# **EOSINOPHILIC ESOPHAGITIS – PATIENT JOURNEY**

Screening, Diagnosis and Treatment

**Eosinophilic esophagitis (EoE) is a chronic immune or antigen-mediated process.** Its prevalence has been increasing and is most commonly diagnosed in males rather females because of genetic factors and hormonal differences. Topical corticosteroids are the first-line medication for EoE with 70–80% success rate. The treatment of EoE is accompanied by numerous comorbidities and complications such as asthma and food allergies. However, treatment options like biomarker treatment and genetic testing would enable personalized therapy with potential risk of side effects.

### TREATMENT AND SCREENING PROTOCOL

Eosinophilic esophagitis is more prevalent in adults compared to children because of factors such as esophageal maturity, which makes its more susceptible to EoE as well as immune system changes.

## **INITIAL SCREENING**

- Initial symptoms include difficulty in swallowing, abdominal/chest pain, vomiting, heartburn/reflux, refusing food, bloating, and lethargy.
- During the first physician visit, medical history and symptoms are reviewed, followed by a physical examination and initial tests.

For individuals with high sensitivity, symptoms such as difficulty in swallowing, heartburn, and nausea can occur within **30 mins.** 

Initial tests include blood tests and chest X-ray or CT scan.

According to a study, ~40% of patients with EoE were misdiagnosed with Schatzki's ring.

## **DIAGNOSIS**

- Depending on the initial test results, further tests are recommended such as:
  - · Allergy test
  - Endoscopy with biopsy and eosinophil count
  - Trans-nasal endoscopy
  - · Sponge or string tests

In case of positive diagnosis, disease location is determined as EoE can be in other parts of the GI tract.

## **TREATMENT**

#### **Dietary Therapy**

- 2-4-6 elimination diet for cow's milk, wheat, egg, soy, peanuts/tree nuts, and/or fish/shellfish
- Elemental diet
- Temporary feeding tube

#### **Medications**

- Topical corticosteroids (first-line treatment), e.g., Budesonide, Ciclesonide
- Proton pump inhibitors (e.g., Omeprazole, Pantoprazole)
- Dupilumab (Dupixent)

#### **Others**

- Endoscopic dilation (balloon or bougie dilators)
- Clinical trials

Around **70–80%** of patients achieve symptom remission with first-line treatment.

## **Long-term Management**

- Ongoing lifestyle adjustment must be made, including dietary restrictions, managing stress, and adhering to prescribed medications.
- Regular follow-up visits are essential for monitoring disease activity, adjusting treatment plans, and addressing complications.

## **Additional Considerations**

- Many individuals with EoE may have concurrent conditions such as allergies or asthma, necessitating additional management and support.
- EoE can lead to complications like food bolus obstruction, malnutrition mainly due to limited oral intake, or delayed growth in children.



#### **KEY UNMET NEEDS**

Unmet Needs	Description	
Varied diagnostic criteria	Different protocols across regions lead to discrepancies in diagnosis and treatment, necessitating global standardization.	
Non-personalized treatment approached	Current one-size-fits-all treatments may not be optimal for all patients. Identifying individual triggers and tailoring therapy accordingly could improve outcomes.	
Less durable treatment options	Existing therapies like dietary restrictions and topical steroids can be challenging to maintain or have potential side effects. New, safe, and long-lasting medications are needed.	
Psychological support and coping mechanisms	Managing dietary restrictions, anxiety about food triggers, and social limitations can be emotionally challenging. Hence, access to psychological support and coping strategies is essential.	

Addressing these unmet needs requires collaboration among healthcare professionals, researchers, patient advocacy groups, and policymakers.

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca Research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decision-making

#### **HOW CAN ARANCA HELP?**

	Patient journey mapping: pre- and post-		<b>Disease Progression Modelling</b> : Parameters
01	diagnosis, field stories and burdensome part of	02	used in disease progression, disease and
	disease from patient and caregiver perspective.		symptom progression

- Patient Breakpoint Analysis: Understanding key pain points in the patient journey from the patient and caregiver perspective

  Unmet needs mapping and Quality of life(QoL): Disease progression, Symptoms impacting QoL, Daily activity impairment
- O5 Economic Burden and Unmet Need
  Analysis: Impact of a disease on the patient's economic well-being and unmet needs analysis

