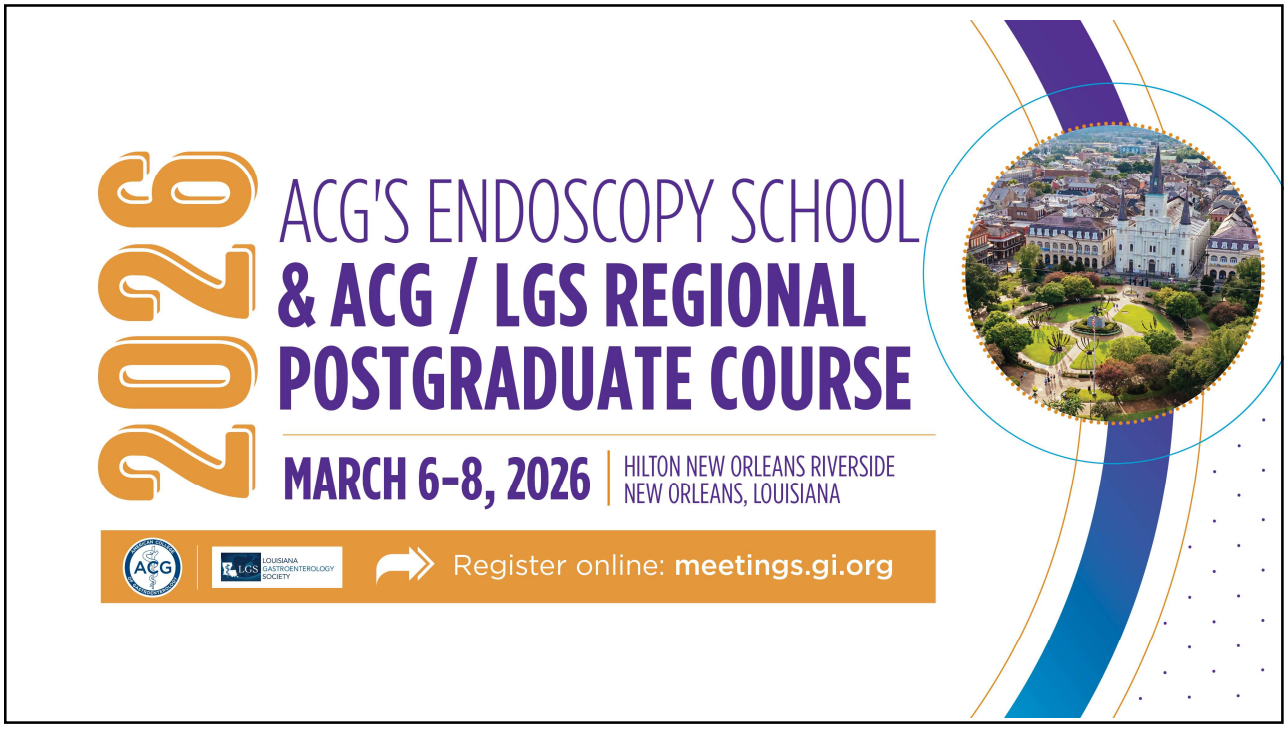
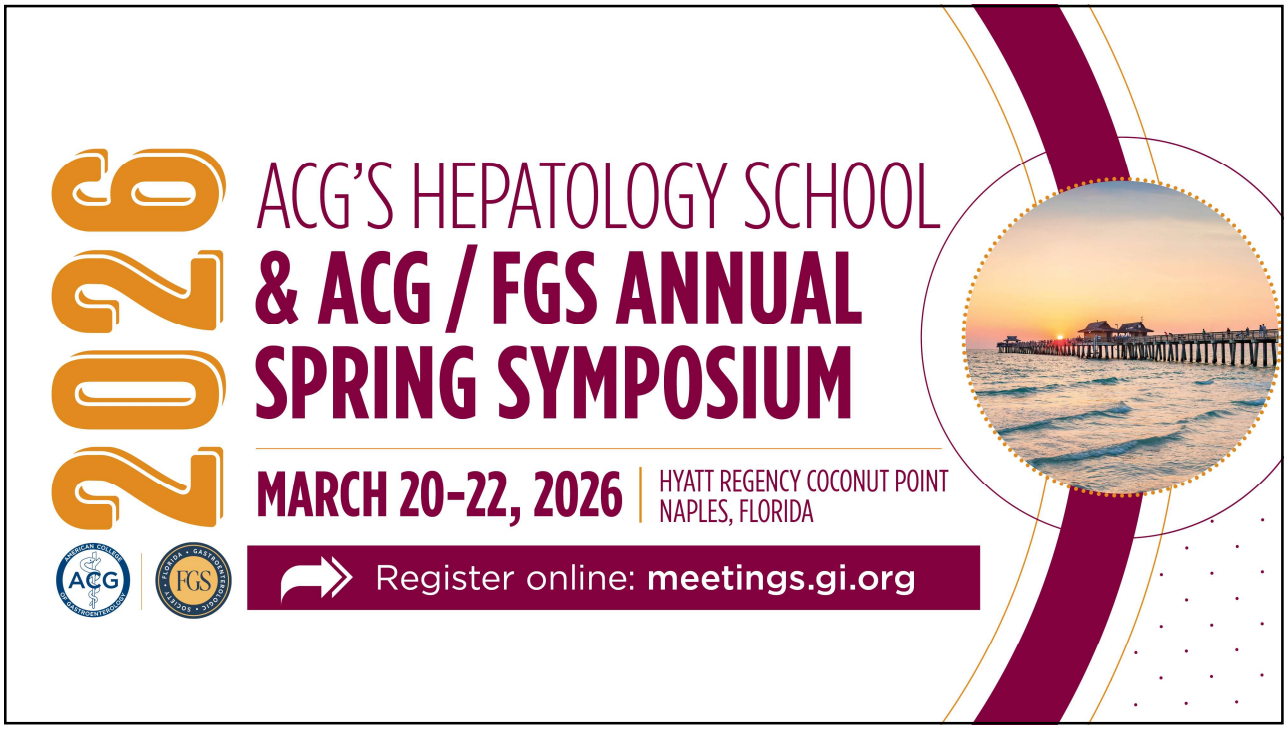

