

Physician-Documented Symptoms and Treatment Among Patients With Eosinophilic Esophagitis in the United States: Evidence From Real-World Clinical Practice

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Poster B0199

Introduction

- Eosinophilic esophagitis (EoE) is a chronic, immune-mediated disease of the esophagus characterized histologically by eosinophilic inflammation and associated with substantial patient health burden and upper gastrointestinal morbidity^{1,2}
 - The most common symptoms of EoE are dysphagia, food impaction, abdominal pain, and nausea²
- EoE is one of numerous heterogeneous inflammatory conditions in which eosinophils are believed to play a central role in disease pathogenesis^{3,4}
- Symptoms do not always correlate with endoscopic findings and may persist despite treatment with current standard of care, ultimately affecting patients' health-related quality of life (HRQoL)^{2,5}

Objective

- To characterize physician-documented symptoms and treatment patterns among US patients with EoE

Methods

Study Design

- Adelphi Real World Disease Specific Programmes™ (DSPs) are multinational, point-in-time surveys that provide data related to real-world clinical practice⁶
- This study was a descriptive analysis of surveys completed by gastroenterologists and allergists managing patients with EoE, collected as part of the Adelphi EoE DSP in 2020 in the United States

Patient Selection

- Patients were included in the analyses if they were aged ≥12 years with a diagnosis of EoE (esophageal count of ≥15 eosinophils/high-power field), which was confirmed by a physician via biopsy, and currently receiving treatment
 - Patients who were symptomatic with dysphagia despite current treatment were evaluated separately (hereafter, “symptomatic patients”)

Results

- A total of 322 US patients with EoE were assessed; among these, 113 (35%) were currently experiencing dysphagia despite treatment (**Table 1**)
- Overall, the mean patient age was 35.6 years, and 63% were male
- The average time since diagnosis was 28 months for all patients and 29 months for symptomatic patients
- Since diagnosis, 20% of all patients and 28% of symptomatic patients switched their treatments
- Current and previous treatments are summarized in **Table 2**
 - Both all patients and symptomatic patients were currently on an average of 1.7 treatments
- The most common reasons for current treatment were for symptomatic relief and to improve HRQoL (**Figure 1**)
- Despite 83% of all patients and 77% of symptomatic patients being mostly/completely adherent to treatment, patients still experienced symptoms such as reflux, dysphagia, and heartburn (**Figure 2**)
- More than half of all patients were either currently following an elimination diet (27%) or elemental diet (3%) or had previously attempted an elimination (21%) or elemental diet (4%) (**Figure 3**)
 - The average length of time on an elemental diet was 61 weeks for the all-patient population and 63.6 weeks for symptomatic patients
- Further, 30% of all patients had undergone esophageal dilation, and 23% had the procedure after admission to the emergency room or hospital (**Figure 4**)
 - Both all and symptomatic patients had a mean of 1.5 dilations since diagnosis

Table 1. Baseline characteristics of patients with eosinophilic esophagitis

	All patients (n = 322)	Symptomatic patients (n = 113)
Age, years, mean (SD)	35.6 (14.9)	38.5 (14.1)
Sex, n (%)	Male	71 (63)
	Female	42 (37)
Age at diagnosis, years, mean (SD)	35.5 (13.1)	35.6 (12.9)
Time since diagnosis, months, mean (SD)	28 (31.9)	29 (35.1)

Figure 1. Reasons for choice of currently prescribed treatment for eosinophilic esophagitis

