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Summary

LONG-TERM REMISSION OF EOSINOPHILIC ESOPHAGITIS CAN BE ACHIEVED WITH CONTINUOUS BUDESONIDE ORODISPERSIBLE TABLETS BUT NOT WITH AN INTERMITTENT TREATMENT REGIMEN: RESULTS FROM THE PHASE 3 RANDOMIZED CONTROLLED TRIAL EOS-3

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The EOS-3 trial demonstrated that continuous budesonide orodispersible tablets (BOT) 0.5 mg twice daily maintained clinical and histological remission in eosinophilic esophagitis over 48 weeks, while an intermittent dosing strategy did not differ significantly from placebo.

KEY POINTS

- At week 48, 62.2% of patients on continuous BOT remained relapse-free compared to 11.1% on intermittent BOT and 9.1% on placebo, with continuous BOT significantly superior to placebo ($p<0.0001$) but intermittent BOT not significantly different from placebo ($p=0.3998$).
- Histological remission (peak eosinophils <16/mm^2 hpf) was maintained in 88.9% of continuous BOT patients versus 24.4% on intermittent BOT and 13.6% on placebo ($p<0.0001$ for continuous vs. placebo).
- Combined clinico-histological remission was achieved by 73.3% on continuous BOT, 17.8% on intermittent BOT, and 9.1% on placebo at end of treatment.
- Peak eosinophil count increased by only 9/mm^2 with continuous BOT compared to +233/mm^2 with intermittent BOT and +305/mm^2 with placebo.
- Oral and oropharyngeal candidiasis occurred in 20.0% of continuous BOT patients, 6.7% on intermittent BOT, and 4.5% on placebo; all cases were successfully treated, and no new safety signals were identified.

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