

Why Aren't Biologics Routinely Implemented in ENT Practice for CRSwNP? Insights From Medical Education



Authors: Michael Beyer, BS¹; Jennifer Boyd, MBA, CHCP¹; Mary Grecco, BA¹; Celeste Taylor, PharmD¹; Ted Singer, BA, CHCP¹; Joseph Han, MD²; Christine Franzese, MD³; Flavia C.L. Hoyte, MD, FACA⁴; Kathleen Buchheit, MD⁵; Brad Woodworth, MD⁶; Thomas Higgins, MD, MSPH, MBA⁷; Anju Peters, MD, MS⁸
¹. PVI, PeerView Institute for Medical Education, Inc. ². Macon & Joan Brock Virginia Health Sciences at Old Dominion University. ³. University of Missouri. ⁴. University of Florida. ⁵. Harvard Medical School. ⁶. University of Alabama at Birmingham. ⁷. University of Louisville School of Medicine. ⁸. Northwestern University Feinberg School of Medicine.

BACKGROUND

Biologic therapies have expanded treatment options for chronic rhinosinusitis with nasal polyps (CRSwNP). Otolaryngologists play a central role in identifying appropriate candidates; however, biologic initiation and long-term management often occur outside ear, nose, and throat (ENT) practice.

METHODS

A mixed-methods analysis was conducted on eight educational activities (including live and online programming) which launched between April 2024 and October 2025. Quantitative data were derived from aggregated pre- and post-activity assessments completed by >5,300 ENTs. Qualitative data were collected through structured open-ended surveys administered to ENTs, allergists, and pulmonologists.



April 2024 to
October 2025



8 educational
activities
(live and online)



>5,300
otolaryngologists

RESULTS

Biologic Knowledge and Ability Improved Across Eight Programs

Across eight programs, ENTs demonstrated consistent post-education gains of 21-pp to 31-pp across five biologic-related domains. Post-activity performance reached approximately 78% to 82% for identifying appropriate candidates, selecting biologic therapy, assessing response, and adjusting treatment, despite lower baseline performance.

^a Assessed in one program.
pp = percentage points

% who understand clinical
significance of
CRSwNP + asthma

28-pp
GAIN

n = 1,626

51%

n = 1,338

79%

% able to identify patients
with CRSwNP most likely
to benefit from biologics

24-pp
GAIN

n = 1,626

58%

n = 1,338

82%

% appropriately selecting
biologics targeting
type 2 inflammation in
case-based scenarios

21-pp
GAIN

n = 1,441

60%

n = 1,191

81%

% able to assess
biologic response and
make appropriate
management decisions

25-pp
GAIN

n = 1,626

53%

n = 1,338

78%

% demonstrating
appropriate adjustment
of biologics (eg, timely
switching after suboptimal
response or tapering/
monitoring after stabilization)^a

31-pp
GAIN

n = 70

49%

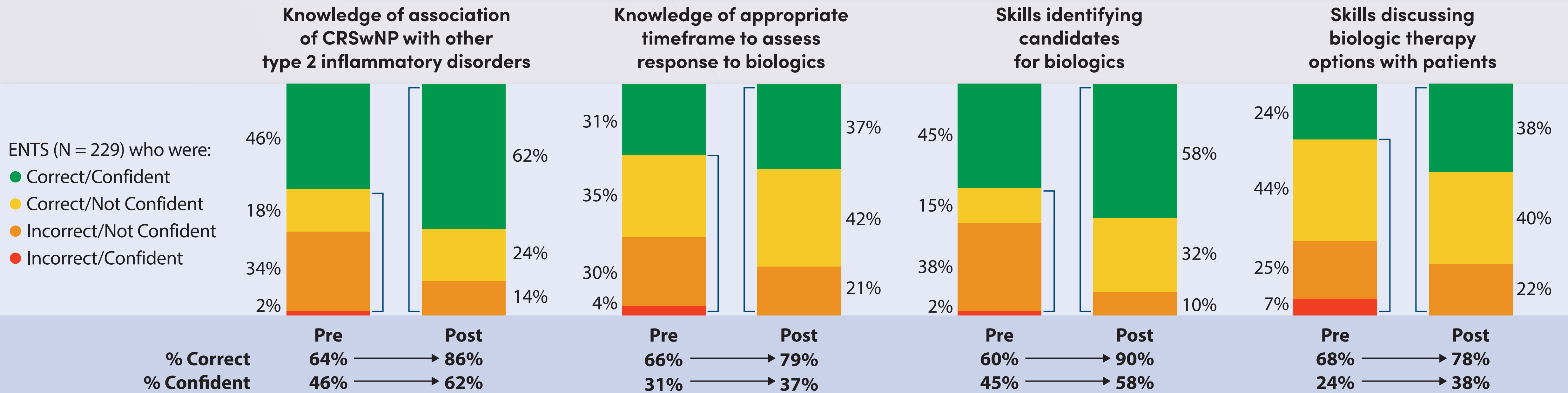
n = 60

80%



RESULTS, cont'd

Despite Gains in Understanding and Ability, Confidence Lags in Areas Other Than Identifying Candidates for Biologic Therapy



Survey Results and Confidence Outcomes Revealed a Referral-Dependent Care Model and Provider Barriers

Qualitative analysis showed a care model where otolaryngologists identify biologic-eligible patients but defer biologic initiation and long-term management to allergists or pulmonologists.

"I usually send to allergist for initial treatment, but I follow them closely."

Lower confidence with biologics

Co-manage CRSwNP with other specialists

Defer biologic management to other specialists

High interest of other specialties in CRSwNP education

"Allergists have protocols and staff that are used for injection-types of medications."

"Allergy/immunology gets faster approval than me as per my experience."

Less exposure to biologics

"I prefer the allergist to do it because they will then give the injection in their office."

This co-management continuum further reinforces low ENT confidence in using biologic therapy.

Qualitative analysis also identified factors driving the referral-dependent co-management care model.



Administrative burden

"I do not feel trained well enough or equipped in my office to actually go through ordering, authorizing, and doing testing to see which biologic would work best."



Insurance authorization requirements

"There is a lot of work in terms of authorizations that I think ENTs would not want to deal with."



Infrastructure limitations

"Needles. ENTs are not used to prescribing injections."



Uncertainty surrounding biologic efficacy and long-term therapy

"Not familiar enough with the drug. We haven't used this class of drug in the past. Plus, we are trained to do surgery as first line."



CONCLUSIONS

The additional steps between recognizing patients who may benefit from biologic therapy and initiating that treatment can lead to delays in care. These findings suggest this model may be driven by largely modifiable implementation gaps, highlighting opportunities for targeted education and care-pathway optimization to support timely, integrated biologic management within ENT practice. Future education focused on strategies that reinforce patient eligibility criteria, address workflow integration, and discuss how earlier biologic initiation may complement surgery by optimizing outcomes and reducing disease burden before operative intervention would be beneficial.

Acknowledgement: The CME/CE activities were supported by independent educational grants from Regeneron Pharmaceuticals, Inc. and Sanofi.