

Update of eosinophilic esophagitis and the role of biologic therapy.

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1

Objectives

- The learner should be able to:
 1. Review available data on therapies for EoE
 2. Discuss newly published clinical data for biologics for EoE
 3. Develop a treatment plan for patients presenting with EoE

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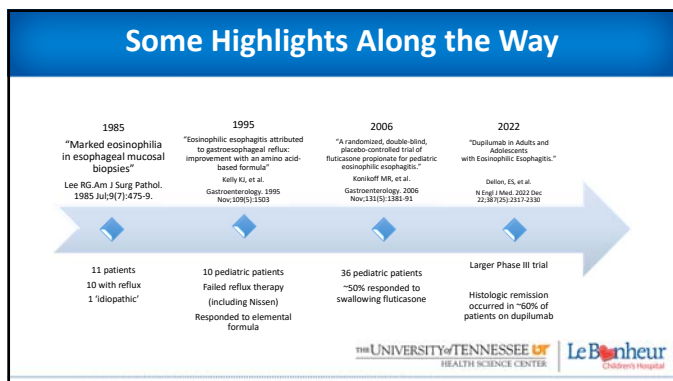
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PubMed Articles for 'Eosinophilic Esophagitis'

Year	Count
1974	0
1975	0
1976	0
1977	0
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1979	0
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3



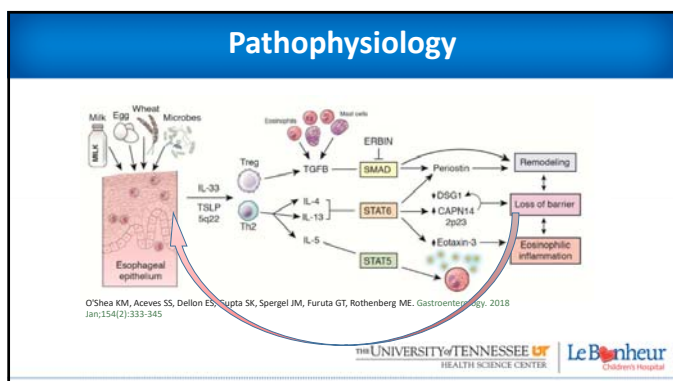
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Epidemiology

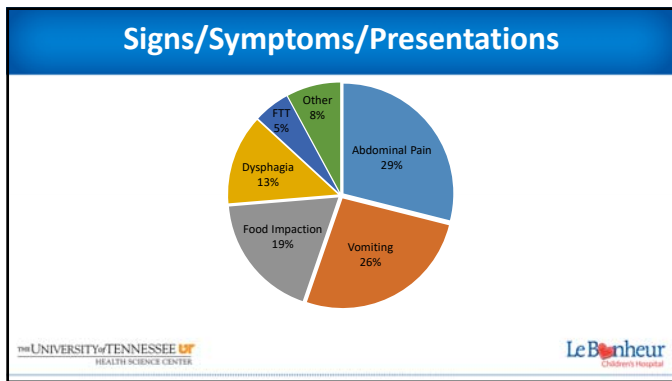
Author	Location	Population	Time Frame	Prevalence (per 100,000)
Noel	Hamilton County, OH	Pediatric	2000-2003	43.0
Buckmeier			2000-2006	90.7
Cherian	Perth, Australia	Pediatric	1995, 1999, 2004	89.0
Gill	Huntington region, WV	Pediatric	1995-2004	73.0
Dellon	United States	Adult and pediatric	2009-2011	56.7

Prevalence of achalasia is ~7-32 cases per 100,000 individuals
Nat Rev Dis Primers. 2022 May 5;8(1):28.

