National Institute for Health and Care Excellence

Health Technology Evaluation

Dupilumab for treating severe chronic rhinosinusitis with nasal polyposis [ID6480]
Response to stakeholder organisation comments on the draft remit and draft scope

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Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	Sanofi	It is timely and appropriate for NICE to appraise dupilumab for the treatment of chronic rhinosinusitis with nasal polyposis (CRSwNP) via the single technology appraisal route. **Unmet need with current treatments** There is significant unmet need for patients with severe CRSwNP for whom previous surgery has been unsatisfactory due to the rapid return of symptoms. This often leads to the need for revision surgery. Indeed, for many patients with CRSwNP follow-up revision surgeries may become less practical due to the potential high risk of ocular, brain and middle ear injury. For other patients, surgery is not an option because they are unfit for general anesthetics. In addition, surgery does not treat the underlying type-2 inflammation which means patients relapsing after one surgery are more likely to relapse again after revision surgeries.	Comment noted. No action required.

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		These patients experience debilitating, persistent symptoms including significant pain and discomfort, reduction in the sense of smell and taste, facial deformity and decreased health-related quality of life. Difficulties in breathing and sleep disruption result in fatigue and daytime somnolence which adversely impacts on emotional functioning, productivity, and the ability to perform daily activities. Currently treatment includes use of long-term systemic steroids which can lead to adverse effects (AEs). A maximum 2-week course of systemic corticosteroids (SCS) every two years is recommended [Orlandi, 2016], but in clinical practice, SCS are used more frequently and for longer, leading to significant short-term and long-term AEs [Sanofi data on file]. **Dupilumab for the treatment of CRSwNP** CRSwNP is a systemic immunological disease driven by persistent underlying type-2 inflammation in which the interleukin-4 and interleukin-13 cytokines play a central role. Clinical recognition of type-2 inflammation is now established, recognising CRSwNP is characterised by this pathway and requires targeted treatment to support patients with more severe persistent disease. Dupilumab is the first and only licenced biologic treatment to target the IL-4 receptor which blocks signaling from both IL-4 and IL-13. Hence, unlike all currently utilised broad-spectrum treatments for CRSwNP, by targeting the Type 2 inflammatory pathway dupilumab addresses the underlying cause of the disease. [Kariyawasam, 2019]. The efficacy and safety of dupilumab in CRSwNP has been established through the SINUS-24 and -52 phase III clinical trials. Evidence from the AROMA study in multiple countries following the launch of the CRSwNP indication has confirmed the benefit of dupilumab in the real world.	

Section	Stakeholder	Comments [sic]	Action
		Orlandi, R.R. et al. (2016). "International Consensus Statement on Allergy and Rhinology: Rhinosinusitis." Int Forum Allergy Rhinol 6 Suppl 1: S22-209. Khan, Asif. CRSwNP Patients with FESS- OCS utilization. (Sanofi data on file). Kariyawasam, H.H. (2019) Chronic rhinosinusitis with nasal polyps:insights into mechanisms of disease from emerging biological therapies, Expert Review of Clinical Immunology, 15:1, 59-71,	
	Association of Respiratory Nurses	It is appropriate as treatment in patients with chronic rhinosinusitis and nasal polyposis as a add on therapy.	Comment noted. No action required.
	Fifth Sense	None	No Action required.
	University Hospitals Plymouth NHS Trust	In my opinion it is appropriate, and timely, to review this technology. However, there are 2 other similar technologies licensed, but currently unapproved for the same disease, (Omalizumab and Mepolizumab) so if a disease level approach were possible that might be preferable. Otherwise, a single technology appraisal approach is acceptable.	Comment noted. This topic has come through scoping at NICE and been agreed to be appraised as an STA. Previous NICE technology appraisals on omalizumab for treating chronic rhinosinusitis with nasal polyps (TA678) and mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (TA847) were

Section	Stakeholder	Comments [sic]	Action
			both terminated So a disease level approach (multiple technology appraisal) cannot be taken.
	Sinus UK	None	No action required.
Wording	Sanofi	The wording of the remit is appropriate.	Comment noted. No action required.
	Association of Respiratory Nurses	Clarity on what the costs are in terms of incremental costs per quality-adjusted life year, needs more explanation into what this cost could look like. It states that - Costs will be considered from an NHS and Personal Social Services perspective but doesn't elaborate on what that cost may look like.	Comment noted. Details of the costs will be included as part of the company submission.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	Yes	Comment noted. No action required.
	Sinus UK	None	No action required.
Timing issues	Sanofi	At present, patients with CRSwNP whose disease remain inadequately controlled after surgery have no advanced treatment options for their disease beyond current standard of care which consists of INCS, SCS, nasal rinses, antibiotics and further surgery.	Comment noted. No action required.

