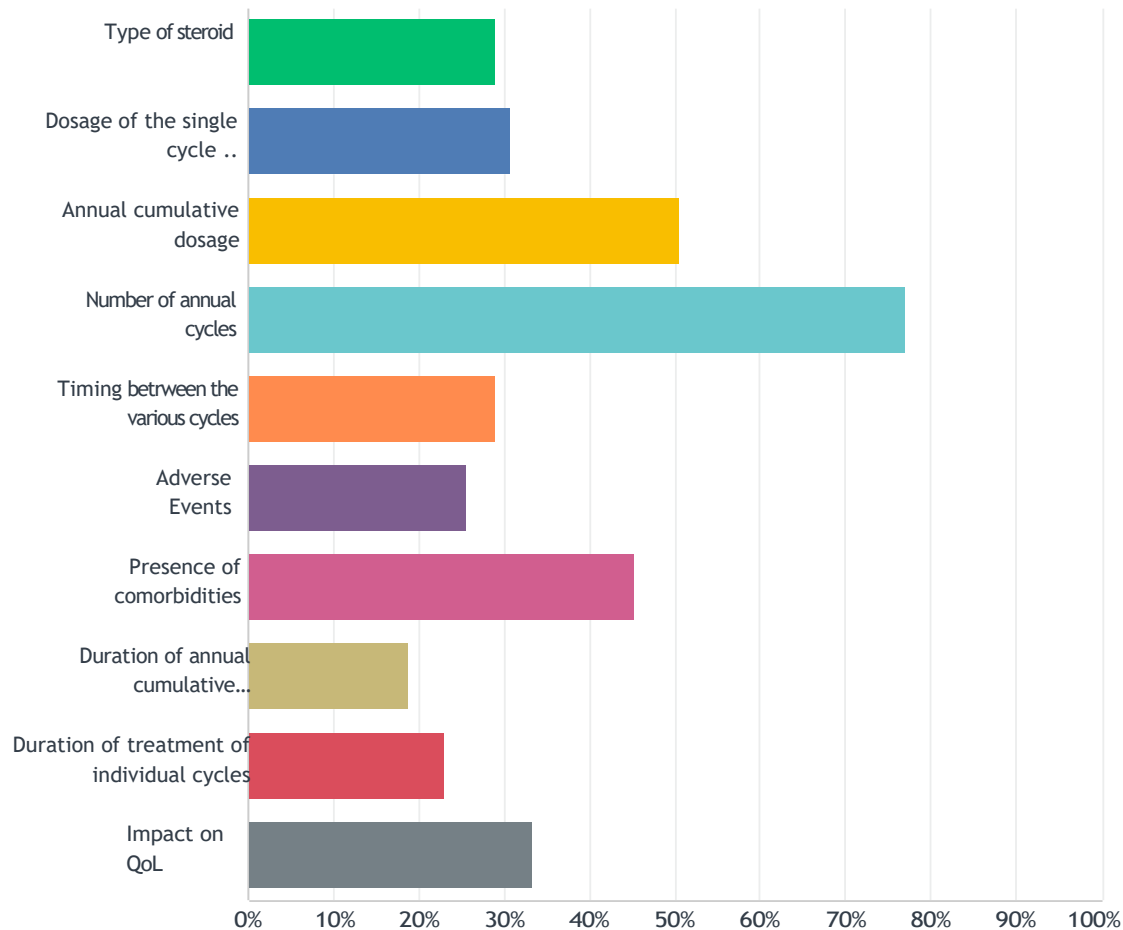
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RESPONSE OPTIONS	RESPONSES	
>2	14.53%	17
>4	41.03%	48
>5	28.21%	33
NPS does not determine non-control	16.24%	19
TOTAL RESPONDERS		117

D35 In your clinical practice what aspects associated with OCS treatment do you use to define non-control in severe CRSwNP patient who is naïve to surgical treatment? (Multiple answers possible)