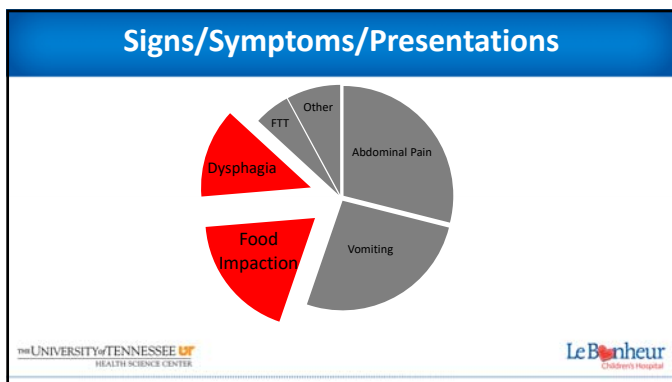
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7



8

Treatment

- What are your treatment goals
 1. Resolution of inflammation
 2. Prevention of food impactions
 3. Improvement in symptoms

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9

Therapeutic options

The slide features three main images: a bowl of fruits and vegetables representing dietary changes; two purple capsules labeled '40mg' representing medication; and a diagram of the esophagus with surgical incisions representing endoscopic therapy. Logos for the University of Tennessee Health Science Center and Le Bonheur Children's Hospital are at the bottom.

10

2019

InsiderAlert
American College of Allergy, Asthma & Immunology

Breaking Specialty News

Dear ACAAI Member:

College President Todd A. Mahr, MD, invites you to review the **DRAFT Practice Parameter on the Management of Eosinophilic Esophagitis (EoE)**, developed by the Joint Task Force on Practice Parameters in collaboration with the American Gastroenterological Association.

Comments on Part I and Part II of the document will be accepted until **Wednesday, May 15**. To avoid your assigned reviewer's review comments, please use the [DRAFT Clinical Guidelines Comment Card](#) and return your completed form to JTFPP@allergy.org. **ONLY COMPLETED GUIDELINE OR RP FORMS WILL BE ACCEPTED.** Take advantage of this opportunity to weigh in on guidelines used in diagnosing the practice.

Authors of the technical report (Part I) include: M. Rank, MD, R. Shorof, MD, MS, G. Furuta, MD, Acosta, MD, PhD, M. Greenhand, MD, MSc, MBA, J. Spengler, MD, PhD, Y. Falck-Ytter, MD, E. Dostin, MD.

Collaborators: J. Bernstein, MD, C. Dinaker, MD, D.B.K. Golden, MD, D. Khan, MD, J. Lidderman, M. Oppenheimer, MD, M. Shaker, MD, D. Stukus, MD, D. Wallace, MD, J. Wang, MD.

Authors of the clinical guideline (Part II) include: I. Hirawa, MD, E. Chan, MD, M. Rank, MD, R. Shorof, MD, R. Shorof, MD, D. Stukus, MD, R. Wang, MD, M. Greenhand, MD, Y. Falck-Ytter, MD.

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Deadline for comments on the Practice Parameter on the Management of EoE (eomg018) is closing in one week. Comments will be accepted until Wednesday, May 15. Only comments received on the [draft comment form](#) will be accepted.

11

Current Guidelines

Ann Allergy Asthma Immunol 124 (2020) 416–423

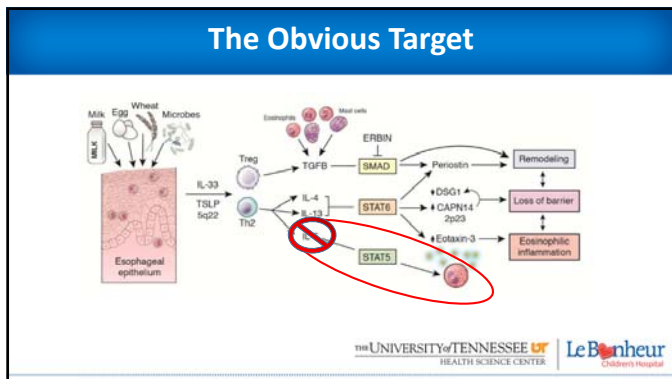
Contents lists available at ScienceDirect

Practice Parameter

AGA institute and the joint task force on allergy-immunology practice parameters clinical guidelines for the management of eosinophilic esophagitis