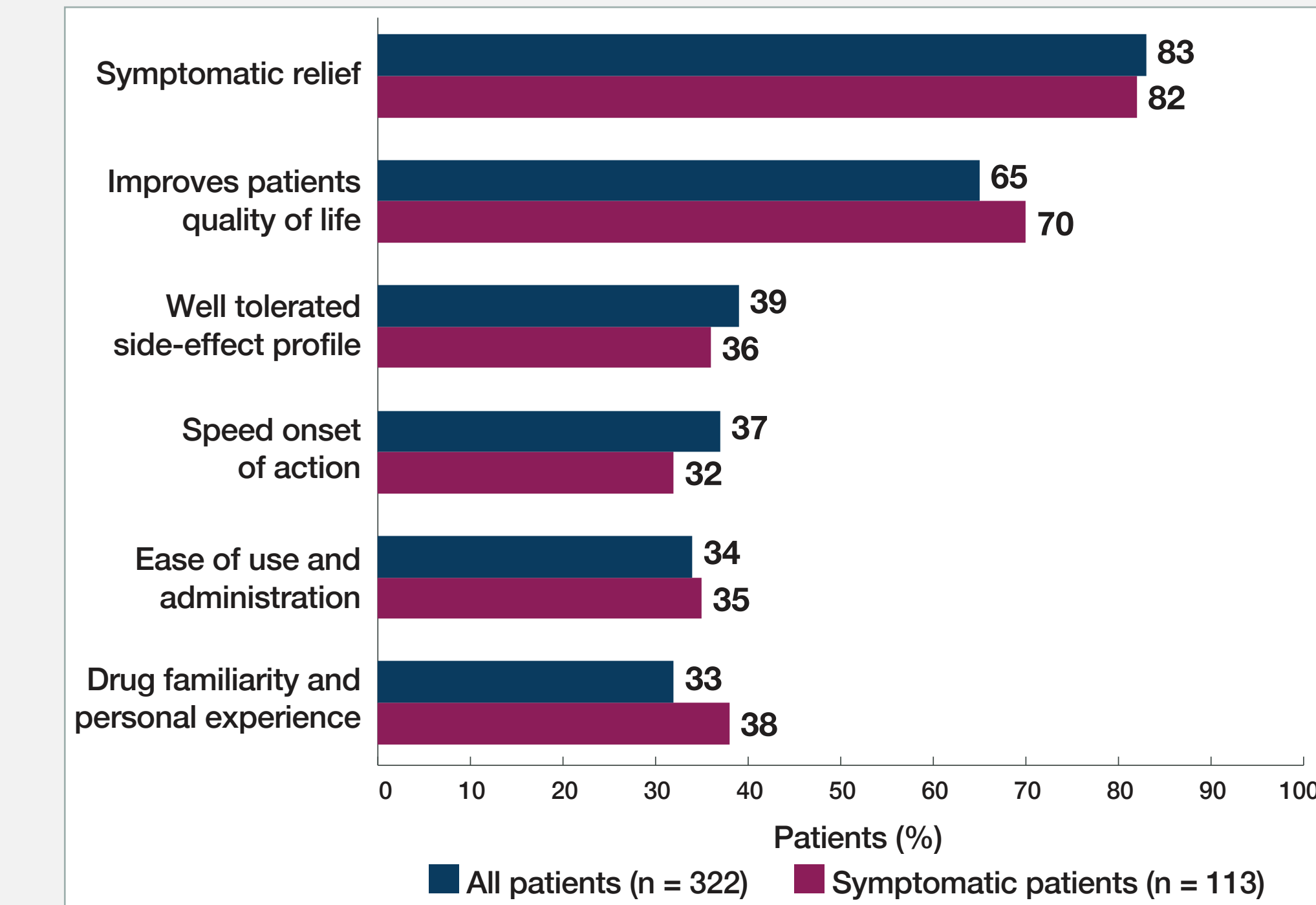


Figure 2. Most common physician-reported symptoms for all patients with eosinophilic esophagitis, n = 322