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		This is also true for patients whose disease relapses after systemic corticosteroid use and who are ineligible for surgery. This may be due to contraindication to anaesthesia or other anatomical issues. For those patients who can tolerate surgery waiting times to access first and follow-on surgery are long in the UK with patients waiting up to 2 or more years. There are currently no biologic therapies reimbursed for use in the NHS meaning that for patients with severe progressive disease for whom surgery proves inadequate there is little hope for successful long-term outcomes.	
	Association of Respiratory Nurses	It is relevant as biologics are already available on the NHS and dupilumab is licenced in severe asthma.	Comment noted. No action required.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	This technology relates to chronic disease management and in that sense is not urgent, however patients access healthcare frequently with this condition, especially GP, ENT and allergy/Immunology services so an effective treatment may release capacity in multiple areas.	Comment noted. No action required.
	Sinus UK	None	No action required.
Additional comments on the draft remit	Sanofi	None	No action required.
	Association of Respiratory Nurses	None	No action required.

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	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	None	No action required.
	Sinus UK	None	No action required.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Sanofi	The background information in the scope is generally accurate however we request that CRSwNP is characterised as a systemic immunological disease driven by persistent underlying type-2 inflammation. **First paragraph:** It is characterised by long-term symptoms including nasal congestion, discharge, decreased or lost sense of smell, facial pain and headache, which may last many years. The inclusion of fatigue and loss of smell as key clinical symptoms which patients experience from a chronic condition and the impact of obstructive sleep apnoea. **Second paragraph**, references need to be adjusted to superscript.	Comments noted. The aim of the background and technology sections are to provide a very brief summary of the disease area. Further data and information can be provided at the submission stage of the appraisal. References in the second paragraph have

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		Onset of CRSwNP occurs in those of middle age with an average of 42 years, and diagnosis between 40 to 60 years. [Stevens WW, et al., 2016]. Further recognised to be associated with adult-onset (>18 years). [Sedaghat et al., 2022] **Final paragraph:** Surgery is frequently needed, but it does not always provide a permanent solution because polyps tend to recur. Signalled through a high relapse rate as the current pathway only allows patients to undergo invasive revision surgery, limiting complete resolution of their condition. [Fountain et al., 2013] Stevens WW, Schleimer RP, Kern RC. Chronic Rhinosinusitis with Nasal Polyps. J Allergy Clin Immunol Pract. 2016 Jul-Aug;4(4):565-72. doi: 10.1016/j.jaip.2016.04.012. PMID: 27393770; PMCID: PMC4939220 Ahmad R. Sedaghat, Edward C. Kuan, Glenis K. Scadding, Epidemiology of Chronic Rhinosinusitis: Prevalence and Risk Factors, The Journal of Allergy and Clinical Immunology: In Practice, 10, 6, 2022, 1395-1403,ISSN 2213-2198, doi.org/10.1016/j.jaip.2022.01.016. Cynthia R. Fountain, Pamela A. Mudd, Vijay R. Ramakrishnan, Stefan H. Sillau, Todd T. Kingdom, Rohit K. Katial, Characterization and treatment of patients with chronic rhinosinusitis and nasal polyps ,Annals of Allergy, Asthma & Immunology,111, 5,2013,337-341,1081-1206, doi.org/10.1016/j.anai.2013.07.017.	been updated to superscript.

Section	Consultee/ Commentator	Comments [sic]	Action
	Association of Respiratory Nurses	Appears accurate and provides clarity.	Comment noted. No action required.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	This background information is accurate and complete	Comment noted. No action required.
	Sinus UK	Although the background is accurate, we would like to see a greater reflection of the impact of CRS on patients included here. We believe there is a lack of awareness and appreciation of the impact of CRS within society. Despite the fact 1 in 5 people have acute rhinosinusitis and around 1 in 10 people have chronic rhinosinusitis, Sinus UK is the only patient association in the UK solely focused on patients with sinus diseases (and to our knowledge the only one in the world). This illustrates how little emphasis we put on CRS in society. The background states that CRS “is characterised by symptoms including nasal congestion, discharge, decreased or lost sense of smell, facial pain and headache, which may last many years”. We would like to see the following also reflected in the background: • CRS has a greater impact on social functioning than angina or chronic heart	Comment noted. The aim of the background and technology sections are to provide a very brief summary of the disease area. Further data and information can be provided at the submission stage of the appraisal.

