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Summary

DUPILUMAB IMPROVES MUCOSAL IMPEDANCE, A MARKER OF BARRIER DYSFUNCTION, IN ADULTS WITH EOSINOPHILIC ESOPHAGITIS: 24-WEEK RESULTS FROM THE RANDOMIZED, PLACEBO-CONTROLLED REMODEL TRIAL

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Oesophagus

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In the phase 4 REMODEL trial, dupilumab 300 mg weekly significantly improved esophageal mucosal impedance versus placebo at 24 weeks in adults with active eosinophilic esophagitis, suggesting positive effects on epithelial barrier function.

KEY POINTS

- At Week 24, dupilumab increased mucosal impedance by a mean of 2065.55 ohms from baseline versus a decrease of 49.04 ohms with placebo (difference 2114.59 ohms, 95% CI 1149.75 to 3079.42, nominal P<0.0001).
- Greater proportions of dupilumab-treated patients achieved impedance thresholds indicating potential barrier restoration: 61% versus 22% reached >2500 ohms, 57% versus 13% reached >3500 ohms, and 39% versus 13% reached >4000 ohms.
- Dupilumab also significantly improved EREFS scores (LSM difference -4.96, P<0.0001), EoEHSS grade and stage scores (LSM differences -0.71 and -0.65, both P<0.0001), and achieved histologic remission (≤6 eos/hpf) in 59% versus 4% with placebo.
- The study randomized 69 adults with active EoE 2:1 to dupilumab or placebo for 24 weeks; mucosal impedance was measured during endoscopy using the MiVu EndoCap at 10 one-centimeter spaced readings superior to the squamocolumnar junction.
- An ongoing 104-week open-label extension will further assess long-term effects of dupilumab on esophageal remodeling and epithelial barrier function.

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