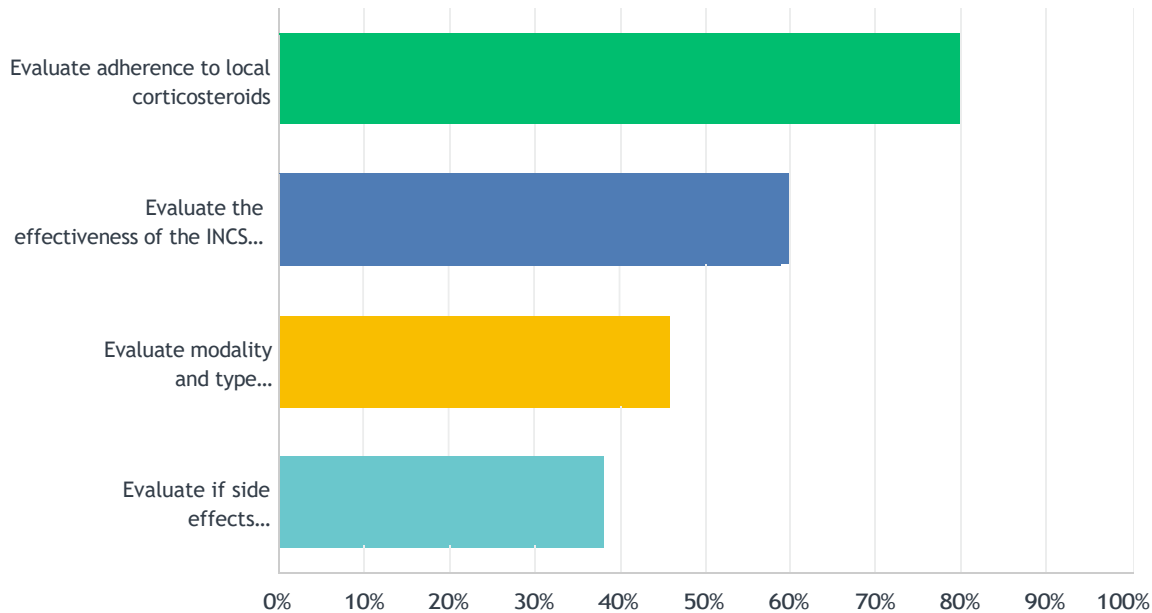
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RESPONSE OPTIONS	RESPONSES	
Type of steroid	29.06%	34
Dosage of the single cycle	30.77%	36
Annual cumulative dosage	50.43%	59
Number of annual cycles	76.92%	90
Timing between the various cycles	29.06%	34
Adverse Events	25.64%	30
Presence of comorbidities	45.30%	53
Duration of annual cumulative treatment	18.80%	22
Duration of treatment of the individual cycles	23.08%	27
Impact on QoL	33.33%	39
TOTAL RESPONDENTS		117

D36 During disease control assessment when receiving INCS what do you think it is necessary... (multiple answers possible)

