

Press release

Eosinophilic esophagitis: identify, treat specifically and alleviate suffering

***Berlin.* If bread and meat get stuck in the esophagus, the patient has to drink an extreme amount of liquid after consumption of solid foods or entirely avoids these foods, the diagnosis of “eosinophilic esophagitis” (EoE) seems likely. The leading symptom is dysphagia while consuming solid foods, occasionally accompanied by retrosternal pain. Early diagnosis and therapy can hinder the progressive fibrosis of the esophagus, reduce the risk of bolus impaction and improve the quality of life. “EoE is not a ‘nice-to-have diagnosis’, but a ‘must-treat’ condition”, said Prof. Dr. Alex Straumann (Olten, Switzerland), the scientific organizer of the 208th International Symposium sponsored by the Falk Foundation, emphasizing the necessity of intervention. Medicinal therapy relies on topical steroids which have proven to be effective in randomized controlled studies. However, no preparation is authorized yet. That is why the phase III data of a budesonide orodispersible tablet developed by Dr. Falk Pharma (Freiburg, Germany) caught attention. Compared to placebo, in the course of induction therapy over six weeks it improves the histology and symptoms of EoE in a highly significant manner.**

Eosinophilic esophagitis is a rare medical condition. With a prevalence of less than 30 cases per 100,000 it is among the so-called “orphan” diseases. First cases were reported 40 years ago and a precise description of the clinical picture was published in the early 90s. That is why Prof. Straumann, Chairman of the Swiss EoE Research Network, does not describe EoE as the “little” sister, but rather the “young” sister of inflammatory bowel disease. EoE was defined in 2011 by an international group of experts as a chronic inflammatory, immune-mediated esophageal disease which is clinically characterized by symptoms of an esophageal dysfunction and histologically by infiltration of the esophageal mucosa with eosinophil granulocytes. EoE frequently occurs among men age 30-50 (gender ratio 3:1), but can also appear at any age. Moreover, says Prof. Dr. Mirna Chehade (New York), it is more common among patients with food allergies or atopic diseases. That is why with corresponding complaints EoE should especially be thought of among younger patients with an atopic case history.

Leading symptom: dysphagia

Dysphagia is the leading symptom of EoE among adults: patients are only able to swallow solid foods such as bread or meat with great difficulty. Dysphagia is often accompanied by regurgitation leading to the danger that the bolus gets stuck in the esophagus. Roughly half of patients additionally complain about retrosternal pain. The level of suffering is high. Refusal to eat and failure to thrive are at the top of the list of symptoms among children with EoE. Stomach aches, abdominal pain and diarrhea can also be additional symptoms.

Diagnose early – by means of panendoscopy and histology

According to Straumann, a panendoscopy with structured removal of biopsy material (at least 6 specimens) is indicated upon suspicion of EoE. Diagnostically indicative is a typical symptomatology in combination with an eosinophil-predominant inflammation, defined as ≥ 15 eosinophils/high power field. According to Prof. Dr. S. Attwood (North Shields, Great Britain), the endoscopic appearance is variable. Longitudinal furrows, whitish plaques, rings, stenoses and a long-term fibrotic alteration are shown. "The esophagus is transformed from an elastic tube into a rigid pipe", says Straumann. The following applies: the longer the time between onset of symptoms and therapy, the greater is the risk of fibrosis and stricture. If intervention is implemented at an early stage, the remodeling can be prevented. The morphological and functional capacity of the esophagus will be retained. As a result, the risk of bolus impaction decreases and the quality of life improves.

Budesonide orodispersible tablet reduces inflammation and symptoms in a highly significant manner

Topical steroids such as budesonide have proven to be effective in randomized, controlled studies. They reduce eosinophil-dominant inflammation and symptoms in the course of induction therapy. However, no preparation has been specifically authorized for the therapy of EoE up to now. Among other things, two formulations by Dr. Falk Pharma, which are already being investigated in phase II and III studies, are under development: a budesonide suspension and a budesonide orodispersible tablet. The currently published data of the randomized, double-blind, placebo-controlled BUL-1 phase III Study (1) presented by Straumann, which investigated the effect of the budesonide orodispersible tablet (2 x 1 mg/d) among patients with clinical-pathologically active EoE over six weeks, show how effective the budesonide orodispersible tablet is. The primary efficacy endpoint was the rate of patients with clinical-histological remission after six weeks. The result shows a highly significant advantage of the orodispersible tablet compared to placebo. The percentage of patients who reached the primary endpoint under active treatment was highly

significantly higher than under placebo (57.6% versus 0%; $p < 0.00001$). A histological remission was achieved among more than 90% of patients, irrespective of the localization of the inflammation in the esophagus and the extent of the illness. The inflammatory activity at the start of therapy also did not have any influence on the conclusive result.

Sources:

1 Lucendo A et al, Gastroenterology 2017; 152 (5), S207

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