Decision Letter (JCQ-2025-0016)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0016

Body: 29-Jun-2025

Dear Dr Cherrabi,

Manuscript ID JCQ-2025-0016 entitled "Biologic Agents in the Treatment of Severe Chronic Rhinosinusitis with Nasal Polyps in Adults: A Systematic Review and Meta-Analysis" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Professor Richard Isaacs
Editor in Chief, Journal of Clinical Question
jcqeic@gleampub.com

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]

Reviewer: 1

Comments to the Author
The article presents a good review but some issues that need to be responded:
describe in more detail the mechanism of monoclonal antibodies
CR802 - is obligatory to be descriebed in this moment we know nothing aboutv it
you talked about the histophatology of western CRSwNP but included patients from ASIA. Add the asian aspect of CRSwNP patients

Reviewer: 2

Comments to the Author
Dear Authors,
I read with great interest your manuscript about biologic agents in CRSwNP.
However, there are some aspects that require your attention.
Please put the key words in alphabetical order.
Figure 1, is there a color code for the graphical representation? Or the colors of the different products is random.
In the Discussion section you need to underline the possible development of other newer biologic compounds targeting the molecular interpaly of IL-8. Reference this to the work by Cergan R, et al. Interleukin 8 Molecular Interplay in Allergic Rhinitis and Chronic Rhinosinusitis with Nasal Polyps: A Scoping Review. Life (Basel). 2025 Mar 15;15(3):469. doi: 10.3390/life15030469. PMID: 40141813; PMCID: PMC11943928.
Also add one possible limitation: that ther could be studies published and not available to your search and access.
Please include a list of abbreviations at the end of the manuscript.
Looking forward to receiving the improved version of your manuscript.

Date Sent: 29-Jun-2025

Print Close Window

Journal of Clinical Question

Author's Response to Decision Letter for (JCQ-2025-0016)

Biologic Agents in the Treatment of Severe Chronic Rhinosinusitis with Nasal Polyps in Adults: A Systematic Review and Meta-Analysis

Response Letter

Dear Editor and Reviewers,
We would like to express our sincere gratitude for your valuable time and insightful feedback on our manuscript entitled Biologic Agents in the Treatment of Severe Chronic Rhinosinusitis with Nasal Polyps in Adults: A Systematic Review and Meta-Analysis. We appreciate the constructive comments and suggestions, which have greatly improved the quality and clarity of our work. Please find our detailed responses below, with revisions incorporated accordingly.

Reviewer 1
Comment 1: Describe in more detail the mechanism of monoclonal antibodies.
Response: We appreciate the reviewer's comment on this point. We have revised the manuscript to include a more detailed description of the mechanisms of action of monoclonal antibodies used in CRSwNP, as follows: "By blocking critical signals, including IgE-mediated mast cell activation, IL-4/IL-13–induced epithelial dysfunction, and IL-5–driven eosinophil survival, biologic therapies interrupt the inflammatory feedback loops that sustain chronic disease activity. As a result, there is a marked reduction in local eosinophilic infiltration, mast cell and basophil activation, mucus hypersecretion, and epithelial barrier disruption. This leads to reversal of tissue edema, suppression of pro-fibrotic and tissue-remodeling pathways involved in polyp formation, and restoration of a healthier mucosal immune environment."

Comment 2: GR1802 — is obligatory to be described; at this moment we know nothing about it.
Response: Thank you for highlighting this. We have now added a description of GR1802, identifying it as a novel anti–IL-4Rα monoclonal antibody. The revised section includes its target, mechanism of action, and a summary of available evidence from current trials.

Comment 3: You talked about the histopathology of Western CRSwNP but included patients from Asia. Add the Asian aspect of CRSwNP patients.
Response: We appreciate this important observation. As the reviewer pointed out, the prevalence and characteristics of CRSwNP may differ between Western and Asian populations. However, there was insufficient data available to conduct a subgroup analysis comparing the effects of biologic agents across different populations. To address this, we have revised the manuscript to read: "CRSwNP is frequently linked to type 2 inflammation, which is marked by significant eosinophilic infiltration, local IgE production, and increased levels of interleukins including IL-4, IL-5, and IL-13."

Reviewer 2
Comment 1: Please put the key words in alphabetical order.
Response: Thank you for noticing this. We have reordered the keywords in alphabetical order as requested.

Comment 2: Figure 1: is there a color code or are the colors random?
Response: We appreciate this comment. The colors in Figure 1 were initially assigned arbitrarily. We have now added a clear color legend and explanation in the figure caption to ensure consistency and clarity.

Comment 3: Discussion section: underline the possible development of other newer biologic compounds targeting the molecular interplay of IL-8. Reference the work by Cergan R, et al. (2025).
Response: Thank you for this valuable suggestion. We have expanded the Discussion to emphasize the potential for biologics targeting IL-8 and revised the manuscript as follows: 'These agents, designed to modulate type 2 inflammation, typically characterized by eosinophilia and elevated cytokines such as IL-4, IL-5, and IL-13, offer new hope for patients with recalcitrant symptoms or contraindications to surgery. Additionally, IL-8 may represent a promising therapeutic target.1"

Comment 4: Add one possible limitation that there could be studies published and not available to your search and access.
Response: We agree with this point and have added a statement in the Limitations section as follows: "Fifth, although we adjusted our search strategy to include all relevant studies and balance the screening workload, some studies may not have been included in the meta-analysis."

Comment 5: Please include a list of abbreviations at the end of the manuscript.
Response: Thank you for your suggestion. We have included a comprehensive list of abbreviations at the end of the manuscript as requested.

Once again, we thank the reviewers and the editor for their thoughtful feedback and constructive comments, which have contributed to improving our manuscript. We believe these revisions have strengthened the paper and hope it will now meet your expectations.

Kind regards,
Kaoutar Cherrabi
Department of Head and Neck Surgery,
Hassan II University Hospital
cherrabi.kaoutar@gmail.com

Reference

1. Cergan R, Berghi O, Dumitru M, et al. Interleukin 8 Molecular Interplay in Allergic Rhinitis and Chronic Rhinosinusitis with Nasal Polyps: A Scoping Review. Life (Basel). Mar 15 2025;15(3)doi:10.3390/life15030469

1. Response Letter.pdf PDF