JANUARY 30 – FEBRUARY 1, 2026
2026
ACG'S IBD SCHOOL &
ACG BOARD OF GOVERNORS /
ASGE BEST PRACTICES COURSE
ACG
ASGE
LAS VEGAS

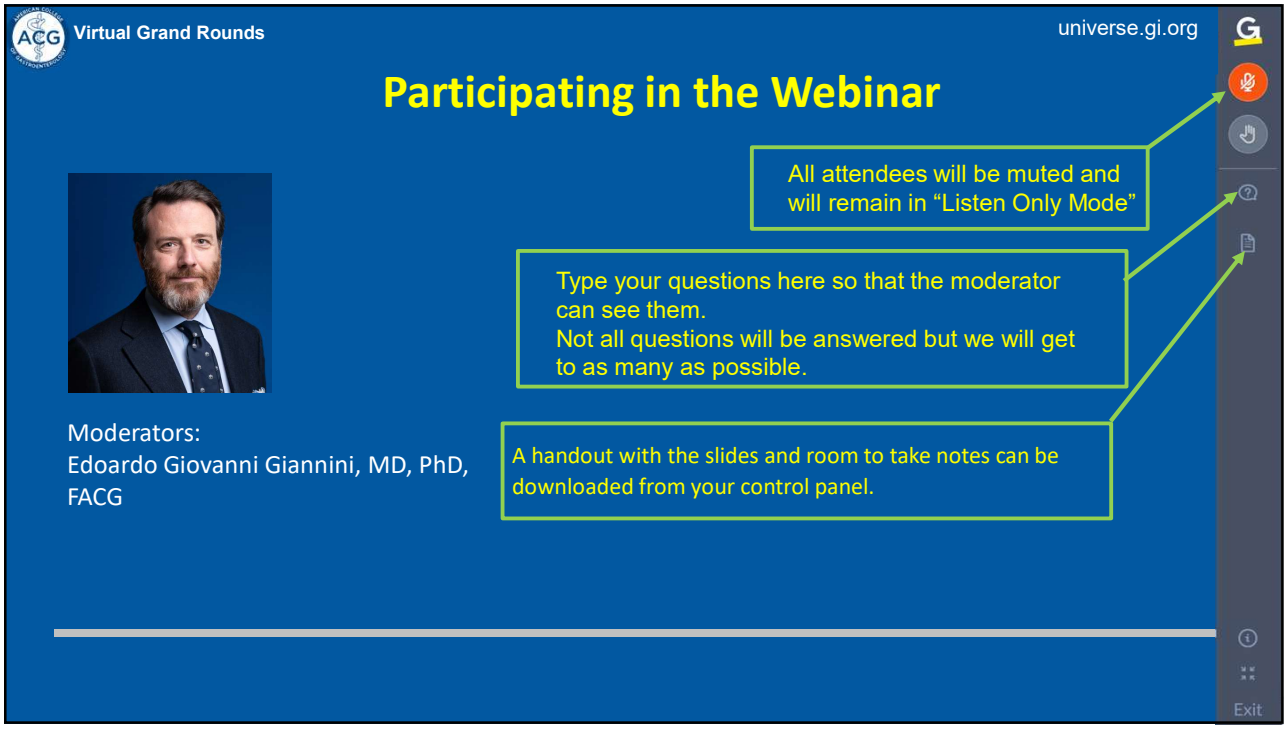
1


2026
ACG'S ENDOSCOPY SCHOOL
& ACG / LGS REGIONAL
POSTGRADUATE COURSE
MARCH 6-8, 2026
HILTON NEW ORLEANS RIVERSIDE
NEW ORLEANS, LOUISIANA
ACG
LGS LOUISIANA GASTROENTEROLOGY SOCIETY
Register online: meetings.gi.org

2


2026
ACG'S HEPATOLOGY SCHOOL
& ACG / FGS ANNUAL
SPRING SYMPOSIUM
MARCH 20-22, 2026
HYATT REGENCY COCONUT POINT
NAPLES, FLORIDA
Register online: meetings.gi.org

