Disease Burden and Diagnosis Pathways Among Patients With Eosinophilic Esophagitis in the United States: Evidence From Real-World Clinical Practice

Xiao Xu,[1,2,*] Justin Kwiatek,[2] James Siddall,[3] Eduardo Genofre,[4] Heide Stirnadel-Farrant,[5] Rohit Katial[2]

[1]BioPharmaceuticals Market Access and Pricing, AstraZeneca, Gaithersburg, Maryland, USA; [2]BioPharmaceuticals Medical, AstraZeneca, Gaithersburg, Maryland, USA; [3]Adelphi Real World, Bollington, Cheshire, UK; [4]BioPharmaceuticals US Medical Affairs, AstraZeneca, Wilmington, Delaware, USA; [5]BioPharmaceuticals Medical, AstraZeneca, Cambridge, UK
*Submitting and presenting author

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Introduction

- Eosinophilic esophagitis (EoE) is a chronic, immune-mediated disease of the esophagus, in which eosinophilic inflammation is believed to play a central pathogenic role[1,2]

- Common EoE symptoms are dysphagia, food impaction, abdominal pain, and nausea[3]

- EoE is associated with significant health burden and upper gastrointestinal morbidity, which impair health-related quality of life (HRQoL)[4]

Objective

- To characterize the patient journey to diagnosis and treatment among US patients with EoE

Methods

Study Design

- Adelphi Real World Disease Specific Programmes™ (DSPs) are multinational, point-in-time surveys, completed by physicians for their patients that provide data regarding the real-world clinical practice for a range of chronic health conditions[5]

- This descriptive analysis used the Adelphi EoE DSP, which collected information in 2020 from US patients with EoE

Patient Selection

- Patients were included if they were aged ≥12 years and had a physician-confirmed diagnosis of EoE, had an esophageal count of ≥15 eosinophils/high-power field (eos/hpf) at diagnosis, and were currently receiving treatment for EoE

Results

- Overall, 322 patients with EoE in the United States were included; mean (standard deviation) age for patients was 35.6 (14.9) years, and 63% were male

- Among 310 patients with a known employment status, 66% were employed full time, 8% were employed part time, 15% were students, 3% were unemployed, and <1% were on long-term sick leave

- The patient journey from onset of EoE symptoms to diagnosis is shown in **Figure 1**

  – Mean age at EoE symptom onset was 33.7 years, mean time from symptom onset to first health care provider (HCP) consult was 15.2 months, and mean time from first consult to EoE diagnosis was 6.7 months; mean age at diagnosis was 35.5 years

  – Upon diagnosis, most patients (88%) had either moderate (67%) or severe (21%) EoE

- Allergic rhinitis (27%), asthma (22%), and anxiety (17%) were the most common comorbidities (**Figure 2**)

- Among 76 patients assessed using the EoE Endoscopic Reference Score (EREFS), 57%, 91%, 67%, 80%, and 41% scored above grade 0 in edema, rings, exudate, furrows, and stricture, respectively, and mean EREFS score was 4.4 (**Figure 3**)

- Among 148 patients with a specified eosinophil count at baseline, 25% had >60 eos/hpf, and 75% had 15-60 eos/hpf

