SHOULD I TREAT EOSINOPHILIC **ESOPHAGITIS AS A CHRONIC DISEASE?**

North American Society of Pediatric Gastroenterology, **Hepatology and Nutrition Annual Meeting**

Washington D.C. October 10, 2015

Glenn T. Furuta University of Colorado School of Medicine Digestive Health Institute Gastrointestinal Eosinophilic Diseases Program Children's Hospital Colorado

Aurora, CO



Is EoE a chronic disease?

- If you stop treatment, do your patients develop symptoms again?
- Do your patients develop complications?
 - Food impaction
 - Growth disturbance
 - Esophageal stricture

Pediatric patients with eosinophilic esophagitis: An 8-year follow-up

Amal H. Assa'ad, MD," Philip E. Putnam, MD," Margaret H. Collins, MD, Gachel M. Akers, MPH, Gean C. Jameson," Cassie L. Kirby," Bridget K. Buckmeier," Jennifer Z. Bullock, MD," Ann R. Collier, MD," Michael R. Konikoff, MD, PhD,* Jesus R. Guajardo, MD, MHPE,† and Marc E. Rothenberg, MD, PhD* Cinco Ohio, Milwaukee, Wis, and Columbia, Mo

- 89 children, 1-16 years
- Average follow up 7.9 years
- 30 / 38 (79%) in remission, relapsed when medications stopped

14 Years of Eosinophilic Esophagitis: Clinical Features and Prognosis

J Pediatr Gastroenterol Niatr. Vol. 48, No. 1, January 2009

*†Jonathan M. Spergel, *Terri F. Brown-Whitehorn, *TJanet L. Beausoleil,
‡James Franciosi, *Michele Shuker, †‡Ritu Verma, and †‡Chris A. Liacouras

• 562 children, 1-18 years

- Average follow up 3.2 years
- All patients on TCS alone, had recurrence when TCS stopped
- 24 lost to follow up for 6 years, developed clinicopathological features of EoE

AP&T Alimentary Pharmacology and Therapeutics

The natural history of eosinophilic oesophagitis in the transition from childhood to adulthood

P. Menard-Katcher*, K. L. Marks*, C. A. Liacouras*, J. M. Spergel*, Y.-X. Yang*, & G. W. Falk*

- 53 pediatric patients followed up
- 24 (45%) had abnormal dysphagia scores / difficulty swallowing
- 40 (76%) were on diet restriction

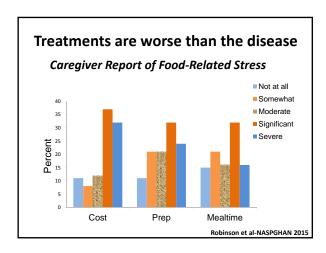
AP&T Alimentary Pharmacology and Therapeutics

The 2011-2014 prevalence of eosinophilic oesophagitis in the elderly amongst 10 million patients in the United States

C. Maradey-Romero*, R. Prakash*, S. Lewis*, A. Perzynski* & R. Fass* P < 0.001 >65 years Elderly

Figure 1 | Comparison of prevalence estimates per 100,000 patients of EoE cases among the different age groups (P < 0.001).

Yes!!
Patients continue to experience disease activity,
if untreated.
 Patients with EoE experience diminished QoL.
a Mith out treatment fibracia on accur
Without treatment, fibrosis can occur.
Yes!!
103::
Treatment in adult EoE patients reduces food
impactions.
Inflammation can lead to remodeling without
overt symptoms / warning.
Disimpaction can lead to complications.
No
INU
 Treatments are worse than the disease
-Quality of life
-Side effects
• Expensive
 Doesn't matter whether you treat or not



Adrenal insufficiency?				
Study-year	How measured	Number of subjects	cofactors	TCS
Harel 2015	ACTH stim	6/14 (43%) -5 additional subjects not measured	none	OVB
Philla 2015	cortisol	0/14	none	FP, OVB
Gupta 2014	cortisol	1/71 (1.4 %)	none	OVB
Butz 2014	cortisol	8 of 42 (19%)	high dose TCS	FP
Dellon 2012	cortisol	0/22	none	OVB and nebulized
		15/163 (9%?)	OVB-oral viscous budesonide	FP-fluticasone propionate

Adrenal insufficiency is uncommon in TCS treated EoE patients

- Prospective assessment of 106 children
- -TCS for >4 months
- -28 had cortisol less <5 mcg/dl
- −3 had abnormal ACTH stimulation test (3%)
- All were on other topical steroid modalities

Haseeb et al-NASPGHAN 2015

Treatments are worse than the disease Expensive

- Overall cost of care-\$3,304 / yr (no diet costs)
 - Diet-\$540 / year more expensive than regular diet
 - Wolf et al DDW 2015
 - Drugs- \$600-\$900
 - Prior approvals
 - Increasingly denied

Jensen et al Am J Gastroenterol 2015

Treatments are worse than the disease Doesn't matter whether you treat or not The cytokines (IL-13) Doesn't matter whether you treat or not The cytokines (IL-13) Doesn't matter whether you treat or not The cytokines (IL-13) Postn Postn Sherill et al Gastroenterol Clin NA 2014

Should treat!