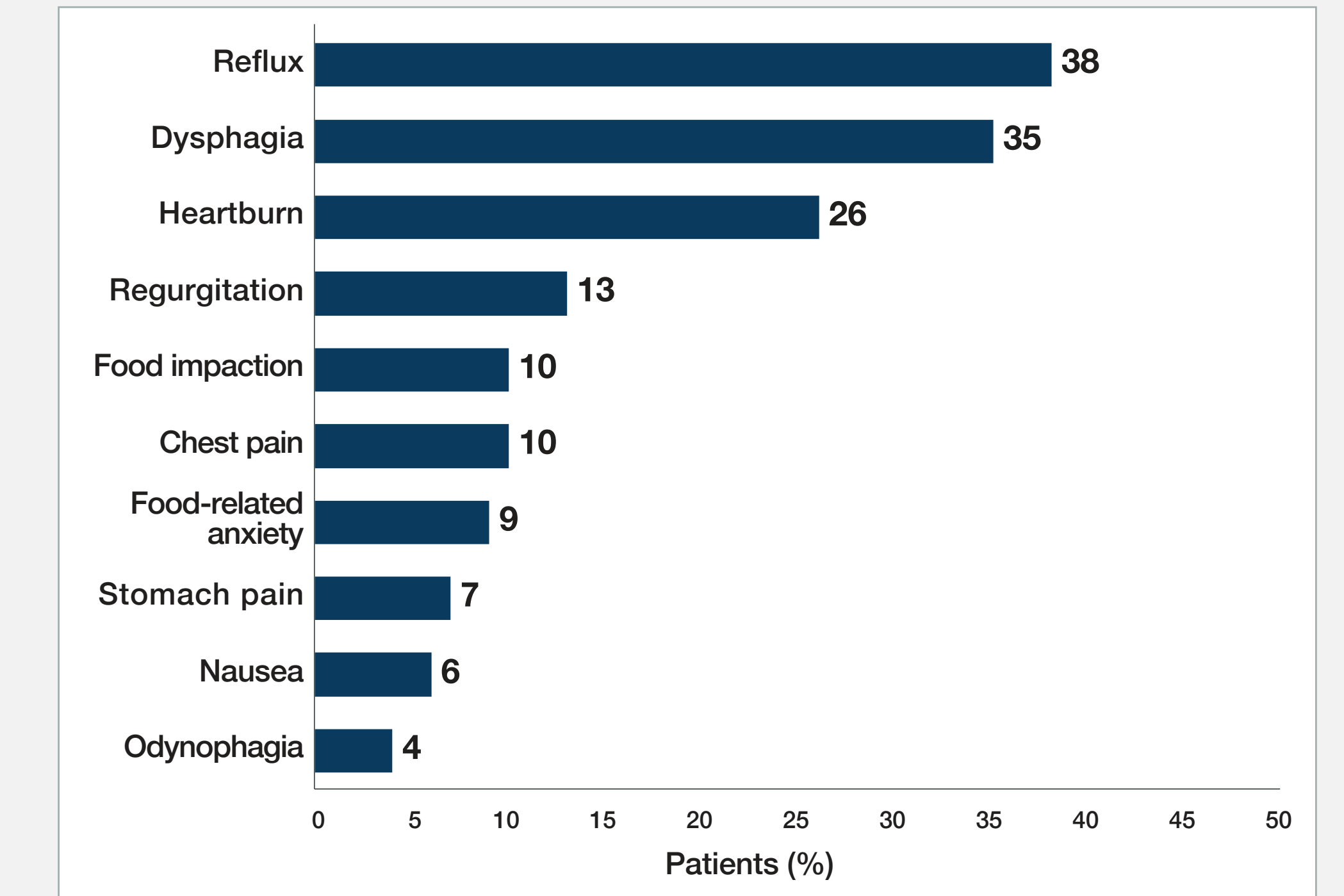


Table 2. Pharmacologic treatments for eosinophilic esophagitis

	All patients			Symptomatic patients		
	Previous, ^a n (%) (n = 63)	Current, ^b n (%) (n = 322)	Duration, ^b months	Previous, ^a n (%) (n = 30)	Current, ^b n (%) (n = 113)	Duration, ^b months
Individual pharmacologic treatments						
PPIs	38 (60)	280 (87)	21.6	18 (60)	97 (86)	15.9
Corticosteroids						
TCS ^c	22 (35)	118 (37)	20.3	8 (27)	51 (45)	12.9
OCS	4 (6)	15 (5)	30.6	2 (7)	4 (4)	25.2
Other	18 (29)	62 (19)	19.0	11 (37)	23 (20)	12.0
Antihistamines	8 (13)	54 (17)	28.8	4 (13)	14 (12)	19.1
Antileukotrienes	3 (5)	19 (6)	33.0	0 (0)	2 (2)	4.3
Biologics	0 (0)	2 (1)	29.6	0 (0)	1 (1)	48.0
Combinations of treatments						
PPI only	12 (19)	121 (38)	22.9	7 (23)	37 (33)	22.7
TCS ^c only	13 (21)	19 (6)	15.6	5 (17)	9 (8)	7.3
PPI and TCS ^c	8 (13)	86 (27)	18.9	2 (7)	37 (33)	12.1
PPI and systemic corticosteroids ^d	1 (2)	12 (4)	29.9	1 (3)	2 (2)	8.8
PPI and other medications	7 (11)	10 (3)	24.9	3 (10)	2 (2)	8.2

OCS, oral corticosteroids; PPIs, proton pump inhibitors; TCS, topical corticosteroids.

^aPrevious treatments were reported for patients who switched treatment only.

^bDurations are for current treatments only.

^cTCS include swallowed corticosteroids.

^dSystemic corticosteroids include OCS and injectable corticosteroids.

