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Summary

Redefining EoE Control: Elevating Patient Lives Beyond Symptom Suppression (Sanofi Regeneron) (Complete Session)

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UEG Week Vienna 2024 | Presentation

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This symposium reviewed eosinophilic esophagitis as a chronic, progressive, relapsing disease driven by type 2 inflammation, emphasising the need to assess symptoms, endoscopy, and histology together for long-term disease control and highlighting dupilumab as a treatment option that addresses underlying pathophysiology beyond conventional therapies.

KEY POINTS

- The speakers stated that one in three EOE patients experience diagnostic delay exceeding 10 years, with adaptive behaviours (excessive chewing, prolonged meal times, avoiding textured foods) masking symptoms and contributing to progression; a Netherlands study reported that 2 years of diagnostic delay was associated with 20% risk of stricture or food impaction, rising to over 55% at 20 years.
- According to the speakers, up to 80% of patients on conventional therapy had persistent endoscopic and histological abnormalities despite symptom resolution, and two-thirds of patients with greater than 75% topical steroid adherence experienced histological relapse; European and American guidelines therefore recommend against exclusive symptom-based follow-up.
- The Liberty TREET study results presented showed no significant difference in clinical, histological, or endoscopic (EREFS) response to dupilumab at 24 and 52 weeks between patients with or without prior topical corticosteroid use, with histological remission reported as up to 100% at week 52 using a cut-off below 15 eosinophils per high-power field.
- The speakers stated that dupilumab targets IL-4 and IL-13 to address type 2 inflammation both locally in the oesophagus and systemically, and has received EMA approval for EOE in patients aged 1 year and older.

- Unlike immunosuppressive therapies used in inflammatory bowel disease, the speakers noted that dupilumab is immune modulatory and does not require tuberculosis screening, chest radiography, or hepatitis exclusion before initiation.
- Expert recommendations presented suggest endoscopic reassessment every 12 to 24 months in compliant patients, with individualised intervals for complicated cases requiring dilation therapy to achieve target oesophageal diameter of approximately 16 mm.

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