Figure 1. Patient journey from symptom onset to diagnosis of eosinophilic esophagitis
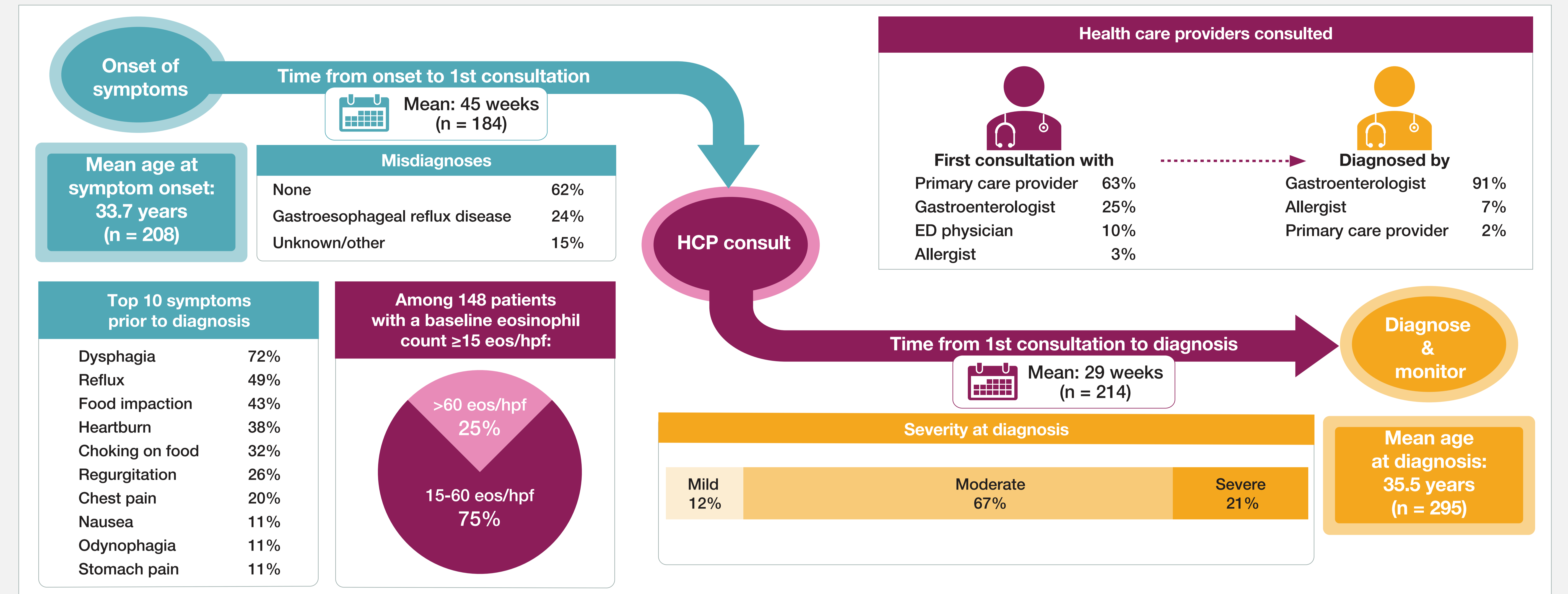
ED, emergency department; eos/hpf, eosinophils/high-power field; HCP, health care provider.

