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Summary

EFFICACY OF DUPILUMAB IN PATIENTS WITH EOSINOPHILIC ESOPHAGITIS AND PRIOR USE OR PRIOR INADEQUATE RESPONSE, INTOLERANCE, OR CONTRAINDICATION TO SWALLOWED TOPICAL CORTICOSTEROIDS: RESULTS FROM PART C OF THE LIBERTY EOE TREET STUDY

Albert J. Bredenoord

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Oesophagus

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Dupilumab 300 mg weekly for 52 weeks achieved histologic remission and sustained improvements in symptoms and endoscopy in eosinophilic esophagitis patients regardless of prior swallowed topical corticosteroid use or response.

KEY POINTS

- In this Phase 3 subgroup analysis of 159 patients (70% with prior swallowed topical corticosteroid use), dupilumab demonstrated superior histologic response versus placebo at 24 weeks: 69% versus 7% achieved ≤6 eosinophils per high-power field in patients with prior swallowed topical corticosteroid use, and 57% versus 0% in those without prior use.
- At 52 weeks, histologic remission rates increased further in patients continuing dupilumab (86% with prior swallowed topical corticosteroid use, 81% without), and all patients achieved <15 eosinophils per high-power field regardless of prior swallowed topical corticosteroid use.
- Dysphagia symptom scores improved at 24 weeks with dupilumab versus placebo (mean change -27.3 versus -13.6 in patients with prior swallowed topical corticosteroid use) and continued to improve at 52 weeks (mean change -31.4 in patients continuing dupilumab).
- Endoscopic Reference Scores and Histologic Scoring System grade and stage scores further improved or were maintained at 52 weeks in patients continuing dupilumab and improved in patients switching from placebo to dupilumab.

– Similar efficacy was observed regardless of prior inadequate response, intolerance, or contraindication to swallowed topical corticosteroids and irrespective of the type of swallowed topical corticosteroid used (budesonide or fluticasone).

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