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Summary

Bridging the Gap in EoE: Innovative Strategies for Seamless Transition of Care (Sanofi Regeneron) (Complete Session)

Thomas Greuter

UEG Week Berlin 2025 | Presentation

October 5, 2025

This educational symposium on eosinophilic esophagitis used a case-based approach to teach recognition of type 2 inflammation, disease monitoring strategies, and treatment options including newly approved therapies.

KEY POINTS

- The speaker presented EOE as a chronic type 2 inflammatory disease that progresses from inflammation to fibrosis over time, with eosinophils, Th2 cells, ILC2 cells and mast cells driving tissue remodelling.
- Diagnostic delay averages 4 years according to data the speaker cited from Italy, Switzerland and the US, with challenges including non-specific symptoms in children and adaptive eating behaviours that mask dysphagia in all age groups.
- The speaker stated that a 2-4 year gap in care correlates with 27% probability of fibrostenotic disease, and gaps exceeding 8 years correlate with 62% probability, emphasizing the importance of continuous follow-up.
- The speaker reported that in the phase 3 EOS-2 trial, budesonide orodispersible tablet achieved up to 75% remission at week 48 in adults, with local candidiasis as the main side effect.
- The speaker reported that in the phase 3 Liberty EU TREET study, dupilumab achieved histologic response in 89% of patients at week 24 using a threshold of fewer than 15 eosinophils per high-power field, with injection site reactions as the primary adverse event.
- The faculty recommended at least 6 biopsies from 2 oesophageal regions for diagnosis, emphasized that up to one-third of cases may have normal endoscopy, and taught that histologic features beyond peak eosinophil count aid in assessing disease severity.

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