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EoE CONNECT Newsletter: October 2022

Welcome to the second 2022 Newsletter of the EoE CONNECT registry. Here we provide updated information on the operation of the registry, recruitment status and new study sites. Information from recent papers is also provided to all contributing sites and EUREOS members.

Kind regards on behalf of the EUREOS Steering Committee,
Alfredo Lucendo

New study sites recently initiated from February 2022

Pediatric Gastroenterology and Liver Unit, Maternal and Child Health Department, Sapienza - University of Rome
Dr. Salvatore Oliva

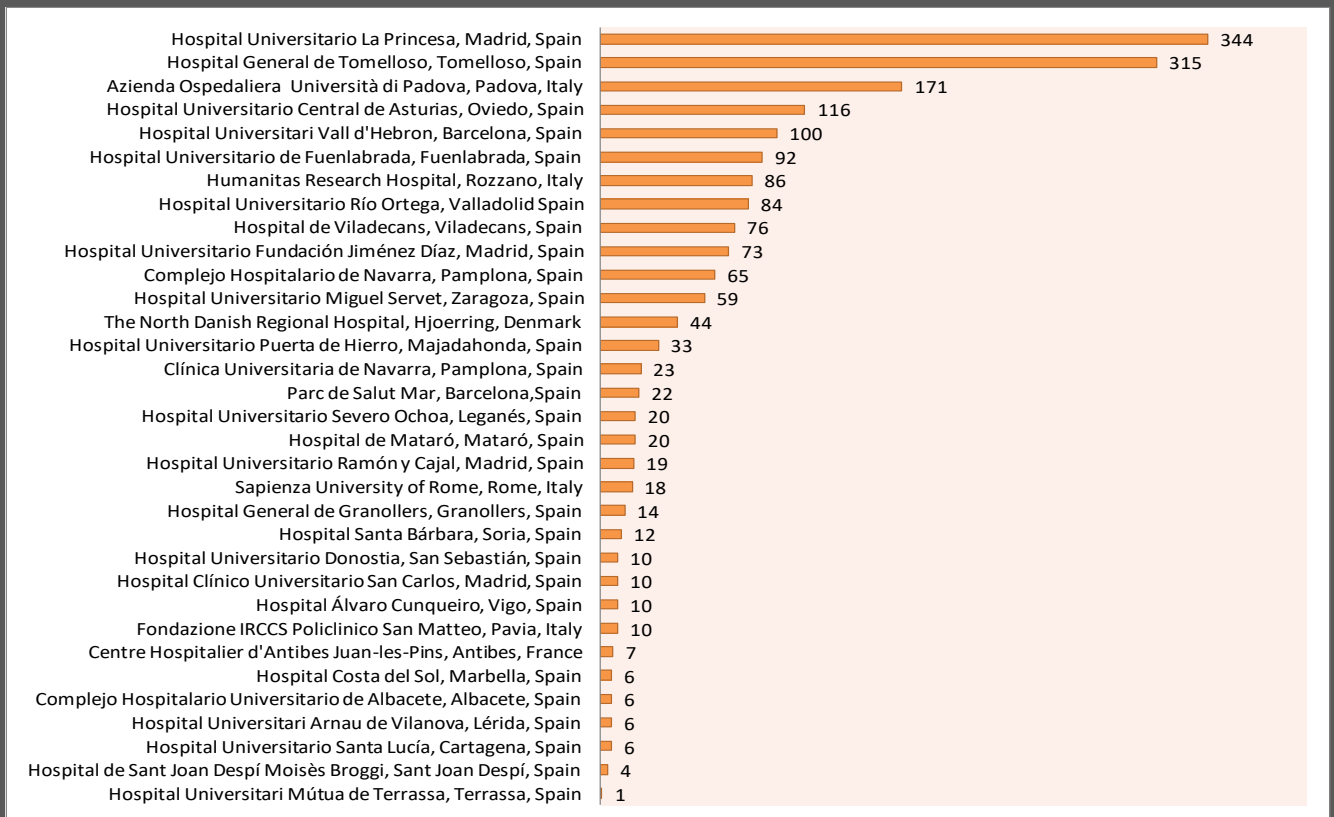
Hospital Universitario Ramón y Cajal, Madrid
Dr. Carlos Teruel

Hospital Santa Bárbara, Soria
Dr. Mónica Llorente Barrio

Hospital Costa del Sol, Marbella
Dr. Ángeles Pérez Aisa, Dr. Juan Khaled Bisso

Hospital General de la Defensa, Zaragoza
Dr. Silvia Espina Cadenas

EoE CONNECT Recruitment Status at September 2022 (n=1,882)



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An EoE CONNECT analysis showed the differences between childhood- and adulthood-onset EoE

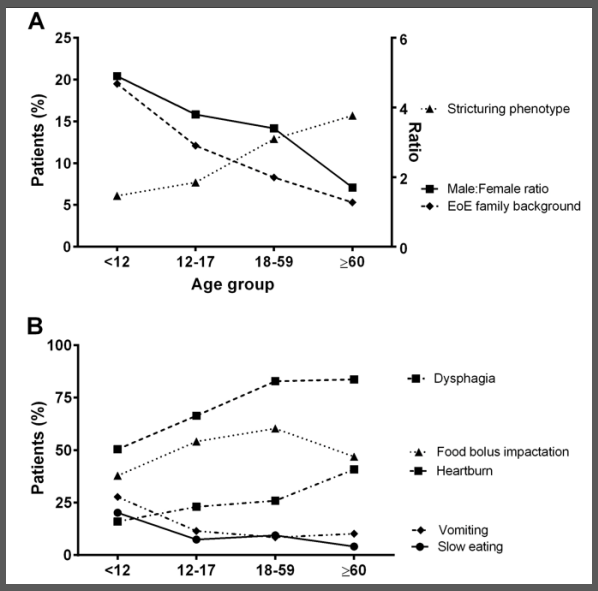
The Digestive and Liver Disease Journal (JCR Impact factor 2021: 5.165– Q2) have just accepted for publication results a comparison of clinical presentation and treatment of EoE among patients diagnosed during childhood and those diagnosed during adulthood. This is the largest study available that prospectively compares subjects with EoE diagnosed in childhood and adulthood.

