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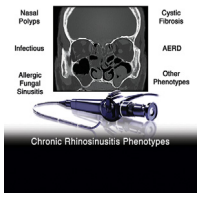
This month's theme: **Chronic Rhinosinusitis Phenotypes**

About the Cover



As the starburst on the cover indicates, the latest edition of Thomson Reuters' "Journal Citation Report" has been released, and we are very pleased to report that we reached 5.429 as our inaugural 2015 impact factor, measuring the citations made in 2015 to our articles published in 2013 and 2014. JACI: *In Practice* is tracked in two subcategories in the Thomson Reuters "Journal Citation Report." In the Allergy field, we now join the list ranking 5th out of 25 total journals (JACI is 1st). In the Immunology field, we are 27th out of 150 journals (JACI is fifth). The Editors and staff would like to thank our Editorial Board, reviewers, and especially our authors who have contributed to ensuring the content of our journal is of such high quality."

More than 4 decades ago, when the Deputy Editor of our journal was first afflicted by one of the phenotypes of Chronic Rhinosinusitis (CRS) and needed expert guidance, few diagnostic and therapeutic options were available. At that time, there was only a meager understanding of Samter's triad of nasal polyps, asthma, and aspirin sensitivity. Over the ensuing decades, innovative research on CRS has clearly identified specific phenotypes, endotypes, and promising novel therapies. Our current CRS theme issue highlights these advances in 8 Clinical Commentary Reviews (2 of which are accompanied by CME exams), 1 Pro/Con Debate, a Theme Editorial, 2 Original Articles, 3 Clinical Communications, an intriguing Image presentation of Allergic Fungal Sinusitis, and a Practice Options from Beyond our Pages feature on a promising biological treatment of nasal polyposis with CRS. The burden, pathophysiology, and management of CRS with nasal polyps is comprehensively reviewed by Drs Stevens, Schleimer, and Kern (p 565). Conditions that predispose to and are associated with CRS without nasal polyps are highlighted by Drs Cho, Kim, and Gevaert (p 575). Drs Bose, Grammer, and Peters (p 584) review CRS secondary to infections, which provides clinicians with the skills to more knowledgeably approach this common condition. Drs Lockey and Ledford (p 590) update our understanding of the leukotriene/prostaglandin relationship and role of aspirin desensitization in the aspirin-exacerbated respiratory disease (AERD) CRS phenotype. The clinical, pathologic, and radiographic criteria necessary to establish the diagnosis of allergic fungal rhinosinusitis from other types of CRS are critically examined by Drs Hoyt, Borish, Gurrola, and Payne (p 599). Dr Hamilos (p 605) educates us on the prevalence, genetics, pathophysiology, and treatment of CRS associated with cystic fibrosis and its increasing disease burden. Other phenotypes associated with CRS, including anatomic abnormalities, cilia dysfunction, age, allergic sensitization, immunodeficiency, dental infections, GERD, smoking, and the microbiome are clearly presented by Drs Naclerio and Baroody (p 613). Understanding the importance of the underlying inflammatory mechanisms in CRS phenotypes and associated responsiveness to treatments are highlighted by Drs Bachert and Akdis (p 621) in their review of emerging CRS endotypes. An illuminating Pro/Con debate on whether antibiotics are useful for CRS, presented by Drs Bachert and Hamilos (p 629), beseech us to be wiser and more investigative before routinely prescribing antibiotics for CRS but also to review the potential non-antibiotic beneficial effects of some of them. All the reviews conclude with a section on research questions and future directions for the CRS phenotype discussed. To consolidate all of the clinically useful information provided by the many in-depth reviews, Drs Cho, Bachert, and Lockey (p 639) present a Theme Editorial highlighting a practical approach to better medical care for CRS. We challenge our readers to take the time to read through all the informative reviews, which will clearly benefit them in managing the very common and challenging clinical problem of CRS.

The theme cover, artistically rendered by Craig Skaggs, clearly illustrates many of the existing CRS phenotypes that cause sinus CT abnormalities and a rhinoscope to emphasize the importance of rhinoscopy in the complete evaluation of these conditions. We are indebted to Dr Richard Lockey, a founding Editorial Board member, for his expertise in coordinating this issue's theme, assembling authorities on CRS to provide insightful and informative reviews, and also contributing a Clinical Commentary Review and a perceptive Editorial.

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REVIEW AND FEATURE ARTICLES

Clinical Commentary Reviews

Pro/Con Review

Theme Editorial

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