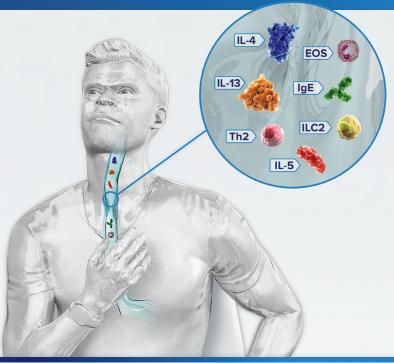
UNDERSTANDING

EOSINOPHILIC ESOPHAGITIS (EoE)



EoE is a chronic inflammatory disease with rising prevalence among children and adults^{1,2}



Approximately 1 in 2000

people in the United States have EoE, and it is 3x more common in Caucasian males^{3,4}

Misdiagnosis or underdiagnosis

tends to delay a correct diagnosis by ~10 years in adults¹

EoE has a high disease burden

for patients, with a significant impact on quality of life, resulting in daily disruptions and restrictions for them and caregivers²

People living with EoE often require significant lifestyle modifications

to reduce symptoms of esophageal dysfunction²

Adult patients with EoE may experience the following signs and symptoms^{2,5-8}:



Dysphagia

Characterized by discomfort during meals due to difficulty swallowing



Chest pain (noncardiac)

Presents in the majority of patients with EoE



Fibrosis of the esophagus

Gradually leads to stenosis (narrowing) in many patients with EoE



Food impaction and bolus removal

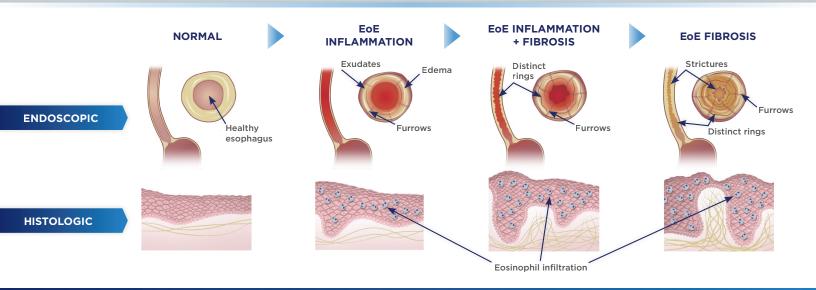
Food impaction is a direct consequence of esophageal fibrosis and tissue remodeling. Removal of food bolus impaction frequently involves an urgent endoscopic intervention



Impaired quality of life

Frequent vomiting, restricted diets, social isolation and rejection, fatigue, increased ER visits, and higher economic burden

EoE is a progressive disease characterized by endoscopic and histologic changes to the esophagus due to chronic Type 2 inflammation⁹⁻¹²



Progressive remodeling and fibrosis may lead to esophageal strictures, which worsen dysphagia and may result in food impaction and require dilation⁹

While successful for some patients, current standard of care does not fully address Type 2 inflammation^{6,7,13,14}

There remains an unmet need to reduce esophageal dysfunction and eosinophil-predominant inflammation in order to improve endoscopic signs, clinical symptoms, and quality of life in patients with EoE

Current eosinophilic esophagitis management approaches include^{7,8,10,11,13,14}:

- Food elimination diets
- Swallowed topical corticosteroids
- Proton pump inhibitors (PPI)
- Esophageal dilation
- Upper endoscopy for the management of esophageal food impaction

Explore an underlying source of eosinophilic esophagitis

References: 1. Chehade M, Jones SM, Pesek RD, et al. Phenotypic characterization of eosinophilic esophagitis in a large multicenter patient population from the Consortium for Food Allergy Research. J Allergy Clin Immunol Pract. 2018;6(5):1534-1544.e5. 2. Mukkada V, Falk GW, Eichinger CS, King D, Todorova L, Shaheen NJ, Health-related quality of life and costs associated with eosinophilic esophagitis: a systematic review. Clin Gastroenterol Hepatol. 2018;16(4):495-503.e8. 3. Dellon ES, Jensen ET, Martin CF, Shaheen NJ, Kappelman MD. Prevalence of eosinophilic esophagitis in the United States. Clin Gastroenterol Hepatol. 2014;12(4):589-596.e1. 4. Sperry SL, Woosley JT, Shaheen NJ, Dellon ES. Influence of race and gender on the presentation of eosinophilic esophagitis. An J Gastroenterol. 2012;107(2):215-221. 5. Li-Kim-Moy JP, Tobias V, Day AS, Leach S, Lemberg DA. Esophageal subepithelial fibrosis and hyalinization are features of eosinophilic esophagitis. J Pediatr Gastroenterol. 2012;152(2):147-153. 6. O'Shea KM, Aceves SS, Dellon ES, et al. Pathophysiology of eosinophilic esophagitis. Gastroenterology. 2018;154(2):333-345. 7. D'Alessandro A, Esposito D, Pesce M, Cuomo R, De Palma GD, Sarnelli G. Eosinophilic esophagitis: from pathophysiology to treatment. World J Gastrointest Pathophysiol. 2015;6(4):150-188. 8. Straumann A, Bussmann C, Zuber M, Vannini S, Simon H-U, Schoepfer A. Eosinophilic esophagitis: analysis of food impaction and perforation in 251 adolescent and adult patients. Clin Gastroenterol Hepatol. 2008;6(5):598-600. 9. Dellon ES, Hirano I. Epidemiology and natural history of eosinophilic esophagitis. Gastroenterology. 2018;154(2):319-332.e3. 10. Gomez Torrijos E, Gonzalez-Mendiola R, Alvarado M, et al. Eosinophilic esophagitis: review and update. Front Med (Lausanne). 2018;5247. 11. Bolton SM, Kagalwalla AF, Wechsler JB. Eosinophilic esophagitis: a systematic review of epidemiology and disease course. Dis Esophagus. 2018;31(8):doy015. 13. Wolf WA, Dellon ES. Eosinophilic esophagitis: and proton p