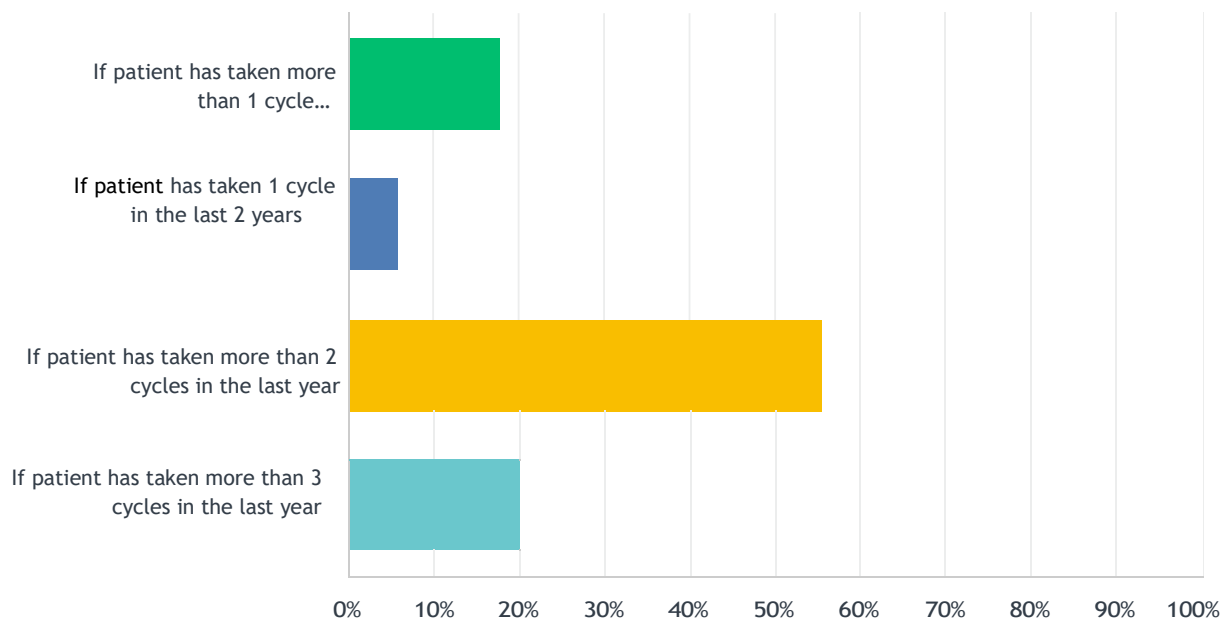
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RESPONSE OPTIONS	RESPONSES	
Evaluate adherence to local corticosteroid	79.49%	93
Evaluate the effectiveness of the INCS after at least 2 months	58.97%	69
Evaluate modality and type of the corticosteroid taken	46.15%	54
Evaluate if side effects or contraindications have limited use	38.46%	45
TOTAL RESPONDENTS		117

D37 With regard to the evaluation of previous cortisone cycles per os, you consider the disease uncontrolled ...

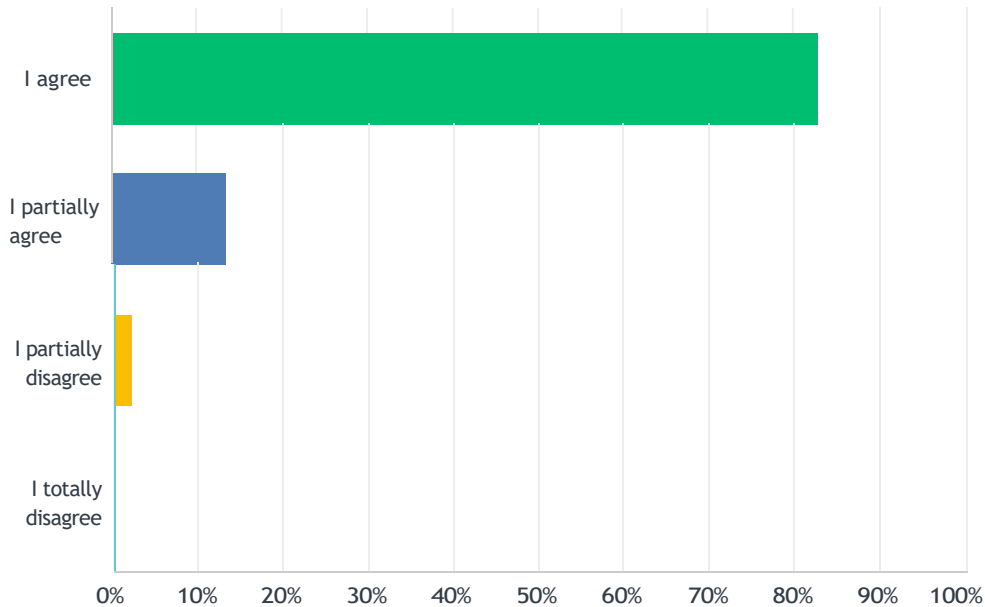
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RESPONSE OPTIONS	RESPONSES	
If patient has taken more than 1 cycle in the last year	17.95%	21
If patient has taken 1 cycle in the last year two years	5.98%	7
If patient has taken more than 2 cycles in the last year	55.56%	65
If patient has taken more than 3 cycles in the last year	20.51%	24
TOTAL RESPONDENTS		117

D38 Do you agree that any complications related to the excessive use of corticosteroids (e.g. adrenal insufficiency, etc...) should be investigated in the evaluation of non-control?

