**Expert panel process to optimise the design of a randomised controlled trial in chronic rhinosinusitis (the MACRO programme)**

Blackshaw H, Vennik J, Philpott C, et al. (2019) 2019 *Trials*, 20, [230].

Please follow the link to read the paper: [Expert panel process to optimise the design of a randomised controlled trial in chronic rhinosinusitis (the MACRO programme) - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/31014344/)

MACRO is an NIHR-funded programme of work designed to establish best practice for treatment of adults with chronic rhinosinusitis (CRS). Part of its first stage was an expert panel review to finalise the trial design, ensuring relevance to patients and clinicians whilst maximising trial recruitment and retention. The panel consisted of the MACRO Programme Management Group, independent advisors, and patient contributors and it reviewed current evidence and other data collected in the first stage of the programme as a basis for its decisions. This paper reports the result of that work.

A 12-week course of clarithromycin was agreed as the macrolide antibiotic to be used in the trial. This was based on its increasing use as a first- and second-line treatment for patients with CRS, and the perceived need to establish its role in CRS treatment. Orally administered steroids are to be used as a rescue medication during the trial, rather than being routinely prescribed. This will limit any potential effects on surgical outcomes and better reflect current UK prescribing habits. Both types of CRS (with and without nasal polyps) are to be included in a single trial to best reflect the real world situation. After intense discussions and further exploratory work, a modified, three-arm trial design was agreed. Participating patients will be randomly allocated in equal numbers to receive either endoscopic sinus surgery, an extended course of clarithromycin or a course of identical placebo (inactive) tablets. Criteria for joining the trial were amended to ensure that standard medical treatment, as deemed suitable by their ENT surgeon, had already been unsuccessful. This removed the need for a 6-week run-in period prior to starting trial treatment, as had previously been planned.

The expert panel review process resulted in agreement on key elements and an optimal design for the MACRO trial. This is considered most likely to be successful in terms of both recruitment of patients to the trial and its ability to establish the best treatment for CRS.