Can We Change the Course of EoE? Detecting, Preventing, and Targeting Remodeling in the Right Patient, at the Right Time (Sanofi Regeneron) (Complete Session)

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This symposium presented three cases demonstrating that early identification and treatment of eosinophilic oesophagitis with dupilumab can achieve comprehensive disease control including reversal of fibrotic remodelling, particularly in patients with severe disease, atopic comorbidities, or inadequate response to conventional therapies.

KEY POINTS

- The speaker presented a 14-year-old with severe EOE (IHC score 50), atopic comorbidities, and food impaction despite PPI therapy who achieved complete histological remission within three months of starting dupilumab and was able to resume normal school and social activities.
- A 24-year-old non-atopic patient with 12 years of disease, multiple treatment failures, and emerging fibrostenotic features achieved deep remission on dupilumab 300mg weekly, with sustained control at two years and ability to reintroduce all foods.
- A 33-year-old woman with severe fibrous stenosis (oesophageal diameter 8-9mm) and mucosal tears from a standard endoscope showed marked improvement after six months of dupilumab, with resolution of inflammation and increase in diameter to 16mm without significant tears.
- The speaker stated that the REMODEL study showed dupilumab increased oesophageal distensibility plateau by 1.28mm at 24 weeks versus placebo, with greater improvement in patients starting with low distensibility, alongside improvements in endoscopic and histologic endpoints.
- The speaker reported that real-world Italian data showed over 90% of dupilumab-treated patients achieved complete remission (symptoms, endoscopy, histology combined) by 72 weeks, and that patients with higher fibrostenotic disease burden responded equally well.

– The speakers emphasized that detecting symptoms requires specific inquiry about maladaptive eating behaviors, that 75% of patients adapt their eating daily when properly questioned, and that quality of life is a fourth pillar of disease assessment alongside symptoms, endoscopy, and histology.

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