A stylized white silhouette of a human head and upper torso against a blue background. The esophagus is highlighted in a gradient from blue at the top to red at the bottom, with a dark blue circular area at the junction of the stomach. The title text is positioned to the right of the head.

# MANAGING PATIENTS WITH EOSINOPHILIC ESOPHAGITIS (EoE)

**This convenient resource can help  
assess and monitor the condition  
of your patients with EoE or  
suspected EoE**

# EoE IS A CHRONIC, PROGRESSIVE TYPE 2 INFLAMMATORY DISEASE<sup>1</sup>

It's important to regularly monitor for disease progression because chronic inflammation can have long-term consequences

## Assessing the following three areas is strongly encouraged for a proper understanding of a patient's disease status:

### Symptoms:

- Symptoms can vary between patients and across age groups, often progressing from feeding difficulties in young children to dysphagia and food impaction in adolescents and adults
- Patients of all age groups may have developed adaptive behaviors to mask symptoms, such as chewing excessively, drinking excess liquids with meals, and avoiding bulky, hard textured foods

### Histology:

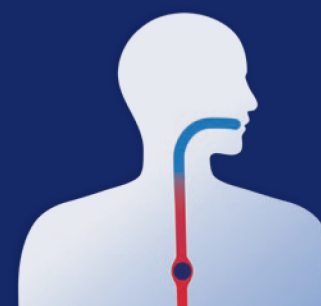
- Histology can reveal eosinophilic inflammation as well as other abnormalities driven by inflammatory cells
- Esophageal eosinophil counts obtained from biopsies are used to establish a diagnosis of EoE
  - EoE is histologically defined as  $\geq 15$  EOS/HPF<sup>2,3</sup>

### Endoscopic Appearance:

- Endoscopic appearance can reveal inflammatory and fibrotic structural changes in the esophagus
  - Endoscopic features such as edema, rings, exudate, furrows, and stricture can be used to help evaluate disease

**The risk of disease progression is impacted, in part, by delays in diagnosis and inadequate treatment response<sup>4-6</sup>**

EOS/HPF, eosinophils per high-power field.



## UNDERSTANDING EOSINOPHILIC ESOPHAGITIS (EoE) DISEASE ACTIVITY

Use this checklist during each patient visit to assess their EoE

### Assess EoE signs and symptoms<sup>1-3</sup>

#### Has your patient experienced any of the following while eating?

- Trouble swallowing food/dysphagia  
If yes, how many times in the last week? \_\_\_\_\_
- Painful swallowing/chest pain
- Feeling of food getting stuck in their throat/chest
- Heartburn
- Regurgitation of swallowed food
- Food impaction

#### Has your patient exhibited any adaptive behaviors that may mask symptoms?

- Cut their food into small pieces
- Chew their food for a long time
- Drink lots of liquids while eating
- Add a lot of sauce to "lubricate" their food
- Take longer to eat than others
- Avoid hard texture, sticky, or bulky foods (e.g., meats, breads)
- Avoid pills or tablets
- Avoid social settings that involve eating

#### Has your patient had an endoscopy?

- Was a biopsy also taken?  
If yes, what was the eosinophil count (EOS/HPF)? \_\_\_\_\_
- Were visible changes in the esophagus recorded in the endoscopy report? (edema, rings, etc.)
- Has your patient had a dilation performed?

#### Assess the presence of other type 2 comorbidities

- Food allergies
- Asthma
- Allergic rhinitis
- Atopic dermatitis
- Other \_\_\_\_\_

**TO HELP YOU MONITOR DISEASE ACTIVITY, OR IF FURTHER EVALUATION IS REQUIRED, CONSIDER REFERRING YOUR PATIENT FOR AN ENDOSCOPY<sup>4</sup>**

# IT'S IMPORTANT TO EVALUATE YOUR PATIENTS ACROSS THESE 3 KEY AREAS<sup>2,6,7</sup>



SYMPTOMS



HISTOLOGY



ENDOSCOPIC APPEARANCE

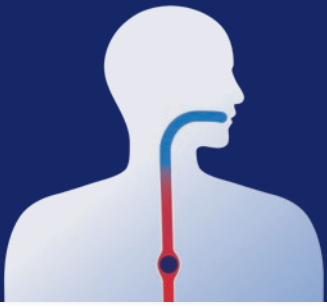
Scan to learn more about  
type 2 inflammation and EoE



**References:** **1.** Bredenoord AJ, Patel K, Schoepfer AM, et al. Disease burden and unmet need in eosinophilic esophagitis. *Am J Gastroenterol.* 2022;117(8):1231-1241. **2.** Aceves S, Alexander J, Baron T, et al. Endoscopic approach to eosinophilic esophagitis: American Society for Gastrointestinal Endoscopy Consensus Conference. *Gastrointest Endosc.* 2022;96(4):576-592.e1. **3.** Dellon ES, Gupta SK. A conceptual approach to understanding treatment response in eosinophilic esophagitis. *Clin Gastroenterol Hepatol.* 2019;17(11):2149-2160. **4.** Dellon E, Kim HP, Sperry SLW, Rybnicek DA, Woolsey JT, Shaheen NJ. A phenotypic analysis shows eosinophilic esophagitis is a progressive fibrostenotic disease. *Gastrointest Endosc.* 2014;79(4):577-585.e4. doi: 10.1016/j.gie.2013.10.027 **5.** Schoepfer AM, Safroneeva E, Bussmann C, et al. Delay in diagnosis of eosinophilic esophagitis increases risk for stricture formation in a time-dependent manner. *Gastroenterology.* 2013;145(6):1230-1236. **6.** Lucendo AJ, Molina-Infante J, Arias A, et al. Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults. *United European Gastroenterol J.* 2017;5(3):335-358. **7.** Chehade M, Falk GW, Aceves S. Examining the role of type 2 inflammation in eosinophilic esophagitis. *Gastro Hep Adv.* 2022;1(5):720-732.

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Notes:

**References:** **1.** Hirano I, Furuta GT. Approaches and challenges to management of pediatric and adult patients with eosinophilic esophagitis. *Gastroenterology*. 2020;158(4):840-851. **2.** Muir AB, Brown-Whitehorn T, Godwin B, Cianferoni A. Eosinophilic esophagitis: early diagnosis is the key. *Clin Exp Gastroenterol*. 2019;12:391-399. **3.** Kamat S, Yaworski A, Guillemin I, et al. Novel questionnaires for assessing signs and symptoms of eosinophilic esophagitis in children. *J Allergy Clin Immunol Pract*. 2022;10(7):1856-1863. **4.** Aceves S, Alexander J, Baron T, et al. Endoscopic approach to eosinophilic esophagitis: American Society for Gastrointestinal Endoscopy Consensus Conference. *Gastrointest Endosc*. 2022;96(4):576-592.e1.