

Eosinophilic Esophagitis (EoE)

What is Eosinophilic Esophagitis (EoE)?

Eosinophilic Esophagitis (EoE) is a chronic, progressive, immune-mediated disease that affects the esophagus.¹

In patients with EoE, eosinophils – which are a type of white blood cell – build up along the lining of the esophagus, resulting in dysfunction, inflammation and tissue damage.¹



Symptoms

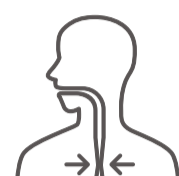
Signs and symptoms of EoE vary with age. When the disease is active in adolescents, teenagers or adults, symptoms may include:^{1,2}



Difficulty swallowing (dysphagia)



Food becoming stuck in the esophagus (impaction)



Esophageal narrowing (stricture)



Decreased appetite



Upper abdominal pain



Vomiting



Trouble eating dry or dense solid foods



Exercise-induced chest pain



Heartburn

In infants or young children, the most common symptoms include:^{3,4}

Feeding difficulties including feeding refusal/aversion

Abdominal pain

Nausea/vomiting

Heartburn and regurgitation

Atopic disorders (food allergy, asthma, chronic rhinitis)

Disease Burden

The symptoms of EoE, including difficulty swallowing food, can result in serious complications. For instance, when food becomes lodged in the esophagus, known as impaction, **it can result in a medical emergency** if a person is not able to swallow or vomit.¹

Beyond the medical impact, the burden of EoE significantly affects quality of life from a lifestyle and psychological perspective for both patients and their care providers. Patients with EoE may experience:⁶⁻⁸



Psychosocial impairments



Social difficulties



Anxiety



Depression



Sleeping difficulties



Problems in school



Impact on eating

Currently, an estimated **42.2 people per 100,000** live with EoE, with a higher prevalence in men than women. The disease is also more prevalent in adults than in children, with an estimated **34 per 100,000 children** impacted.^{4,5}

Diagnosis & Treatment

Due to the varying symptoms of EoE, some of which overlap with other diseases, plus low disease awareness, patients are often misdiagnosed with gastroesophageal reflux disease (GERD).⁹

Typically, physicians will conduct multiple tests to accurately diagnose EoE, including:^{1,2}

- Biopsy
- Blood tests
- Upper endoscopy



While EoE is becoming more prevalent around the world, patients have few treatment options. Because EoE is a chronic disease, patients typically require ongoing treatment to help manage symptoms during flare-ups, including:^{1,2}



DIETARY CHANGES

- Elimination diet (removing certain foods)



MEDICINAL TREATMENTS

- Corticosteroids
- Proton pump inhibitors (acid blockers)

In some patients who don't respond to dietary changes or medicinal treatments, esophageal dilation may also be a potential course of action. Esophageal dilation involves the stretching of the esophageal strictures to relieve symptoms and improve the ability to swallow.^{1,2}

There are currently no approved therapies for EoE in the U.S.

Bristol Myers Squibb is committed to researching and pursuing new treatment options and innovative development approaches to help deliver transformational medicines for patients with EoE and other immune-mediated diseases.

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