[Check for updates](#)

12



19

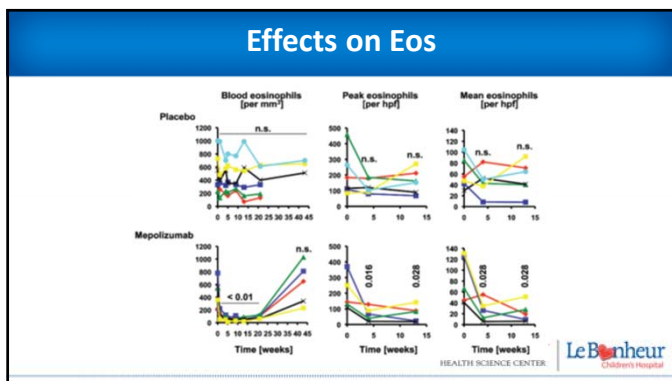
Anti IL-5

Anti-interleukin-5 antibody treatment (mepolizumab) in active eosinophilic oesophagitis: a randomised, placebo-controlled, double-blind trial

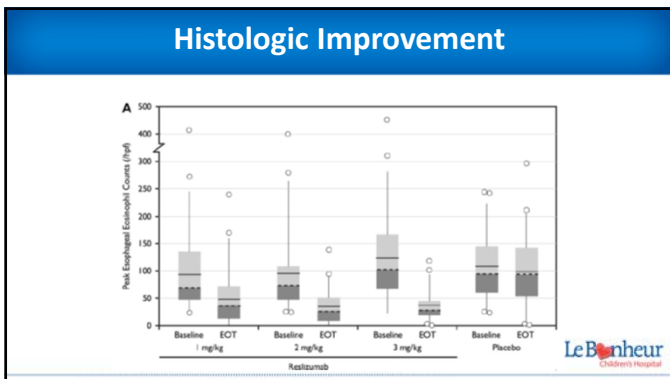
A Straumann,¹ S Conus,² P Grzonka,² H Kita,³ G Kephart,³ C Bussmann,⁴ C Beglinger,⁵ D A Smith,⁶ J Patel,⁷ M Byrne,⁷ H-U Simon²

Gut 2010;**59**:21–30. doi:10.1136/gut.2009.178558

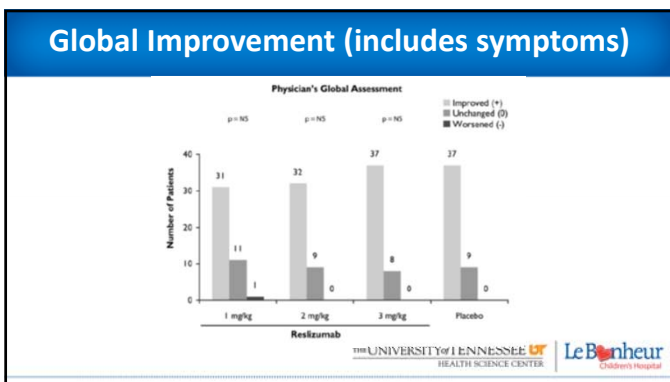
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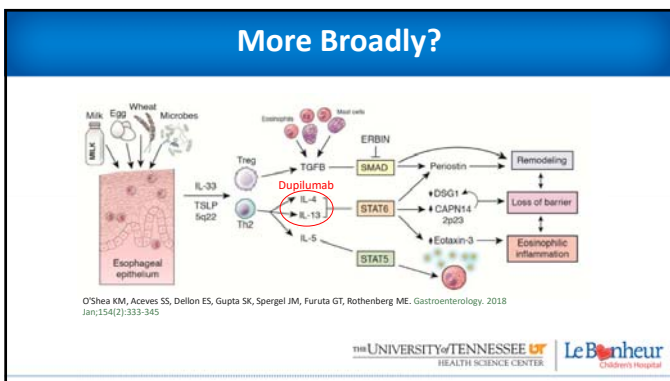
21