3


Virtual Grand Rounds
universe.gi.org
Participating in the Webinar
All attendees will be muted and will remain in "Listen Only Mode"
Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.
A handout with the slides and room to take notes can be downloaded from your control panel.
Moderators:
Edoardo Giovanni Giannini, MD, PhD, FACG
Exit

4


Virtual Grand Rounds
universe.gi.org
ACG Virtual Grand Rounds
Join us for upcoming Virtual Grand Rounds!
Week 05 – Thursday, January 29, 2026
Alpha-gal Syndrome: How to Detect and Manage GI's Newest Diagnosis
Faculty: Sarah K. McGill, MC, MSc, FACG
Moderator: Amit Gupta, MD, MHPE
At Noon and 8pm Eastern
Week 06 International – Wednesday, February 4, 2026
The Paradigm Shift from FMT to Live Biotherapeutic Products in the Treatment of Recurrent Clostridioides difficile Infection
Faculty: Paul Feuerstadt, MD, FACG
Moderator: Ronald K. Hsu, MD, FACG
7am Eastern / 8:00pm Taiwan
Week 06 – Thursday, February 5, 2026
The Impact of Violence and Trauma on Patient Care: What the Gastroenterologist Needs to Know
Faculty: Christina N. Awad MD,
Moderator: Mark D. Hubner, MD
At Noon and 8pm Eastern
Visit gi.org/ACGVGR to Register

5


ACG VIRTUAL GRAND ROUNDS
Joint ACG-SIGE Virtual Grand Rounds—
ACG Guidelines: Eosinophilic Esophagitis
Tuesday, January 27, 6:00 pm-7:00 pm CET/Noon-1:00 pm ET
Evan S. Dellon, MD, MPH, FACG
Speaker
Prof. Edoardo V. Savarino
Speaker
Prof. Edoardo G. Giannini
Moderator
With the Società Italiana di Gastroenterologia ed Endoscopia Digestiva (SIGE)
gi.org/ACGVGR

6

International Virtual Grand Rounds

universe.gi.org

ACG Guidelines: Eosinophilic Esophagitis

Evan S. Dellon, MD, MPH, FACG

UNC School of Medicine
Division of Gastroenterology & Hepatology

UNC SCHOOL OF MEDICINE

cgibd
CENTER FOR GASTROINTESTINAL BIOLOGY AND DISEASE

Center for Esophageal Diseases And Swallowing

7

International Virtual Grand Rounds

universe.gi.org

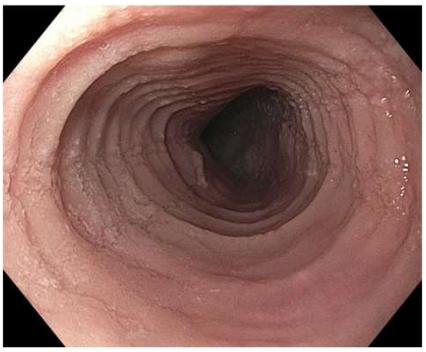
Objectives

- Highlight key recommendations for evaluation and management of EoE based on the updated ACG guidelines
- Will also discuss:
  - new emphasis within the diagnostic algorithm
  - emerging data on treatments
- Present updated treatment algorithm for EoE
- Allow discussion between US and EU approaches

8

A case…

24 yo W with asthma and allergic rhinitis presents to the emergency department with an acute food bolus impaction that does not clear. Urgent endoscopy is performed. After clearing the food from the distal esophagus, this view of the proximal esophagus is observed and biopsies are obtained:



- EREFS: E1 R2 Ex1 F2 S15
- Biopsies: Peak of 48 eos/hpf

What do guidelines say about the diagnosis, management, and follow-up of this patient?

9

2024-25 ACG EoE guidelines

ACG Clinical Guideline: Diagnosis and Management of Eosinophilic Esophagitis

Evan S. Dellon, MD, MPH, FACG[1], Amanda B. Muir, MD[2,3,4], David A. Katzka, MD, FACG[5], Shailja C. Shah, MD, MPH[6,7], Bryan G. Sauer, MD, MSc, FACG[8], Seema S. Aceves, MD, PhD[9,10], Glenn T. Furuta, MD[11,12], Nirmala Gonsalves, MD, FACG[13,*] and Ikuo Hirano, MD, FACG[13,*†]

- Multidisciplinary author group: Adult GI, peds GI, allergy, guideline methodology expertise
- Goal: Create practical and evidence-based recommendations that encompass major changes in the field, but are also actionable and applicable across the range of EoE patients and practice settings

AJG, 2025

10

Dedication: Ikuo Hirano

1963-2024

We dedicate this guideline to Dr. Ikuo Hirano, our colleague, teacher, innovator, advocate, acronym master, inspiration, and friend. Dr. Hirano's diplomacy, finesse, and steadfastness helped provide the background for its development. Dr. Hirano's rigor, vision, and innovation shaped much of its basis. Dr. Hirano's enthusiasm, creativity and integrity shape the future iterations that will emerge from his mentees and research to come.

11

Refer to other recent guidelines too!