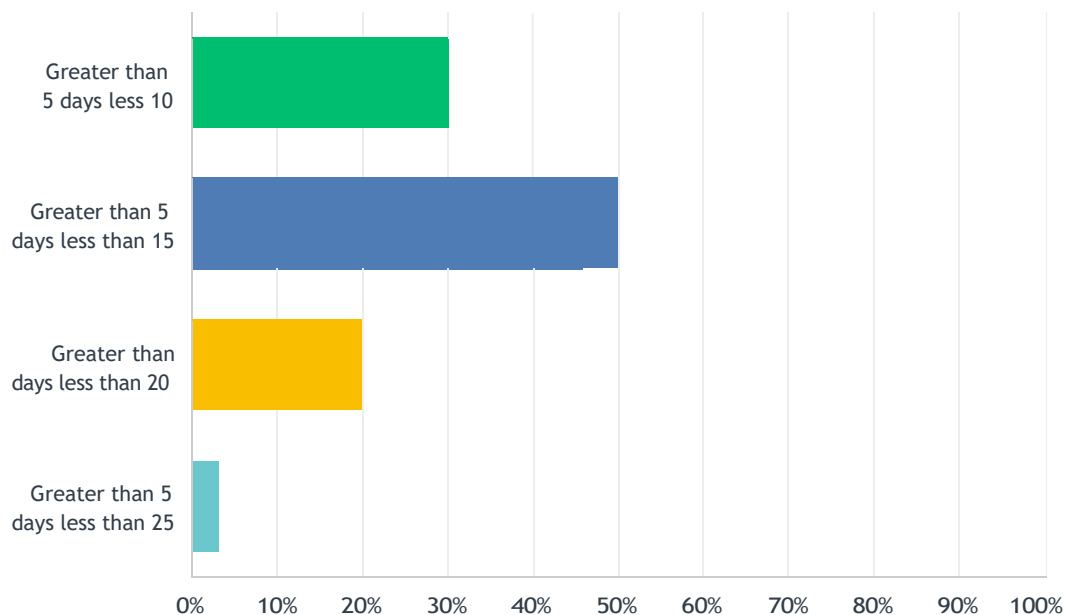
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	82.91%	97
I partially agree	13.68%	16
I partially disagree	2.56%	3
I totally disagree	0.85%	1
TOTAL RESPONDERS		117

D39 In disease control evaluation of systemic corticosteroid, the following courses should be considered:

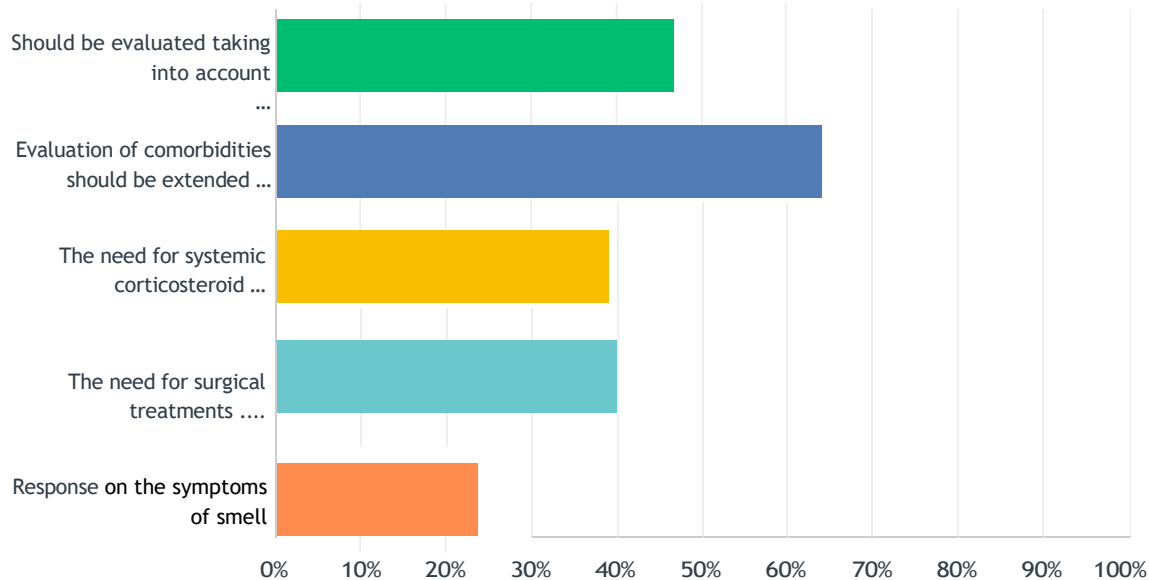
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
Greater than 5 days less than 10	30.77%	36
Greater than 5 days less than 15	46.15%	54
Greater than 5 days less than 20	19.66%	23
Greater than 5 days less than 25	3.42%	4
TOTAL RESPONDERS		117

D40 Regarding previous biological treatments, do you think that the disease control (multiple answers possible):

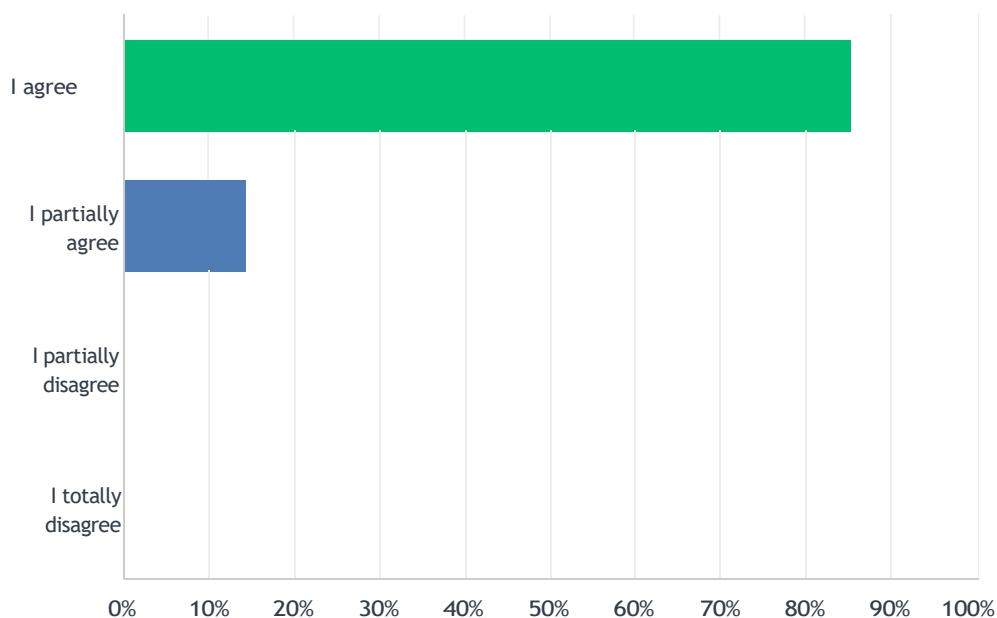
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
Should be evaluated taking into consideration the same criteria listed above	47.01%	55
Evaluation of associated comorbidities should be extended to disease control	64.10%	75
The need for systemic corticosteroid therapy should be assessed during biologic therapy	39.32%	46
The need for surgical treatment should be assessed during biologic therapy	40.17%	47
It is necessary to evaluate response on the symptoms of smell	23.93%	28
TOTAL RESPONDERS		117

D41 Do you think it would be useful to have a reference grid as suggested by national disease control guidelines?