25



26



27

Dupilumab for EoE



THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

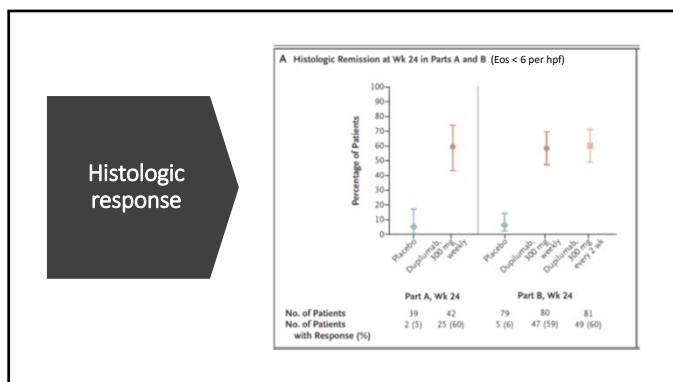
N Engl J Med . 2022 Dec 22;387(25):2317-2330.

Dupilumab in Adults and Adolescents with Eosinophilic Esophagitis

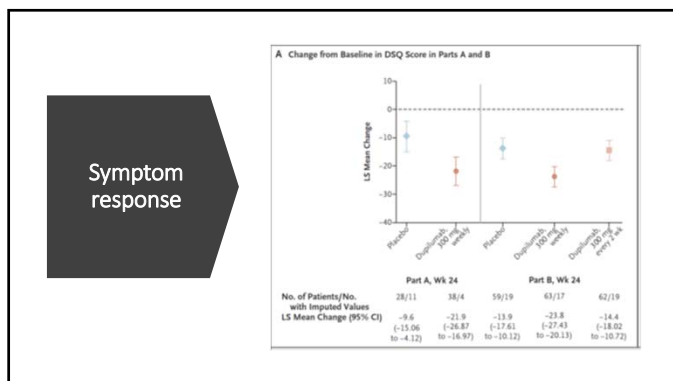
E.S. Dellon, M.E. Rothenberg, M.H. Collins, I. Hirano, M. Chehade, A.J. Bredenoord, A.J. Lucendo, J.M. Spergel, S. Aceves, X. Sun, M.P. Kosloski, M.A. Kamal, J.D. Hamilton, B. Beazley, E. McCann, K. Patel, L.P. Mannent, E. Laws, B. Akinlade, N. Amin, W.K. Lim, M.F. Wipperman, M. Ruddy, N. Patel, D.R. Weinreich, G.D. Yancopoulos, B. Shumel, J. Maloney, A. Giannelou, and A. Shabbir

