A stylized human silhouette in profile, facing right. The head is white, and the body is a light blue gradient. A blue line represents the oral cavity and upper esophagus, while a red line represents the lower esophagus. A dark blue circle is located in the lower esophagus. The background is a light blue gradient.

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 DISEASE¹

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



The ASGE asserts that endoscopy is essential in caring for and evaluating patients with EoE^{2,3}:

For diagnosis:

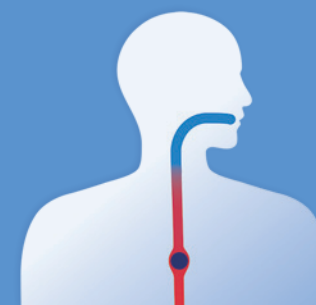
1. Perform an endoscopy
2. Obtain at least 6 biopsy samples (should be taken from both the distal and mid-proximal esophagus) to measure the patient's EOS/HPF count
 - EoE is histologically defined as ≥ 15 EOS/HPF⁴

For monitoring:

Endoscopy and biopsy sampling, and not symptoms alone, are needed to monitor EoE activity.^{2,3}

The risk of disease progression is impacted, in part, by delays in diagnosis and inadequate treatment response^{5,6}

ASGE, American Society for Gastrointestinal Endoscopy; 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^{1,2}

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

Evaluate the esophagus with an endoscopy (EoE is histologically defined as ≥ 15 EOS/HPF)³⁻⁵

- Has your patient had an endoscopy with biopsy?
If yes, what was the eosinophil count (EOS/HPF)? _____
- Did your patient have visible signs of inflammation and fibrostenosis?
 - Edema Exudate Furrows Rings Stricture
 - What was the EREFS score (if conducted)? _____
- Has your patient had a dilation performed?

Assess the presence of other type 2 comorbidities

- Food allergies Asthma Allergic rhinitis Atopic dermatitis
- Other _____

EREFS, endoscopic reference score.

EoE IS A CHRONIC, PROGRESSIVE DISEASE DRIVEN BY TYPE 2 INFLAMMATION⁶
Continue monitoring at every visit

IT'S IMPORTANT TO EVALUATE YOUR PATIENTS ACROSS THESE 3 KEY AREAS



SYMPTOMS



ENDOSCOPIC APPEARANCE



HISTOLOGY

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 ES, Gonsalves N, Hirano I, Furuta GT, Liacouras CA, Katzka DA; American College of Gastroenterology. ACG clinical guideline: evidenced based approach to the diagnosis and management of esophageal eosinophilia and eosinophilic esophagitis (EoE). *Am J Gastroenterol.* 2013;108(5):679-692. **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 Á, 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.

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