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		• failure (Gliklich RE, Metson R. The health impact of chronic sinusitis in patients seeking otolaryngologic care. Otolaryngol Head Neck Surg. 1995;113:104-9) • CRS patients are twice as likely to suffer from depression than those people without CRS (Schlosser R J, Storck K, Cortese B M et al. Depression in chronic rhinosinusitis: A controlled cohort study. Am J Rhinol Allergy. 2016 Mar-Apr; 30(2): 128–133) • Patients can be nearly 38% less productive at work as a result of their CRS (when you combine absenteeism [work time missed] and presenteeism [reduction of on-the-job effectiveness]. (Stankiewicz J, Tami T, Truitt T, Atkins J, Winegar B, et al. Impact of chronic rhinosinusitis on work productivity through one-year follow-up after balloon dilation of the ethmoid infundibulum. Int Forum Allery Rhinol. 2011;1:38-45) These data are all referenced in the European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS) 2020.	
Population	Sanofi	The population cited in the scope is: • *People with previously treated chronic rhinosinusitis with nasal polyps.* Whereas the licence indication is: • *"Dupixent is indicated as an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control."* ** Chronic Rhinosinusitis with Nasal Polyposis*	Comment noted. The population is intentionally kept broad to avoid excluding potentially eligible people. NICE will however only appraise the technology within its marketing authorisation.

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		Therefore, the scope population encompasses the indicated population but does not stipulate the failure of, or intolerance to, previous treatments and so could be considered broader than the licence. **Base case** Our base case submission will focus on patients with inadequately controlled CRSwNP AND at least one prior surgery.	
	Association of Respiratory Nurses	Yes	Comment noted. No action required.
	Fifth Sense	Please clarify how 'severe' CRSwNP is defined in the context of this appraisal, i.e. what scores from what outcome measures	Comment noted. Further data and information classification of condition severity can be provided by the company at the submission stage of the appraisal.
	University Hospitals Plymouth NHS Trust	Yes	Comment noted. No action required.
	Sinus UK	None	No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
Subgroups	Sanofi	We believe the slightly larger subgroup than base case should also be included, based on clinical opinion we have received (UK ENT surgeons): • Patients with inadequately controlled CRSwNP **AND** at least one prior surgery **OR** who are ineligible for surgery.	Comment noted. People who are ineligible for surgery has been added as a subgroup.
	Association of Respiratory Nurses	It mentions people who have asthma which is correct. Maybe it should specify what phenotype of asthma, such as atopic or eosinophilic	Comment noted. The company may specify the asthma phenotype in its submission if preferred.
	Fifth Sense	Groups of patients for whom surgery isn't possible and who may be on frequent or ongoing courses of oral steroids	Comment noted. People who are ineligible for surgery has been added as a subgroup.
	University Hospitals Plymouth NHS Trust	Asthma is a suitable sub-group Additional sub-groups likely to be more clinically or cost effective; • Patients who have persistent or recurrent disease despite multiple prior surgeries. • Patients unable to take intranasal, oral or injectable corticosteroids. • Co-morbid AERD (aspirin exacerbated respiratory disease)	Comment noted. Patients who have had prior surgeries will likely be captured in the company's base case population. The committee can only appraise the technology within its marketing authorisation. Dupilumab is licensed as an add-on therapy

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			with intranasal corticosteroids, therefore people unable to take intranasal corticosteroids would not be within with the marketing authorisation. People who are ineligible for systemic corticosteroids has been added as a potential subgroup. People with non-steroidal anti-inflammatory drug-exacerbated respiratory disease has been added as a subgroup.
	Sinus UK	None	No action required.
Comparators	Sanofi	Treatment guidelines for CRSwNP in Europe [Fokkens 2020 – EPOS guidelines] recommend a stepwise approach from topical to systemic drugs to sinonasal surgery. Our base case will focus on those patients with inadequately controlled disease and a history of previous surgery. For these patients SCS (systemic corticosteroids) are unlikely to be a good option and further surgery may not be successful in the longer term.	Comment noted. The company can make a case for the unmet need associated with the current standard of care in its submission.