Updated International Consensus Diagnostic Criteria for Eosinophilic Esophagitis: Proceedings of the AGREE Conference

Evan S. Dellon,[1,*] Chris A. Liacouras,[2,*] Javier Molina-Infante,[3,*] Glenn T. Furuta,[4,*] Jonathan M. Spergel,[5] Noam Zevit,[6] Stuart J. Spechler,[7] Stephen E. Attwood,[8] Alex Straumann,[9] Seema S. Aceves,[10] Jeffrey A. Alexander,[11] Dan Atkins,[12] Nicoleta C. Arva,[13] Carine Blanchard,[14] Peter A. Bonis,[15] Wendy M. Book,[16] Kelley E. Capocelli,[17] Mirna Chehade,[18] Edaire Cheng,[19] Margaret H. Collins,[20] Carla M. Davis,[21] Jorge A. Dias,[22] Carlo Di Lorenzo,[23] Ranjan Dohil,[24] Christophe Dupont,[25] Gary W. Falk,[26] Cristina T. Ferreira,[27] Adam Fox,[28] Nirmala P. Gonsalves,[29] Sandeep K. Gupta,[30] David A. Katzka,[11] Yoshikazu Kinoshita,[31] Calies Menard-Katcher,[4] Ellyn Kodroff,[32] David C. Metz,[26] Stephan Miehlke,[33] Amanda B. Muir,[2] Vincent A. Mukkada,[34] Simon Murch,[35] Samuel Nurko,[36] Yoshikazu Ohtsuka,[37] Rok Orel,[38] Alexandra Papadopoulou,[39] Kathryn A. Peterson,[40] Hamish Philpott,[41] Philip E. Putnam,[34] Joel E. Richter,[42] Rachel Rosen,[43] Marc E. Rothenberg,[44] Alain Schoepfer,[45] Melissa M. Scott,[46] Neil Shah,[47] Javed Sheikh,[48] Rhonda F. Souza,[7] Mary J. Strobel,[16] Nicholas J. Talley,[49] Michael F. Vaezi,[50] Yvan Vandenplas,[51] Mario C. Vieira,[52] Marjorie M. Walker,[53] Joshua B. Wechsler,[54] Barry K. Wershil,[54] Ting Wen,[44] Guang-Yu Yang,[55] Ikuo Hirano,[28,§] and Albert J. Bredenoord[56,§]

Endoscopic approach to eosinophilic esophagitis: American Society for Gastrointestinal Endoscopy Consensus Conference

Seema S. Aceves, MD, PhD,[1,*] Jeffrey A. Alexander, MD,[2] Todd H. Baron, MD, MASGE,[3,*] Arjan J. Bredenoord, MD, PhD,[4] Lukejohn Day, MD, FASGE,[5,*] Evan S. Dellon, MD, MPH,[3,*] Gary W. Falk, MD, MS, MASGE,[6] Glenn T. Furuta, MD,[7] Nirmala Gonsalves, MD,[8] Ikuo Hirano, MD,[8,*] Vani J. A. Konda, MD, FASGE,[9,*] Alfredo J. Lucendo, MD, PhD,[10] Fouad Moawad, MD,[11] Kathryn A. Peterson, MD, MSci,[12,*] Philip E. Putnam, MD,[13] Joel Richter, MD,[14] Alain M. Schoepfer, MD,[15] Alex Straumann, MD,[16] Deborah L. McBride, BS,[17] Prateek Sharma, MD,[18,*] David A. Katzka, MD[19,*]

Monitoring Patients With Eosinophilic Esophagitis in Routine Clinical Practice - International Expert Recommendations

Ulrike von Arnim,[1,*] Luc Biedermann,[2,*] Seema S. Aceves,[3] Peter A. Bonis,[4] Margaret H. Collins,[5] Evan S. Dellon,[6] Glenn T. Furuta,[7,8] Nirmala Gonsalves,[9] Sandeep Gupta,[10] Ikuo Hirano,[11] Alfredo J. Lucendo,[12,13] Stephan Miehlke,[14] Salvatore Oliva,[15] Christoph Schlag,[2] Alain Schoepfer,[16] Alex Straumann,[2] Michael Vieth,[17] and Albert J. Bredenoord,[18] on behalf of EUREOS and TIGERs

Gastro, 2018; GIE, 2022; CGH, 2023

12

Guideline summary

19 recommendations across diagnosis, treatment, maintenance therapy, monitoring, and pediatric-specific considerations

25 key concepts across the same topics

Lucky for you I will go through just a selection of these!

13

EoE diagnosis – points of emphasis

1. *(QoE: low; SoR: high)*

Clinical presentation suggestive of EoE
- Symptoms of esophageal dysfunction
- Modification and avoidance ("IMPACT") behaviors
- Feeding dysfunction
- Concomitant atopic conditions
- Family history of EoE/EGID

EGD with biopsy
- Assess EREFS
- Assess for fibrostenosis
- Obtain ≥6 biopsies from different esophageal levels, targeting findings of EoE

Esophageal biopsy with ≥15 eos/hpf

Evaluate the differential diagnosis of esophageal eosinophilia
- GERD, pill esophagitis, drug hypersensitivity reactions, non-EoE EGIDs, hypereosinophilic syndrome, Crohn's disease, achalasia, infections, connective tissue or autoimmune diseases, etc