Figure 3. Dietary interventions among patients with eosinophilic esophagitis

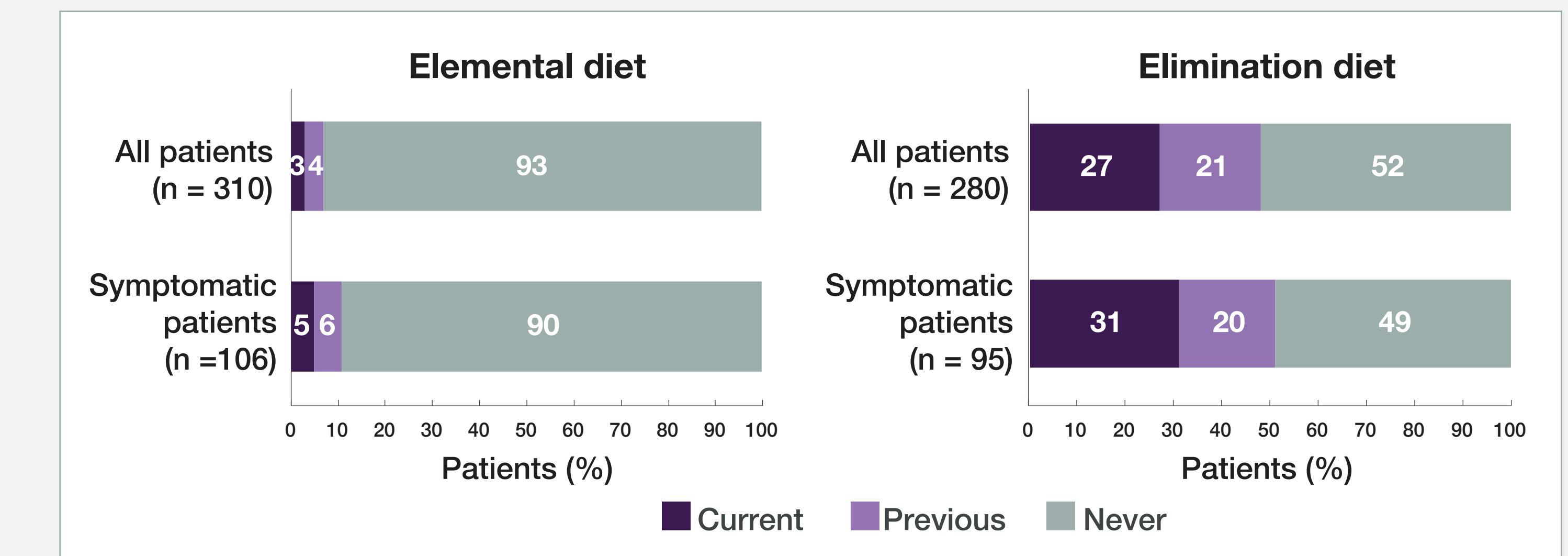
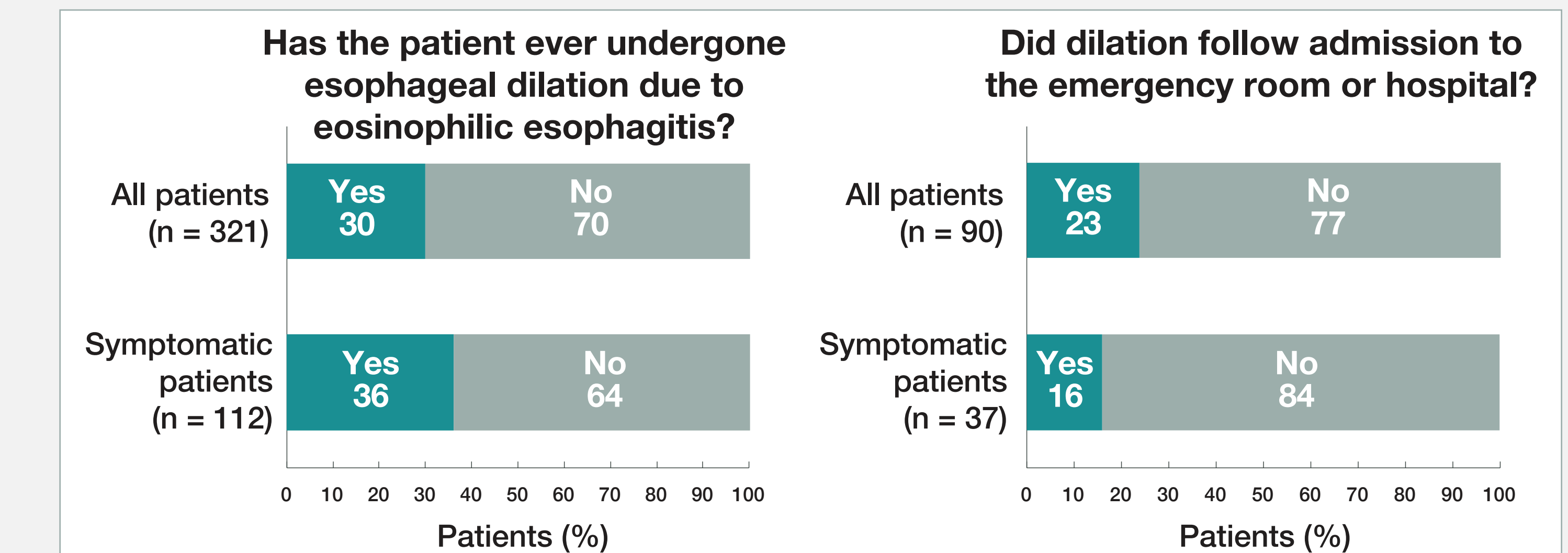


Figure 4. Esophageal dilations among patients with eosinophilic esophagitis



Acknowledgments

This analysis was funded by AstraZeneca (Cambridge, UK). The Adelphi Real World EoE DSP that was used in this analysis was funded and collected independently by Adelphi Real World. We thank Lucy Earl (Adelphi Real World) for study conduct support. Medical writing support was provided by CITRUS Health Group (United States), which was in accordance with Good Publication Practice (GPP3) guidelines and funded by AstraZeneca (Cambridge, UK).

Disclosures

Xiao Xu, Justin Kwiatek, Heide Stirnadel-Farrant, Eduardo Genofre, and Rohit Katial are or were employees of AstraZeneca at the time of study conduct and may own stock. James Siddall is an employee of Adelphi Real World which received funding from AstraZeneca to conduct this analysis.

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Conclusions

- The all-patient population and patients symptomatic with dysphagia had similar treatment and adherence patterns, but a slightly higher proportion of the symptomatic patients had undergone dilation
- Despite good adherence with current proton pump inhibitors and/or corticosteroids, many patients with EoE are still symptomatic, implementing dietary interventions, and undergoing dilations, highlighting a need for new targeted therapies