Figure 2. Comorbidities among patients with eosinophilic esophagitis, n = 322
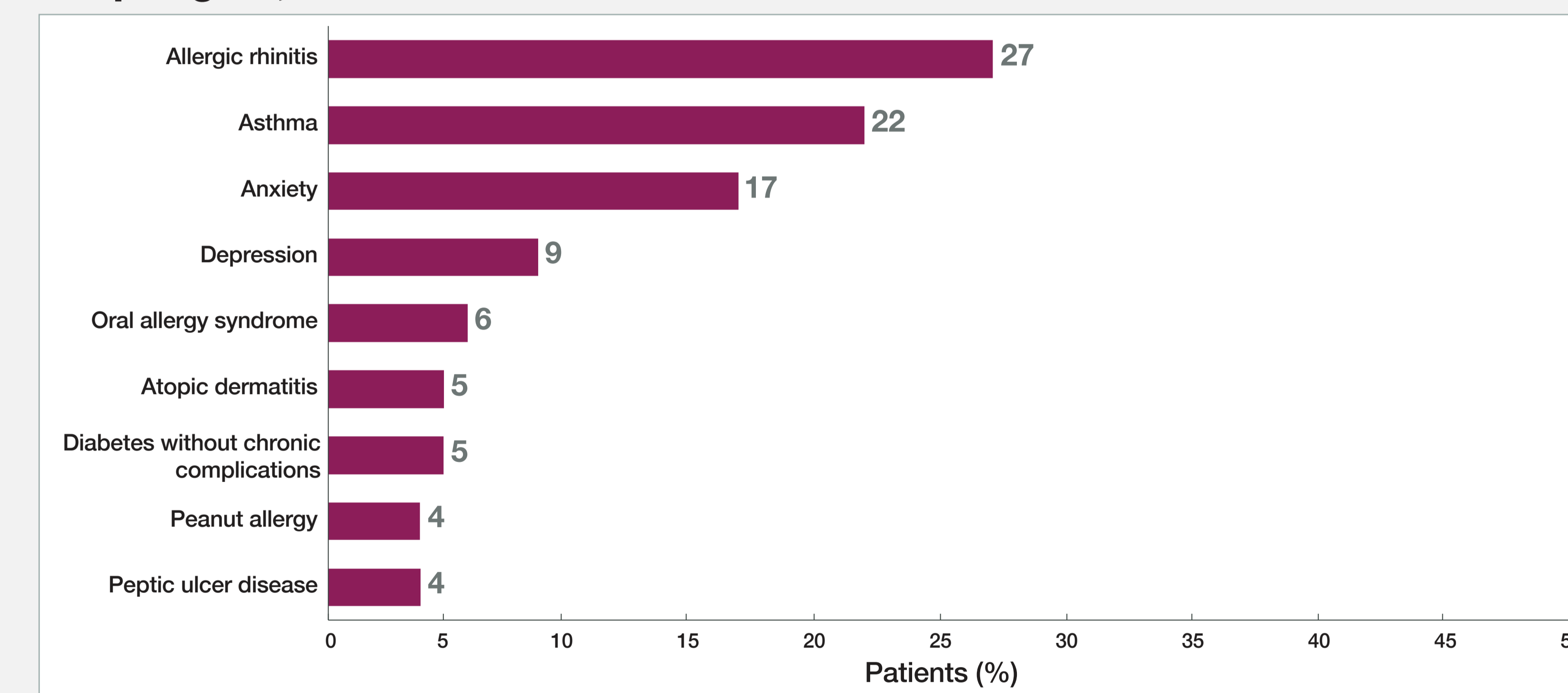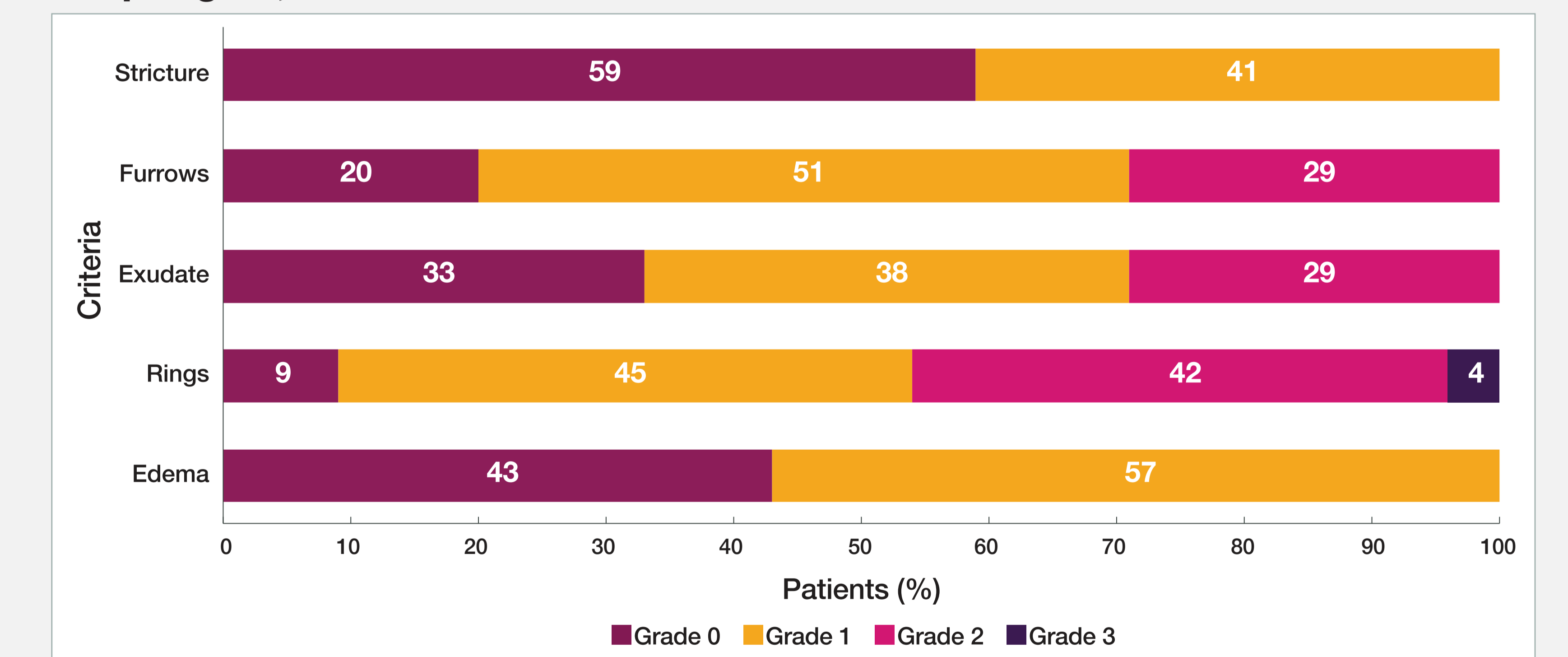

Figure 3. EREFS[a] Score[b] at diagnosis among patients with eosinophilic esophagitis, n = 76

EoE, eosinophilic esophagitis; EREFS, Endoscopic Reference Score.
[a]EREFS is a system used to identify esophageal features of EoE and to define common nomenclature and severity scores for the assessment of EoE disease activity.[6]
[b]Higher grade indicates greater severity.

Conclusions

- EoE presents troublesome symptoms and comorbidities that could substantially impact patients' HRQoL

- Furthermore, patients face a 22-month wait from symptom onset to HCP consult and receipt of an accurate diagnosis, at which point most patients have moderate or severe disease; these data highlight the need for greater awareness and an increased urgency to treat EoE

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