Diagnosis of EoE

2. We recommend using a systematic endoscopic scoring system (e.g. the EoE Endoscopic Reference Score [EREFS]) to characterize endoscopic findings of EoE at every endoscopy. *(QoE: low; SoR: high)*

3. We recommend obtaining at least 6 esophageal biopsies from at least 2 esophageal levels (e.g. proximal/mid and distal), targeting EoE endoscopic findings, if possible, in order to assess for histologic features consistent with EoE. *(QoE: low; SoR: high)*

4. We recommend that eosinophil counts be quantified on esophageal biopsies from every endoscopy performed for EoE. *(QoE: low; SoR: high)*

Adapted from Dellon, Liacouras, Molina-Infante, Futura, et al, Gastro, 2018

14

Clinical presentation - IMPACT

Dietary modifications and behaviors:

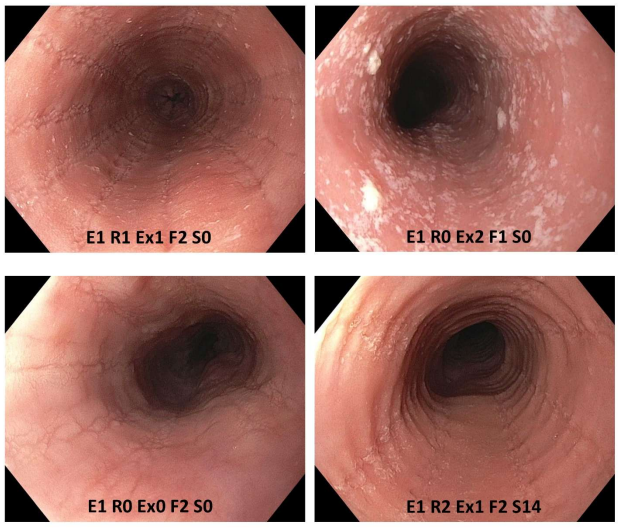
Imbibe fluids
Modify food
Prolong meal times
Avoid hard texture foods
Chew excessively
Turn away tablets/pills

Hirano & Furuta, Gastro 2020

15

EoE endoscopy – use EREFS

Finding	EREFS Scoring
Edema	1: Present (decreased vascularity)
Rings	1: Mild (ridges)
	2: Moderate (does not impede scope passage)
	3: Severe (standard scope does not pass)
Exudates	1: ≤ 10% of surface area
	2: >10% of surface area
Furrows	1: Mild
	2: Severe (with appreciable depth)
Stricture	1: Present; also estimate diameter in mm



Dellon et al, AJG, 2025

16

Treatment recommendations

- PPIs (#5)
- Topical steroids (#6-7)
- Dietary elimination (#8-9)
- Biologics (#10-12)
- Small molecules (#14)
- Esophageal dilation (#15)
- Maintenance therapy and monitoring (#16-17)
- Pediatric-specific considerations (#18-19)

17

PPIs

Recommendation: We suggest proton pump inhibitors as a treatment of EoE
(QoE: low; SoR: cond)

Key concepts:

- *We advise "high dose" PPI use for EoE treatment*
- *We advise providers to counsel patients as to the rationale for PPI use in EoE*

Children	2mg/kg per day (or 1mg/kg twice daily)
Adults	Double the approved reflux dose per day (e.g. omeprazole 20mg twice daily or 40mg daily, or other PPI equivalent)

18

International Virtual Grand Rounds

universe.gi.org

Topical steroids

Recommendation: We recommend the use of swallowed topical steroids as a treatment of EoE *(QoE: moderate; SoR: strong)*

Key concept: Options for swallowed topical steroids include the EMA-approved budesonide orodispersible tablet and FDA-approved budesonide oral suspension as well as off-label use of asthma-preparations adapted for esophageal delivery

19

International Virtual Grand Rounds

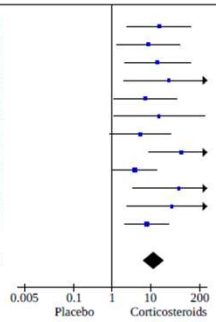
universe.gi.org

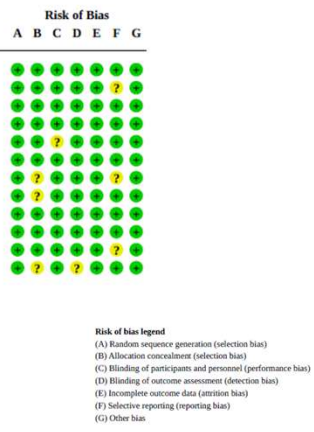
Topical steroids

Analysis 1.13. Comparison 1: Corticosteroids vs placebo for induction of remission, Outcome 13: Histological improvement at study endpoint (dichotomous)

