

FES: FESS Effectiveness Study: a multi-centre randomised controlled trial studying the effectiveness of functional endoscopic sinus surgery (FESS) in adult patients with chronic rhinosinusitis/nasal polyps unresponsive to medical therapy

Submission date 14/02/2006	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 14/02/2006	Overall study status Completed	☐ Statistical analysis plan ☐ Results
Last Edited 14/08/2009	Condition category Ear, Nose and Throat	☐ Individual participant data ☐ Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof W.J. Fokkens

Contact details
Academic Medical Center, Amsterdam
Department of Otorhinolaryngology
Room A2-234
P.O. Box 22660
Almere
Netherlands
1100 DD
+31 (0)20 5663789
W.J.Fokkens@amc.nl

Additional identifiers

Protocol serial number

NTR558

Study information

Scientific Title

Acronym

FES

Study objectives

FESS is effective: giving significant reduction of symptoms.

The indication for FESS must be based on the symptoms of the patient and its duration, computed tomography (CT) scan abnormalities and/or nasal endoscopic abnormalities, and a history of adequate conservative treatment.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from local medical ethics committee

Study design

Multicentre randomised open label active controlled parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Chronic rhinosinusitis (CRS), nasal polyps (NP)

Interventions

The intervention to be investigated is Functional Endoscopic Sinus Surgery (FESS). One treatment arm will receive FESS plus a standardised form of medical treatment. The control group will receive standardised medical treatment. The standardised medical treatment is topical steroids for mild CRS (without NP). In moderate/severe disease a long-term antibiotic is added. The therapy for NP will be corticosteroids. For mild NP therapy is a spray, for moderate disease therapy is a spray and drops, and for severe disease therapy is oral steroids with drops. Specific details are in the protocol.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The primary outcome measure is a validated disease-specific quality of life questionnaire: SNOT-20.

Key secondary outcome(s)

The secondary endpoint is re-evaluation of the indication for FESS. Another secondary endpoint will be the standardised evaluation of the nasendoscopy and the CT-scan. For the efficiency assessment 2 secondary endpoints will be evaluated: days of sick-leave and a work-productivity questionnaire.

Completion date

01/01/2008

Eligibility**Key inclusion criteria**

1. Males or females aged 18 years old can participate
2. Diagnosis CRS with/without NP (definition according to the European Position Paper on Rhinosinusitis and Nasal Polyposis [EPOS])
3. Prior treatment as defined in the treatment scheme of the protocol for at least 12 weeks
4. No prior sinus surgery
5. Indication for FESS, both criteria must be met:
 - 5.1. RSOM-31 (add score of magnitude of questions 1, 2, 4, 22 result >9)
 - 5.2. CT score >3 on 1 side at least, judged on a CT-scan made prior to visit 1 and made less than 4 months ago; Lund/Mackay scoring
6. Written informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Cystic fibrosis
2. Gross immunodeficiency (congenital or acquired)
3. Congenital mucociliary problems e.g. primary ciliary dyskinesia (PCD)
4. Non-invasive fungal balls and invasive fungal disease
5. Systemic vasculitis and granulomatous diseases
6. Patients who have any serious or unstable concurrent disease
7. Any structural nasal abnormalities (other than polyps or chronic sinusitis) e.g. severe nasal

septum deviation

8. Rhinosurgery during the past 6 weeks

9. Systemic steroids 4 weeks before the study

10. Medication affecting nasal mucosa (cyclosporin, β -blocker, ACE inhibitors, non-steroidal anti-inflammatory drugs [NSAIDs], reserpine, guanethidine, phenolamine, methyldopa, α -adrenoceptor antagonist and chlorpromazine)

11. Medication other than trial medication

12. Females who are pregnant or lactating

13. Inability to follow the instructions within this protocol or known inability to attend ALL clinical visits within the intervals stated

Date of first enrolment

01/01/2006

Date of final enrolment

01/01/2008

Locations

Countries of recruitment

Netherlands

Study participating centre

Academic Medical Center, Amsterdam

Almere

Netherlands

1100 DD

Sponsor information

Organisation

Academic Medical Centre (AMC) (Netherlands)

ROR

<https://ror.org/03t4gr691>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes