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Summary

The EoE clinical recipe: ingredients from cause to care (AstraZeneca) (Complete Session)

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This educational symposium reviewed EOE as an epithelial-driven inflammatory disease, emphasizing the need for multi-domain assessment (symptoms, endoscopy, histology) to achieve deep remission and reduce disease progression including stricture formation.

KEY POINTS

- The speaker stated that EOE prevalence was estimated at 74 per 100,000 globally, with a five-fold increase in the US over the last decade, though true prevalence is likely higher due to underdiagnosis and diagnostic delay of up to 6–11 years.
- The speaker reported that 70% of patients with moderate to severe EOE have experienced food impaction, 50% of emergency endoscopies for food impaction yield an EOE diagnosis, and each year of diagnostic delay increases stricture risk by approximately 9%.
- TSLP (thymic stromal lymphopoietin) was described as the first gene associated with EOE in genome-wide association studies, and its overexpression disrupts the oesophageal barrier and drives a self-perpetuating inflammatory cycle involving alarmins and type 2 cytokines.
- Deep remission was defined as achieving symptom relief, endoscopic remission (EREFS score below 2), and histologic remission (below 15 eosinophils per high power field in practice; EHS score below 3 in trials), with the speaker emphasizing that symptoms correlate only moderately with histologic activity.
- The speaker stated that about half of patients do not achieve histologic remission with PPIs and about one-third fail to respond to swallowed topical corticosteroids, highlighting the need for therapies targeting chronic inflammation.
- AI models were presented as promising tools for improving eosinophil counting, endoscopic feature detection, and potentially symptom assessment, though robust implementation in clinical practice requires further data collection and validation.

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