Study or Subgroup	Corticosteroids Events	Corticosteroids Total	Placebo Events	Placebo Total	Weight	Risk Ratio M-H, Random, 95% CI
Alexander 2012	17	21	1	21	8.5%	17.00 [2.48 , 116.41]
Butz 2014	18	28	1	14	8.6%	9.00 [1.33 , 60.70]
Dellon 2017	19	51	1	42	8.1%	15.65 [2.18 , 112.08]
Dellon 2022a	59	85	0	21	4.5%	30.44 [1.96 , 473.23]
Dohil 2010	14	21	1	11	8.7%	7.33 [1.10 , 48.69]
Gupta 2015	23	60	0	21	4.4%	16.95 [1.07 , 267.39]
Hirano 2020f	11	16	1	8	9.0%	5.50 [0.85 , 35.43]
Hirano 2021	132	215	1	107	8.3%	65.69 [9.31 , 463.43]
Konikoff 2006	11	21	2	15	15.2%	3.93 [1.02 , 15.20]
Lucendo 2019	55	59	0	29	4.4%	55.50 [3.55 , 867.78]
Miehlke 2016	53	57	0	19	4.5%	36.90 [2.39 , 570.25]
Straumann 2010b	16	18	2	18	15.8%	8.00 [2.14 , 29.85]
Total (95% CI)		**652**		**326**	**100.0%**	**11.94 [6.56 , 21.75]**
Total events:	428		10			

Heterogeneity: Tau² = 0.14; Chi² = 12.57, df = 11 (P = 0.32); I² = 13%
Test for overall effect: Z = 8.11 (P < 0.00001)
Test for subgroup differences: Not applicable



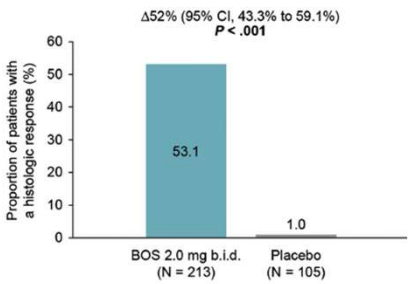


Franciosi et al, Cochrane Database Syst Rev, 2023

20

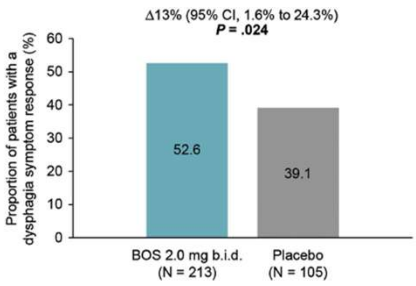
Budesonide oral suspension

Histologic response* (co-primary)



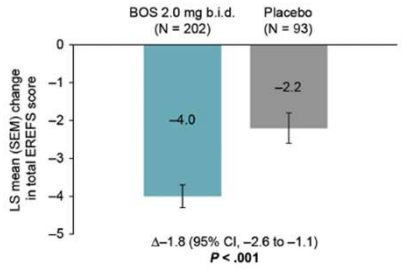
* ≤ 6 eos/hpf

Symptom response** (co-primary)



** ≥30% DSQ improvement

Endoscopic improvement (EREFS)



→ *You will hear about BOT in the next talk!*

Hirano et al, CGH 2021; Dellon et al, CGH, 2021

21

Topical steroids – dosing

Budesonide*	
Children	1-2mg/day (depending on age, height, weight; can be divided twice daily)
Adults	2-4mg/day** (can be divided twice daily)
Fluticasone†	
Children	110-880 mcg/day (depending on age, height, weight) in a divided dose
Adults	1760 mcg/day in a divided dose

* If asthma preparations are being adapted for EoE, the goal is to mix the aqueous budesonide to a syrup-like consistency, using sucralose, honey, maple syrup, or similar with a goal total volume of approximately 10mL
** Note that approved dosing for BOS is 2mg twice daily
† Doses are for fluticasone given from a multi-dose inhaler; if the disk device is used, dosages should be adjusted based on the whether a 100mcg or 250mcg device is used

22

Diet elimination

Recommendation: We suggest an empiric food elimination diet as a treatment of EoE *(QoE: low; SoR: cond)*

Recommendation: We do not suggest currently available allergy testing to direct food elimination diets for treatment of EoE *(QoE: very low; SoR: cond)*

Key concepts:

- *Providers may consider a less restrictive empiric elimination (ie 1FED or 2FED) as the initial diet therapy choice*
- *We advise providers to collaborate with a dietician or nutritionist*
- *Symptoms should not be used in isolation to determine food triggers*

23

Diet elimination – which diet to pick?

Efficacy of Elimination Diets in Eosinophilic Esophagitis: A Systematic Review and Meta-analysis

Christoph Mayerhofer,[1] Anna Maria Kavallar,[1] Denise Aldrian,[1] Andrea Katharina Lindner,[2] Thomas Müller,[1] and Georg Friedrich Vogel[1,3]

34 studies, 1762 patients

Diet type	N	Efficacy
SFED	701	61.3% (95%-CI: 53.0-69.3%)
FFED	302	49.4% (95%-CI: 32.5-66.3%)
OFED	306	51.4% (95%-CI: 42.6-60.1%)
TED	453	45.7% (95%-CI: 32.0-59.7%)

Balance of **efficacy** and **adherence**

One-food versus six-food elimination diet therapy for the treatment of eosinophilic oesophagitis: a multicentre, randomised, open-label trial