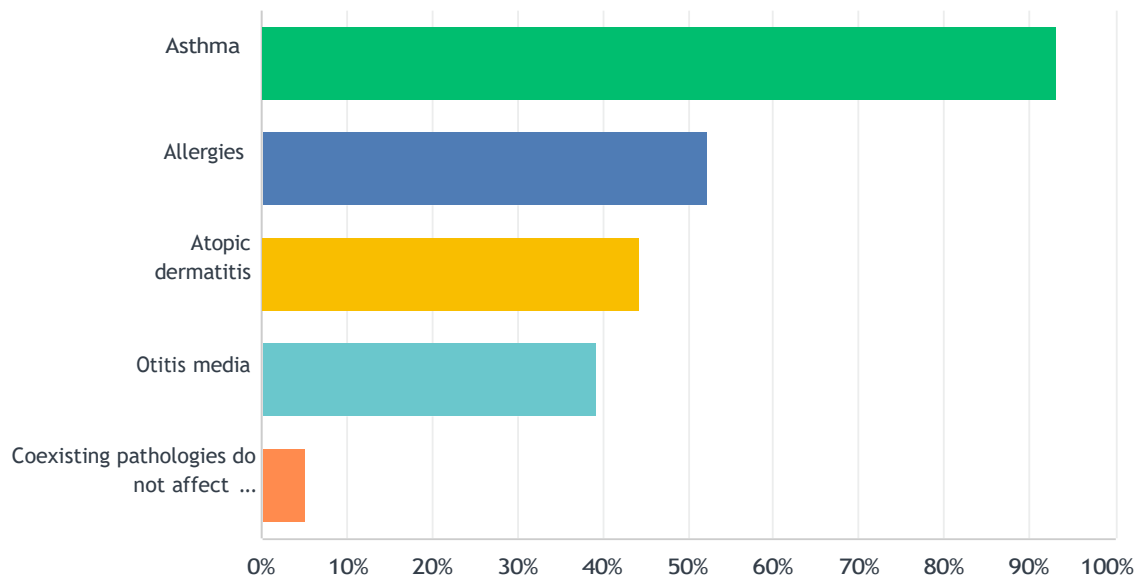
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	85.47%	100
I partially agree	14.53%	17
I partially disagree	0.00%	0
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D42 In your clinical practice, what other pathologies do you consider as an additional element to define non-control in severe CRSwNP? (Multiple answers possible)

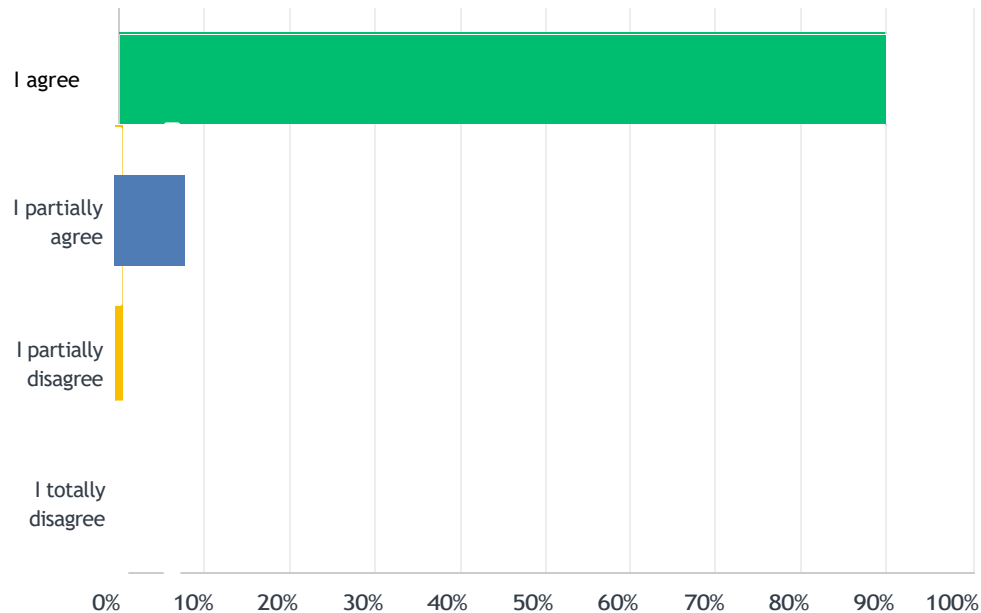
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RESPONSE OPTIONS	RESPONSES	
Asthma	93.16%	109
Allergies	52.14%	61
Atopic dermatitis	44.44%	52
Otitis media	39.32%	46
Coexisting pathologies do not affect uncontrolled severe CRSwNP	5.13%	6
TOTAL RESPONSES		117

