

For U.S. Healthcare Professionals



# HOW THE **LATEST** **DIAGNOSTIC CRITERIA** MAY HELP YOUR PATIENTS WITH EoE

## **EoE Diagnostic Algorithm**

EoE is suspected on a clinical basis with chronic symptoms of esophageal dysfunction.<sup>1</sup>

Clinical presentation suggestive of EoE

EGD with biopsy



Esophageal eosinophilia  $\geq 15$  eos/hpf ( $\sim 60$  eos/mm<sup>2</sup>)

Evaluate for non-EoE disorders that cause or potentially contribute to esophageal eosinophilia



**EoE**

EoE=eosinophilic esophagitis, EGD=esophagogastroduodenoscopy, eos/hpf=eosinophils per high-power field.

## **PPI-REE CAN CONTRIBUTE TO DIAGNOSTIC DELAYS IN EoE<sup>1</sup>**

Up until 2018, experts believed that evaluating the response to a proton pump inhibitor (PPI) was the best way to rule out inflammation related to gastroesophageal reflux disease (GERD) in patients with EoE. This led to the term PPI-responsive esophageal eosinophilia (PPI-REE), which was initially considered a separate disease. Current guidelines no longer support using PPIs as a diagnostic tool.\*<sup>1</sup> Therefore, PPI-REE is now considered a subtype of EoE and not a separate disease. In all cases, EoE should be diagnosed through a holistic assessment of symptoms, endoscopy, and histopathology.

## **PRINCIPLES FOR UPDATED EoE DIAGNOSTIC CRITERIA<sup>1</sup>**

- Criteria were crafted to be applicable to all ages
- A focus on removing the PPI trial from the criteria
- Emphasized the need to evaluate for conditions that might contribute to esophageal eosinophilia rather than require their exclusion
- A requirement to organize the criteria in a clinically meaningful way
- A requirement to have utility in both clinical practice and research trials, as well as applicability to patients who had been diagnosed with EoE under previous guidelines

**Due to patchy infiltration of eosinophils along the esophagus in EoE, multiple biopsies should be taken from distal, mid, and proximal locations.<sup>1-3</sup>**

\*As per the 2018 updated International Consensus Diagnostic Criteria for EoE from the AGREE Conference.<sup>1</sup>

PPI-REE=proton pump inhibitor–responsive esophageal eosinophilia,  
GERD=gastroesophageal reflux disease, AGREE=A Working Group on proton pump inhibitor–responsive esophageal eosinophilia.

## **RATIONALE FOR CHANGING THE EoE DIAGNOSTIC CRITERIA AND REMOVING THE PPI TRIAL<sup>1</sup>**

### **Similarities between EoE and PPI-REE**

EoE and PPI-REE share similar clinical, endoscopic, histologic, immunologic, and molecular features before PPI treatment. This suggests that distinguishing these entities with a medication trial is artificial, and that PPIs are better positioned as a treatment for EoE.

### **EoE and GERD are not necessarily mutually exclusive**

Initial rationale for the PPI trial was to distinguish EoE from GERD, but it is now known that these conditions have a complex relationship and are not necessarily mutually exclusive.

### **Lack of a criterion standard for GERD diagnosis**

Without a definitive method for defining GERD, no single test (including a PPI trial) can exclude the presence of GERD.

### **Novel mechanisms of action of PPIs to explain response of eosinophilia**

Mechanisms that support PPIs as a treatment for EoE and esophageal eosinophilia include acid-independent anti-inflammatory/anti-eosinophil activity and reversal of epithelial permeability.

### **Observation that PPI-REE could also respond to classic EoE treatments**

Patients with PPI-REE can also have a response to dietary elimination or topical steroid therapy, further blurring the line between EoE and PPI-REE.

### **Concern about using a treatment response to define a disease**

Few diseases are primarily defined by response to treatment, and doing so limits potential treatment options for patients with EoE and esophageal eosinophilia.

Adapted from Dellon ES, Liacouras CA, Molina-Infante J, et al. *Gastroenterology*. 2018;155(4):1022-1033.e10.

## EoE DIAGNOSTIC CRITERIA<sup>1</sup>

- **Symptoms** of esophageal dysfunction
  - Concomitant atopic conditions should increase suspicion for EoE
  - Endoscopic findings of rings, furrows, exudates, edema, stricture, narrowing, and crepe paper mucosa should increase suspicion for EoE
- **≥15 eos/hpf (~60 eos/mm<sup>2</sup>)** on esophageal biopsy
  - Eosinophilic infiltration should be isolated to the esophagus
- **Assessment of non-EoE disorders** that cause or potentially contribute to esophageal eosinophilia



**Scan to learn more** about  
diagnosing and managing EoE.

**This educational flashcard is not a diagnostic tool.**

**References:** 1. Dellon ES, Liacouras CA, Molina-Infante J, et al. *Gastroenterology*. 2018;155(4):1022-1033.e10. 2. Lucendo AJ, Molina-Infante J, Arias A, et al. *United European Gastroenterol J*. 2017;5(3):335-358. 3. Saffari H, Peterson KA, Fang JC, et al. *J Allergy Clin Immunol*. 2012;130(3):798-800.

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