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Summary

DUPILUMAB FOR TREATMENT-REFRACTORY AND SEVERELY FIBROSTENOTIC PATIENTS WITH EOSINOPHILIC ESOPHAGITIS: 1-YEAR OUTCOMES FROM THE “DESTRICT” PROSPECTIVE COHORT STUDY

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UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Oesophagus | Immunology

October 19, 2026

In treatment-refractory, severely fibrostenotic EoE patients with prior frequent dilations, weekly dupilumab for 52 weeks achieved 70% histologic response with significant improvements in esophageal diameter, endoscopic severity, and symptoms.

KEY POINTS

- At Week 52, 70% of patients achieved histologic response (PEC less than 15 eos/hpf), with eosinophil counts decreasing from 143 to 6 eos/hpf (96% decrease, P = 0.005).
- Minimum esophageal diameter increased from 12 mm to 17 mm (42% increase, P = 0.005), and 40% of patients no longer required dilation at Week 52.
- EREFS decreased from 7 to 2 (71% decrease, P = 0.004), with inflammatory subscore reaching 0 and fibrostenotic subscore decreasing to 2.
- Symptom scores (EEsAI PRO) improved from 27 to 0 (P = 0.006), and disease severity shifted from 100% severe at baseline to 80% mild and 10% inactive at Week 52.
- Dupilumab was generally well tolerated with no medication-related serious adverse events; the most common adverse events were injection-site reactions.
- This interim analysis included 10 patients from a planned cohort of 20, all with severe baseline disease (median 6 prior dilations, median 11 years of EoE) who had failed PPIs and topical corticosteroids.

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