The study included 1,298 patients, 1,044 of those diagnosed at 18 years or more and 254 diagnosed before being 18 years old. At diagnosis, vomiting, nausea, chest and abdominal pain, weight loss, slow eating and food aversion were more frequent in children; on the contrary, dysphagia, food bolus impaction and heartburn were more common in adults. A family history of EoE was present in 16% of children but only in 8% of patients diagnosed during adulthood.

Diagnostic delay was longer for adulthood-onset EoE and consequently, the presence of esophageal strictures and rings in endoscopy and the need of esophageal dilation were required more frequently than in children. Although inflammatory phenotypes were more common in children, they showed higher eosinophil counts and EREFS score than adults.

Therapy choices for first-line treatment were also evaluated. Proton-pump inhibitors was the most prescribed treatment in both cohorts, but food-elimination diets and swallowed topical corticosteroids were more commonly chosen in children. Efficacy of treatments were similar between groups.

In addition, analysis of sub-groups within each cohort was also performed to detect differences between children and adolescents and between adults and elderly patients.



Proportion of patients for each age group in demographic parameters and EoE phenotype, showing a decreased /increased trend with age of diagnosis (A), and in symptoms reported (B). PPI: proton-pump inhibitors; STC: swallowed topical corticosteroids.

An EoE CONNECT analysis demonstrates significant improvements in the diagnostic delay and disease course of EoE along the last decade

The United European Gastroenterology Journal (JCR Impact factor 2021: 6.866– Q1) recently published proofs of the impact that improved knowledge on EoE has have on reducing diagnostic delay and improving proper management of patients in European sites contributing to EoE CONNECT.

An analysis of 1,132 EoE patients showed that the median diagnosis delay reduced from 12.7 to 0.7 years when patients, whose symptoms began before the first EoE guidelines were published in 2007, were compared with those with onset of symptoms after the publication of the latest guidelines in 2017. As a consequence, stricturing and mixed EoE phenotypes, endoscopic features of fibrosis and scores for symptoms at diagnosis showed significant successive reduction when patients were distributed between periods of time defined by the release of four sets of international clinical practice guidelines.

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This study provides an optimistic compelling proof on how resources spent on educational initiatives and disease awareness for secondary prevention may result in significant improvements in the disease course and patients' lives.

→ Read the full article
→ Editorial highlighting the importance of the findings

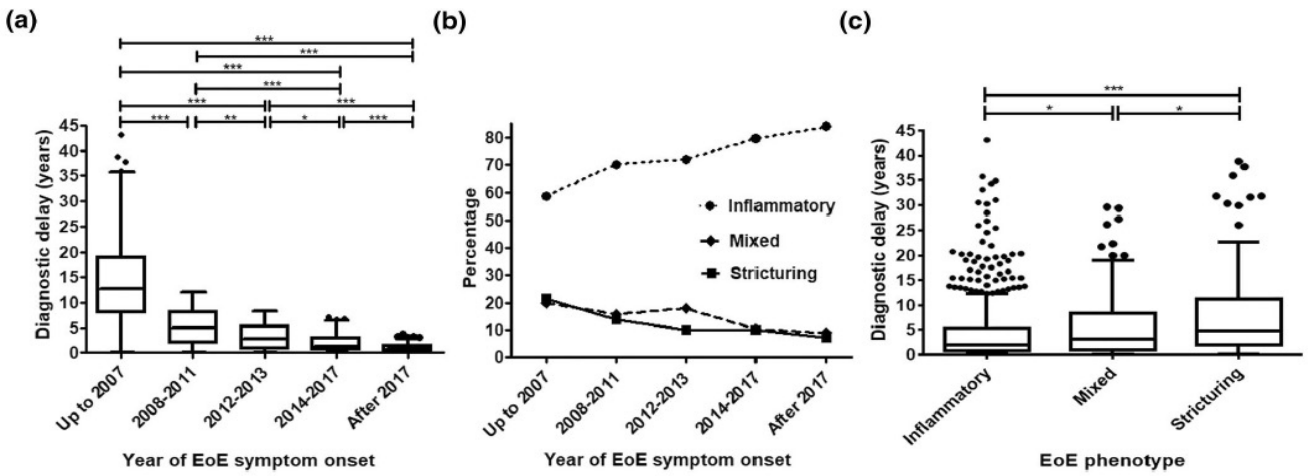

FIGURE: Box plot for diagnostic delay (time span from symptom onset to reaching an EoE diagnosis) (a) and proportion of patients exhibiting different EoE phenotypes (b), in patient groups defined according to the year of symptom onset. Differences in diagnostic delay according to patient phenotypes were also found (c). *p < 0.05, **p < 0.01, ***p < 0.001.

Questions about EoE CONNECT?

If you have any question r would like to join the EoE CONNECT, please contact us!

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Want to learn more about EUREOS?

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