Kara L. Kliewer*, Nirmala Gonsalves*, Evan S Dellon*, David A Katzka*, Juan P Abonia, Seema S Aceves, Nicoleta C Arva, John A Besse, Peter A Bonis, Julie M Caldwell, Kelley E Capocelli, Mirna Chehade, Antonella Cianferoni, Margaret H Collins, Gary W Falk, Sandeep K Gupta, Ikuo Hirano, Jeffrey P Krischer, John Leung, Lisa J Martin, Paul Menard-Katcher, Vincent A Mukkada, Kathryn A Peterson, Tetsuo Shoda, Amanda K Rudman Spergel, Jonathan M Spergel, Guang-Yu Yang, Xuz Zhang, Glenn T Furuta, Marc E Rothenberg

RCT: 1FED vs 6FED in adults

- 34% vs 40% histologic remission (<15 eos/hpf)
- Trend towards better sx in 6FED; no QoL difference

One-food versus 4-food elimination diet for pediatric eosinophilic esophagitis: A multisite randomized trial

Kara L. Kliewer, PhD,[a] J. Pablo Abonia, MD,[a] Seema S. Aceves, MD, PhD,[b] Dan Atkins, MD,[c] Peter A. Bonis, MD,[d] Kelley E. Capocelli, MD,[e] Mirna Chehade, MD,[f] Margaret H. Collins, MD,[g] Evan S. Dellon, MD,[h] Lin Fei, PhD,[i] Glenn T. Furuta, MD,[j] Sandeep K. Gupta, MD,[k] Amir Kagalwalla, MD,[l] John Leung, MD,[m] Sabina Mir, MD,[n] Vincent A. Mukkada, MD,[o] Robbie Pesek, MD,[p] Chen Rosenberg, MD,[q] Tetsuo Shoda, MD, PhD,[r] Jonathan M. Spergel, MD, PhD,[s] Qin Sun, MS,[t] Joshua B. Wechsler, MD, MS,[u] Guang-Yu Yang, MD,[v] and Marc E. Rothenberg, MD, PhD[w]

RCT: 1FED vs 4FED in children

- 44% vs 41% histologic remission (<15 eos/hpf)
- Symptoms better in 4FED; QoL better in 1FED

CGH, 2023; Lancet GI Hep, 2023; JACI, 2025

24

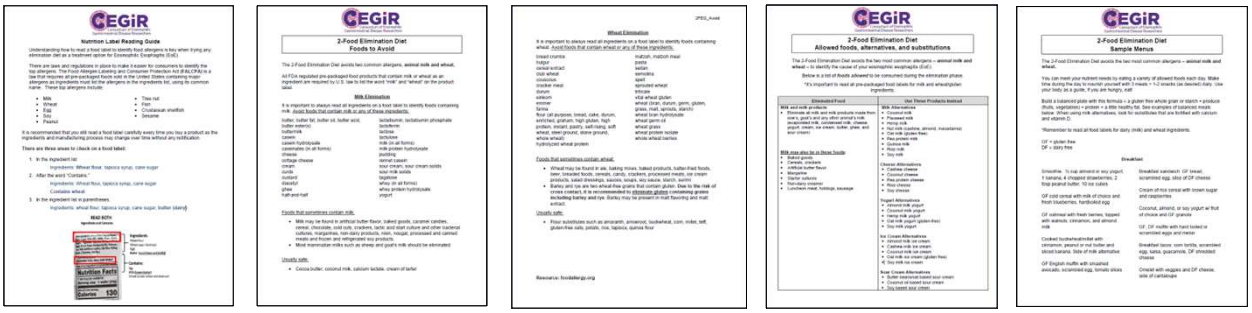
International Virtual Grand Rounds

universe.gi.org

Diet resources

Development of a Practical Guide to Implement and Monitor Diet Therapy for Eosinophilic Esophagitis

Joy W. Chang,[1,*] Kara Kliewer,[2] Emily Haller,[1] Amanda Lynett,[1] Bethany Doerfler,[3] David A. Katzka,[4] Kathryn A. Peterson,[5] Evan S. Dellon,[6,*] and Nirmala Gonsalves,[3,*] on behalf of the Consortium of Eosinophilic Gastrointestinal Disease Researchers



CGH, 2023

25

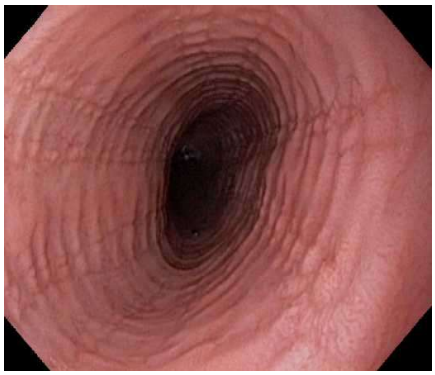
International Virtual Grand Rounds

universe.gi.org

A tough case

30 yo M w/ 4 yr. h/o solid food dysphagia and multiple food impactions with ER visits.

