# Optimise Eosinophilic Oesophagitis (EoE) Care

Based on the medical symposium 'Something to Chew On: Exploring Biologics in the Management of EoE', presented at UEG Week, held from 4th-7th October 2024 in Vienna, Austria.

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EoE, which involves Type 2 inflammation, and a predominant infiltration of eosinophils, is a chronic immune- and allergy-mediated disease that damages the oesophagus. It can be progressive, but diagnosis and treatment are often delayed, which can negatively impact physical health and quality of life.1

#### **Symptoms**

EoE symptoms vary by age and may reflect disease progression.<sup>2</sup> Detecting them can be challenging.

- In infants and young children, symptoms can be non-specific.
- · Patients may mask the symptoms with compensating behaviours.2

### **EoE Symptoms May Vary<sup>2</sup>**



Food refusal, feeding difficulties

Failure to thrive

**Young Children** 



**Adolescents, Adults** 



Do you prefer creamy or smooth food to solid food?

Identify adaptive behaviours by asking patients the right questions:<sup>2</sup>



Do you take longer to eat than others?



Do you cut your food into small pieces?

**Adaptive Behaviour** 



Do you need to drink a lot during meals?

# **Patient-centred Assessment Focuses On:**



Symptoms Ask about adaptive



Histology

Vomiting and regurgitation

Abdominal pain

Assess histological changes using the EoE-HSS.8



#### **Endoscopy**

Assess endoscopic features using EoE endoscopic reference score (severity of 5 endoscopic findings: oedema, rings, exudates, furrows, strictures) (EREFS)9

## Long-term Follow-up of EoE is Associated With:



More symptom control<sup>3</sup>



stricture4



Treatment optimisation<sup>5</sup>



Better histological response<sup>3</sup>



Earlier detection of histological relapse<sup>4</sup>



# Adaptive behaviours that IMPACT symptom assessment



Imbibe fluid with meals

Dysphagia

Food impaction

Modify food (cut, puree)

Prolong mealtimes Avoid hard

texture foods

Chew excessively

C

Turn away tablets/pills

### Conventional Therapies and the Importance of Maintenance and Monitoring

As relapses can occur when treatment is discontinued, maintenance may reduce the risk of complications.<sup>5</sup> Conventional treatments have risks and benefits, so monitoring response is key.



Elimination diet:

Can remove a disease trigger, but induces histological remission in less than 1/3 of adults.10



PPI: Can reduce inflammation, but around 36% of initial responders experience loss of response.11,12



**STC:** Can reduce inflammation, but there is a risk of cumulative exposure in the presence of comorbid Type 2 inflammatory conditions.13



Endoscopic dilation: The only treatment for obstruction, but it does not address underlying inflammation<sup>10</sup> so repeat procedures are often needed.14

## **Emerging Therapies**

Biologics are an emerging treatment strategy for EoE. They may be an option for those who do not respond to conventional treatments or in whom such treatments are contraindicated.



### **Conclusions:**

- Understanding the symptoms and the importance of ongoing management is essential to avoiding complications and providing quality care to children and adults living with EoE.
- While conventional treatments have limitations, emerging biologic medicines could represent a promising option.

#### After 2 years without follow-up, each additional year of absent EoE care increases the odds of stricture by 26%.6



Yet, up to 55% of patients can be lost to follow-up after presenting as an emergency with food impaction.7 Regular assessment, every 12-24 months, may detect relapses as early as possible, and minimise the risk of EoE complications.4

#### **Abbreviations:**

EoE: eosinophilic oesophagitis; EoE-HSS: EoE Histology Scoring System; EREFS: EoE endoscopic reference score (severity of 5 endoscopic findings: oedema, rings, exudates, furrows, strictures); mAb: monoclonal antibody; PPI: Proton pump inhibitor; STC: swallowed topical corticosteroids.

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