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		However, as there are no other options this established clinical management including intranasal corticosteroids (INCS) and/or SCS and/or revision surgery remains the only option. This approach to the management of CRSwNP is consistent with the comparator arm in SINUS-24 and -52 and so the clinical trials are generalisable to the UK setting. Hence the comparator suggested in the scope is appropriate and a within-trial comparison will be made in the economic model. However, we would like to emphasise that the cohort of patients represented in our base case remain at high unmet need with current BSC in the UK. No advanced therapies are currently available for patients who do not achieve control with current management highlighting the need for further lines of treatment.	
	Association of Respiratory Nurses	Established clinical management is noted but has not been elaborated on. Other add on related technology appraisals are identified – Mepolizumab and Omalizumab which are both biologics already licenced in severe asthma but targeted at different patient phenotypes- eosinophils and atopy.	Comment noted. Previous NICE technology appraisals on omalizumab for treating chronic rhinosinusitis with nasal polyps (TA678) and mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (TA847) were both terminated. So omalizumab and mepolizumab have not

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			been included as comparators.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	Yes	Comment noted. No action required.
	Sinus UK	None	No action required.
Outcomes	Sanofi	The outcome measures cited in the draft scope are generally appropriate. We suggest the following minor amends: • "nasal congestion **and/or** obstruction • sense of smell • sinus opacifications • need for surgery **or systemic corticosteroids (SCS)** • adverse effects of treatment • health-related quality of life" In addition to these, reduction in the use of oral and intranasal corticosteroids is an important outcome. We would like to point out that EQ-5D utility scores are unlikely to fully capture the burden of disease for a population suffering from a chronic rhinologic condition (such as inadequately controlled CRSwNP). We acknowledge that patients with CRSwNP experience problems which may be captured in the 'pain/discomfort' and 'anxiety/depression' EQ-5D	Comment noted. Need for systemic corticosteroids has been added as an outcome. The EQ-5D measurement is the NICE preferred method to measure health-related quality of life in adults (NICE health technology evaluations: the manual). The company can make a case for using

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		domains such as loss of smell and taste, sleep deprivation (leading to fatigue and daytime somnolence which adversely impacts on emotional functioning) and issues with social functioning.[Smith 2015]. However sensory deprivation, mental health, the ability to communicate and the ability to form and engage in relationships have been identified as key themes not well covered by the EQ-5D [Shah, 2016]. These are all impacted by CRSwNP. Dupilumab has shown benefit in many of these domains in the clinical trial programme as demonstrated by the effect of dupilumab on selected SNOT-22 items including: “decreased sense of smell/taste”, “difficulty falling asleep”, “'wake up at night”, “lack of a good night's sleep”, “wake up tired”, “fatigue”, and “reduced productivity benefit”. In addition, it is likely that treatment with dupilumab will bring additional benefit to patients, their carers and society which are not captured in the QALY. For instance: Health-related quality of life, psychological and emotional impact on patients cycling through steroid use and surgical intervention must account for the prolonged waiting times from initial triage, scheduled surgery and significantly the revision intervention required for these patients. The introduction of dupilumab provides an alternative therapy for eligible patients and supports the current waiting list and capacity burden on the NHS. Shah, K., Mulhern, B., Longworth, L. and Jansen, M.F., 2016. Important aspects of health not captured by eq-5d: views of the UK general public. EuroQol Working Paper 16001. Rotterdam: EuroQol Research Foundation.	alternative measures in its submission.