D43 In patients with asthma as a coexisting disease, asthma control also needs to be defined in your practice

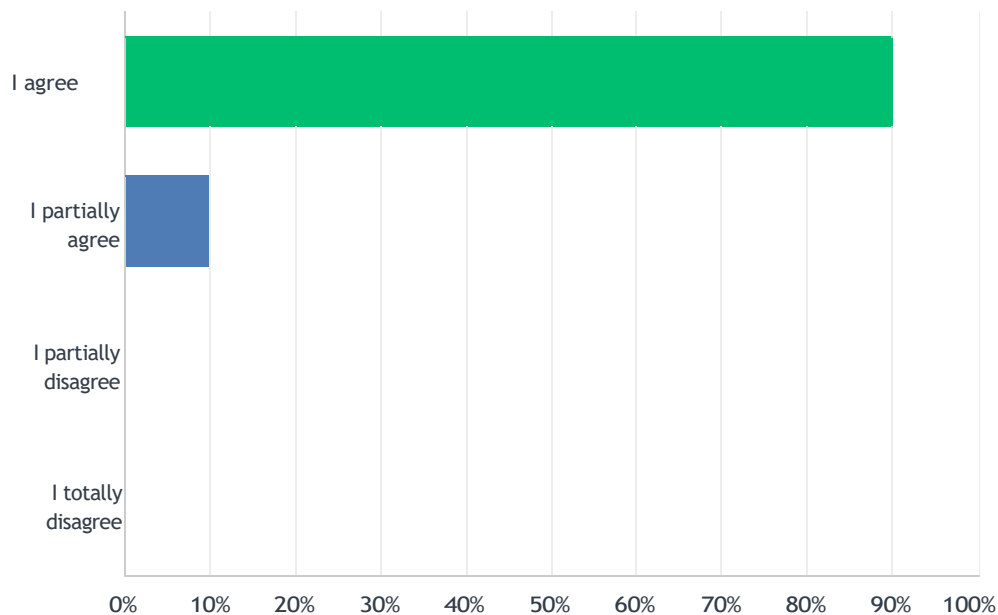
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	90.60%	106
I partially agree	8.55%	10
I partially disagree	0.85%	1
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D44 Assessment by pulmonary specialists is important to assess asthma control