Adults develop stricture if untreated. **Total Company of the Property of the

CLINICAL—ALIMENTARY TRACT

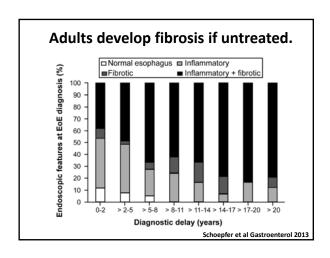
Delay in Diagnosis of Eosinophilic Esophagitis Increases Risk for Stricture Formation in a Time-Dependent Manner

ALAIM SCHOEPFER, "E RAITERINA SAFRONEVA," CHRISTIAN BUSSMANN," TANJA KUCHEN," SUSANNE PORTIMANN," HANS-LIWE SIMON," and ALEX STRAUMANN,"

• 200 adults with EoE

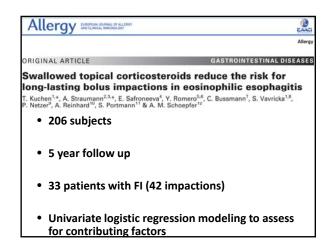
• 153 men

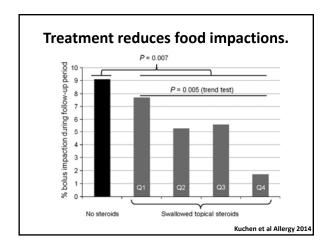
• 39 yo +/- 15 yrs



Adults develop strictures if untreated. Diagnostic Patients with strictures at the delay, y Patients, n time of EoE diagnosis, n prevalence, % 0-2 10 17.2 >2-5 >5-8 39 12 30.8 18 7 38.9 >8-11 29 11 37.9 12 >11-14 5 41.7 >14-17 14 9 64.3 >17-20 6 4 66.7 >20 24 17 70.8 Schoepfer et al Gastroenterol 2013

Patients experience diminished QoL*				
Study-Year	Finding	Population		
Van Rhijn-2014	Decreased mental component	adult		
Klinnert-2014	HRQoL Improved following treatment	pediatric		
Harris-2013	Depression /school-69%	pediatric		
Cortina-2010	Decreased HRQoL	pediatric		
Klinnert-2009	Impact siblings	pediatric		
Flood-2008 / Straumann-2012	25-20% Sleep disturbance	pediatric and adult		
*teritary care studies	*teritary care studies Lynch et al Journal of Pediatric Psychology 201			





Long-term assessment of esophageal remodeling in patients with pediatric eosinophilic esophagitis treated with topical corticosteroids

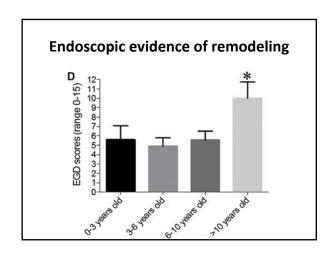
Jessica Rajan. MD.*** Robert O. Newbury. MD.** Arjun Anilkumar. BS.**** Ranjan Dohil. MD.**
David H. Broide, MB, ChB,** and Seema S. Aceves, MD, PhD****

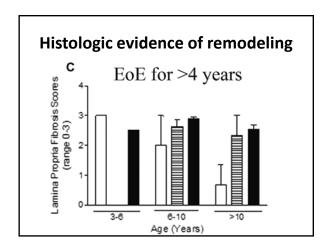
1 32 children from a 10 year span

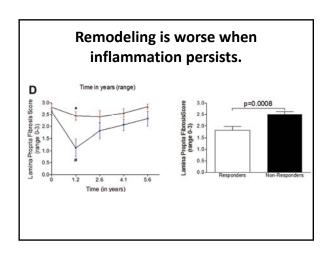
1 Treated with TCS for 4.5 years

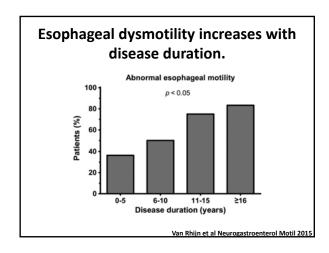
1 738 biopsies from 246 procedures

1 Identified responders (R) and non-responders (NR)









Esophagrams may be better than endoscopy to detect narrowing in EoE









Gentile et al APT 2015

Menard-Katcher et al JPGN 2015

Philosophy of "monitoring" disease activity

- Growth and development
- Balance of treatment risks and benefits with QOL and symptom control
- Bring tissue to "remission"