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		Radenne, F., Lamblin, C., Vandezande, L.M., et al. (1999). "Quality of life in nasal polyposis." J Allergy Clin Immunol 104(1): 79-84	
	Association of Respiratory Nurses	Yes-, maybe using a nasal specific questionnaire such as the SNOT-22 (Sino-Nasal Outcome test) or TNSS (total nasal symptom score) could also be useful pre and post treatment along side ACQ (asthma control questionnaires) , also would their be consideration for pre and post nasendoscopy to review sinuses.	Comment noted. The EQ-5D measurement is the NICE preferred method to measure health-related quality of life in adults (NICE health technology evaluations: the manual). The company can make a case for using alternative measures in its submission.
	Fifth Sense	Can you please provide details of what the outcome measures are for each of the outcomes listed?	Comment noted. Further information on the outcome measures used will be provided at the submission stage of the appraisal.
	University Hospitals Plymouth NHS Trust	Yes	Comment noted. No action required.
	Sinus UK	**1) Reduction of SCS**	Comment noted. Need for systemic corticosteroids has

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		Although there are a range of treatments available to manage symptoms for CRS, often patients will be faced with the option of either surgery to remove polyps or systemic corticosteroids to reduce them. An international Delphi Study in 2023 sort to define the criteria for chronic rhinosinusitis disease control (A R Sedaghat, W J Fokkens, V J Lund et al. Consensus criteria for chronic rhinosinusitis disease control: an international Delphi Study. Rhinology. 2023 Dec 1;61(6):519-530). An essential criterion, which reached the second highest level of consensus by this group, was a reduction in the use of systemic corticosteroids for CRS. The adverse effects of the overuse of systemic corticosteroids in CRS are well documented (Davis Greg E et al. Systemic Corticosteroid–related Adverse Outcomes and Health Care Resource Utilization and Costs Among Patients with Chronic Rhinosinusitis with Nasal Polyposis. Clinical Therapeutics. Volume 44, Issue 9, September 2022, Pages 1187-1202) and therefore the reduction in usage should be a criterion included in the outcomes. **2) Use of SNOT-22** We understand NICE use EQ-5D to measure the impact of a disease on a patient population. We would like to see SNOT-22 used to provide a more accurate reflection of the disease burden among patients with CRS. (Crump, R. T., Lai, E., Liu, G., Janjua, A., & Sutherland, J. M. [2017]. Establishing utility values for the 22-item Sino-Nasal Outcome Test [SNOT-22] using a crosswalk to the EuroQol–five-dimensional questionnaire–three-level version [EQ-5D-3L]. International Forum of Allergy & Rhinology, 7[5], 480-487. doi:10.1002/alr.21917)	been added as an outcome. The EQ-5D measurement is the NICE preferred method to measure health-related quality of life in adults (NICE health technology evaluations: the manual). The company can make a case for using alternative measures in its submission.

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Equality	Sanofi	We have not identified any equality issues which would be introduced through a NICE recommendation for dupilumab for the treatment of CRSwNP. However, the introduction of the biologic in the NHS as an alternative option to current standard care for patients failing after surgery will help reduce the significant timelines for patients waiting for revision surgery (12-24 months across this UK described during a UK HCPs consultancy). In addition, there are differences in the quality of surgery across centres in the UK (described during a UK HCPs consultancy). This variability in the effectiveness of surgery whether first or revision, perpetuates inequality in access to optimal healthcare. It is also important to recognise that regardless of the effectiveness of surgery the marginal benefit diminishes after each revision. The follow-up post-operative pathway for patients also varies with geographical location which means underserved patients become more reliant on already overstretched local primary care services.	Comment noted. The committee will consider equalities issues during the appraisal.
	Association of Respiratory Nurses	None	No action required.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	Currently I am concerned that the scope may exclude patients with multiple co-morbidities as they are less likely to be able to safely take steroids in any formulation or undergo surgery and would therefore not be covered under the population description as previously treated CRSwNP. If a sub-group of patients unable to take steroids is included then this could be rectified.	Comment noted. The committee can only appraise the technology within its marketing authorisation.

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			Dupilumab is licensed as an add-on therapy with intranasal corticosteroids, therefore people unable to take intranasal corticosteroids would not be within with the marketing authorisation. People who are ineligible for systemic corticosteroids has been added as a potential subgroup. The committee will consider equalities issues during the appraisal.
	Sinus UK	None	No action required.
Other considerations	Sanofi	Despite the availability of multiple lines of medical and/or surgical treatments there is a significant unmet need for safe and effective long-term treatment options for patients with severe CRSwNP. Repeated surgery presents increasingly high risk to some patients with compromised bone structure due to previous surgery or chronicity of disease. For others anesthesia poses a significant risk. Current stepwise treatments for CRSwNP do not specifically target the key mediators of type-2 inflammation, and for some patients, only provide partial	Comment noted. No action required.

