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Summary

THE REAL-LIFE BURDEN OF ESOPHAGEAL CANCER IN EOSINOPHILIC ESOPHAGITIS: A COMPARATIVE PROPENSITY-MATCHED ANALYSIS FROM A GLOBAL MULTICENTER DATABASE

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In a global retrospective study of over 92,000 patients, pure eosinophilic esophagitis without concurrent GERD or Barrett esophagus showed no increased risk of esophageal cancer compared to controls.

KEY POINTS

- Among 32,270 patients with pure EoE (excluding GERD and Barrett esophagus), 10 esophageal cancer cases occurred in both the EoE and control groups, with a non-significant hazard ratio of 0.893 (95% CI 0.290-2.754, p=0.844).
- In 92,447 EoE patients including those with concurrent GERD or Barrett esophagus, esophageal cancer occurred in 44 patients versus 31 controls, with a hazard ratio of 1.676 (95% CI 1.058-2.657, p=0.026).
- The study used propensity score matching adjusting for PPI use, family history of GI cancer, age, sex, other esophageal diseases, and GERD status, with mean follow-up of 1298.6 days in the GERD-inclusive cohort and 1046.5 days in the pure EoE cohort.
- No differences were found in sub-analyses for squamous cell carcinoma versus adenocarcinoma or for esophageal cancer location.
- The authors concluded that the mild esophageal cancer association reported in other studies is likely due to EoE overlap with GERD or Barrett esophagus, and that no specific cancer surveillance appears needed in pure EoE.

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