28



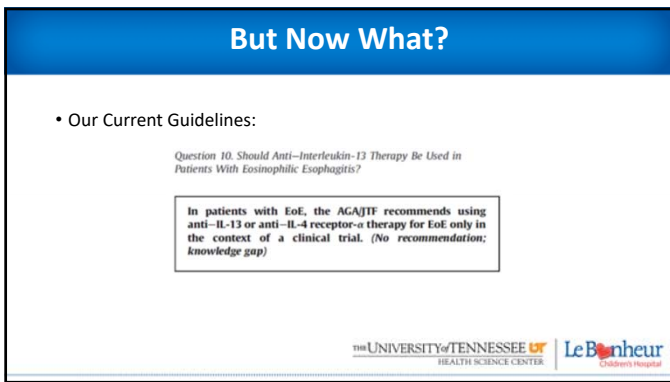
29



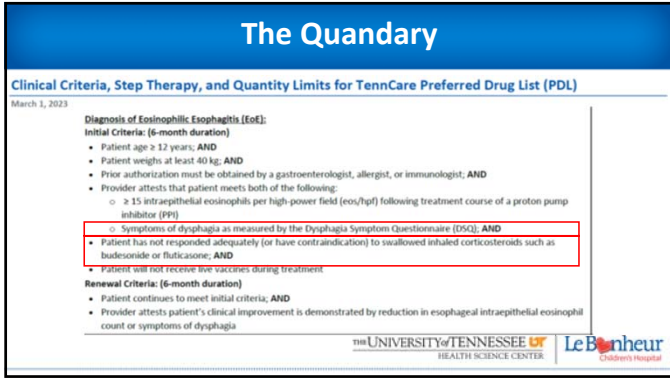
30



31



32





33

In Need of Guidance and Guidelines

Ann Allergy Asthma Immunol 130 (2023) 371–378

Contents lists available at ScienceDirect






Special Series

Clinical guidance for the use of dupilumab in eosinophilic esophagitis [Check for updates](#)

A yardstick

Seema S. Aceves, MD^a; Evan S. Dellon, MD^b; Matthew Greenhawt, MD^c; Ikuo Hirano, MD^d;
Chris A. Liacouras, MD^{e,f}; Jonathan M. Spergel, MD, PhD^{g,h,i,*}

34

Expert Opinion Supports Individualized Therapy

Table 3
Clinical Scenarios Suggesting the Use of Dupilumab for Eosinophilic Esophagitis

Contexts Where First Line Use Should Be Considered

- Patients with multiple comorbid atopic conditions that include
 - Moderate, persistent, or difficult to control asthma
 - Moderate, persistent, or difficult to control atopic dermatitis
 - Difficult to control chronic sinusitis with nasal polyps
- Patients with a strong preference to avoid dietary restriction or topical swallowed steroids

Context when dupilumab can be considered as step up therapy

- Eosinophilic Esophagitis that is difficult to treat
- Patients with failure to thrive, poor growth or significant weight loss due to EoE
- Patients with frequent use of rescue therapies
 - Oral systemic steroids
 - Esophageal dilations
- Patients with severe diet restriction or requiring amino acid formula
- Patients with clinically significant esophageal strictures or narrow caliber esophagus

Patients refractory to current therapy


- Due to continued symptoms
- Due to persistent abnormal esophageal inflammation
- Due to adverse effects of current therapy
- Due to intolerance of current therapy
- Due to inability to adhere to current therapy

- Patients with adverse effects to current therapy

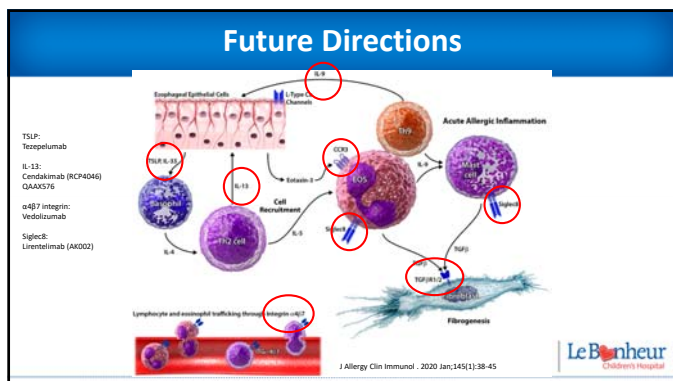



35

S.S. Aceves et al. / Ann Allergy Asthma Immunol 130 (2023) 371–378

Example Patient Scenario	Shared Decision-Making Process	Treatment Plan
 <p>32-year-old male with abdominal pain and dysphagia x 4 years. Has trialed ranitidine prn. EGD with biopsies show normal esophagus with 40 eos/hpf in the distal esophagus and the 15 eos/hpf in the mid esophagus. He has obesity and DM Type II and no other atopic conditions</p>	<p>Patient voices concerns about use of steroids in worsening his glycemic control. He feels may not be able to adhere to diet. He is seeking a simple and inexpensive strategy to managing his EoE for the time being.</p>	<p>Given his comorbidities and relatively straightforward disease, after discussion of the risks and benefits of the available options, it is mutually agreed upon to try a PPI as a first line therapy, which aligns with his goals and thoughts on his present disease state.</p>

36



40



41