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		long-term improvement in symptom burden, health-related QoL and disease control with the risk of significant long-term adverse effects. In addition, current treatments do not adequately treat patients with CRSwNP and comorbid asthma and/or patients with NERD. Dupilumab is the first biologic treatment to target the key cytokines implicated in type-2 inflammation and to demonstrate significant and sustained reduction in all aspects of disease burden due to CRSwNP. These include nasal polyps score, nasal congestion and sinus inflammation, restoration of olfactory function, improvement in quality of life and reduction in the need for systemic steroids and surgeries. In the asthma studies dupilumab was shown to improve lung function and asthma control. As such dupilumab represents a step-change in the management of CRSwNP.	
	Association of Respiratory Nurses	As above	Comment noted. No action required.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	Consider a disease level approach, considering all 3 similar technologies licensed for this indication.	Comment noted. This topic has come through scoping at NICE and been agreed to be appraised as an STA. Previous NICE technology appraisals on omalizumab for treating chronic

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			rhinosinusitis with nasal polyps (TA678) and mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (TA847) were both terminated. So a disease level approach (multiple technology appraisal) cannot be taken.
	Sinus UK	None	No action required.
Questions for consultation	Sanofi	N/A	No action required.
	Association of Respiratory Nurses	None	No action required.
	Fifth Sense	*Do you consider that the use of dupilumab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?* CRSwNP results in significant quality of life issues that may not be picked up by responses to the Eq5d questionnaire. An important one is the loss of the sense of smell has a significant impact on the lives of those affected, resulting in an inability to perceive flavour of food and drink which can result in poorer diet and hence poorer nutritional intake, inability to detect dangers such as smoke, gas or spoiled food, inability to smell and feel connected to partners and children, inability to smell one's environment, or form/recall memories	Comment noted. The EQ-5D measurement is the NICE preferred method to measure health-related quality of life in adults (NICE health technology evaluations: the manual). The company can make a case for using alternative

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		through smell and hence feel sense of connection to the world. These issues will impact individuals for as long as they are deprived of the sense of smell due to CRSwNP which in some cases can be many years. Smell impairment is a significant but unrecognised health issue and we want to ensure this gets full consideration in the consultation. Additionally, individuals with severe CRSwNP for whom existing treatment does not provide a long-term solution can end up going in cycles through the healthcare system, undergoing multiple surgeries and frequent courses of both oral and topical steroids to try to manage the symptoms. This results in a both a quality-of-life issue and an ongoing economic burden on these individuals, not to mention an economic burden on the NHS. Also, some individuals who are unable to have surgery can end up being prescribed oral steroids on a longer-term basis, which have a number of side effects, including mood changes, weight changes and, if taken for longer, osteoporosis and hypertension. Fifth Sense plans to submit evidence as part of the consultation process to provide further information in relation to the issues outlined above, including: • Results of published research on quality of life impact of CRSwNP • Results of published research that highlights the significant quality of life impact of smell dysfunction • A report from discussions undertaken with CRSwNP patients (with a focus on those who have ongoing symptoms after sinus surgery) highlighting the challenges they face due to lack of effective long-term treatment	measures in its submission. The committee will consider evidence submitted by Fifth Sense as during the appraisal.

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	University Hospitals Plymouth NHS Trust	I would anticipate prescription of Dupilumab to be undertaken in secondary care with routine follow-up in secondary care (C). The medical management comparator may be started in primary or secondary care and is usually follow up in primary care. Surgical management is under secondary care. In my opinion, Dupilumab would be a candidate for managed access Additional sub-groups have been suggested above. I think Dupilumab has the potential to enable patients to avoid surgery, or avoid repeat surgery. This may not be captured in the QALY calculation. High quality RCTs, meta-analyses, UK expert consensus guidelines and cost-effectiveness reviews from other countries, will help inform the committee.	Comment noted. No action required.
	Sinus UK	None	No action required.
Additional comments on the draft scope	Sanofi	[redacted]	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
	Association of Respiratory Nurses	I would consider dupilumab to fit into the care pathway of being prescribed in secondary care in specialist asthma/upper airway or ENT clinics.	Comment noted. No action required.
	Fifth Sense	None	No action required.
	University Hospitals Plymouth NHS Trust	None	No action required.
	Sinus UK	None	No action required.

The following stakeholders indicated that they had no comments on the draft remit and/or the draft scope

None