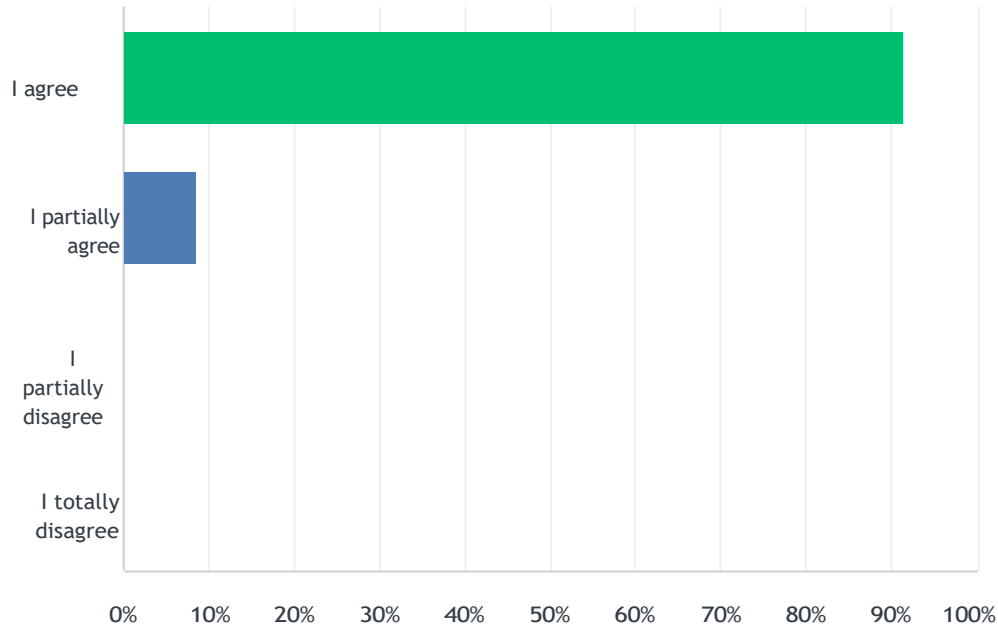
Responses: 117 Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	90.60%	106
I partially agree	9.40%	11
I partially disagree	0.00%	0
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D45 Assessment of asthma and CRSwNP should be the subject of multidisciplinary discussion

Responses: 117 Skipped: 0

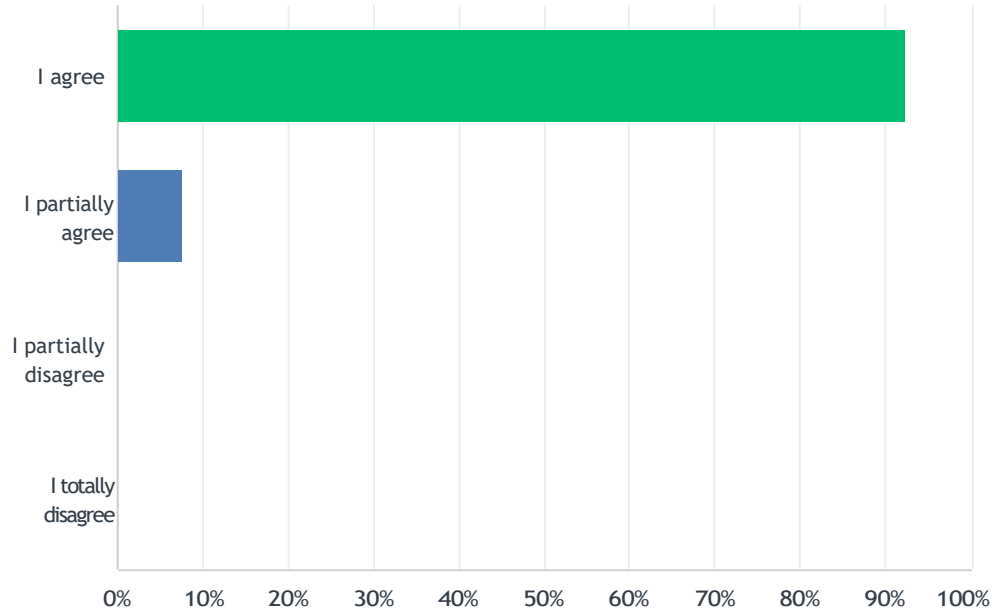


RESPONSE OPTIONS	RESPONSES	
I agree	91.45%	107
I partially agree	8.55%	10
I partially disagree	0.00%	0
I totally disagree	0.00%	0
TOTAL RESPONDERS		117

D46 It is important to have a therapeutic strategy that allows for control of both asthma and CRSwNP

Responses: 117

Skipped: 0



RESPONSE OPTIONS	RESPONSES	
I agree	92.31%	108
I partially agree	7.69%	9
I partially disagree	0.00%	0
I totally disagree	0.00%	0
TOTAL RESPONDERS		117