EGD on BID PPI:



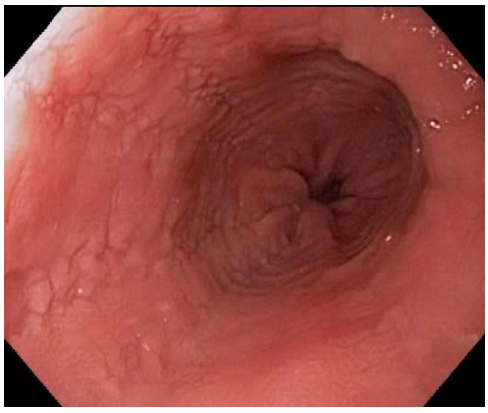
Bx: 60 eos/hpf

No symptom response; had to be dilated

26

A tough case

After budesonide slurry, 1 mg BID:



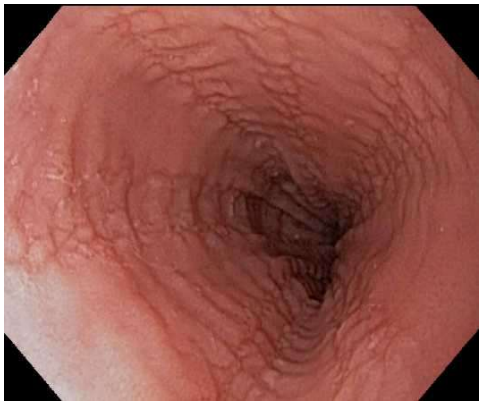
- Dysphagia persists
- Bx: 78 eos/hpf

Had to be dilated

27

A tough case

After budesonide 2 mg BID:



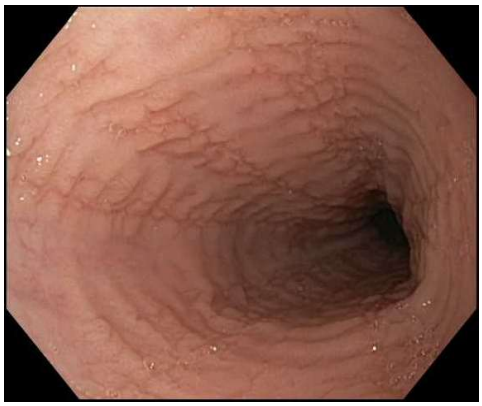
- Dysphagia persists
- Bx: 55 eos/hpf

Had to be dilated

28

A tough case

After six-food elimination diet (SFED):



- Dysphagia persists
- Bx: 70 eos/hpf

Had to be dilated

Now what?

29

Biologics

Recommendation: We suggest dupilumab as a treatment of EoE in individuals 12 years of age or older who are non-responsive to PPI therapy *(QoE: moderate; SoR: cond)*

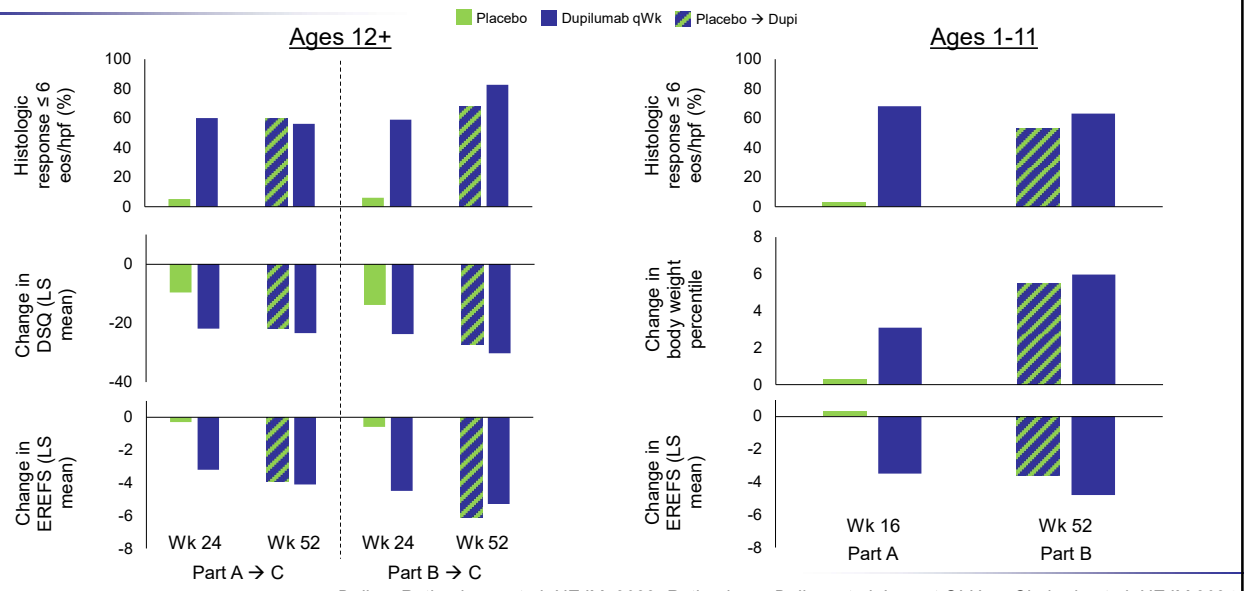
Recommendation: We suggest dupilumab as a treatment of EoE in pediatric patients (ages 1-11 years) who are non-responsive to PPI therapy *(QoE: low; SoR: cond)*

Key concept: We advise providers to use dupilumab as step-up therapy in difficult to treat patients, and providers should consider using it in EoE patients with multiple atopic conditions that would also meet requirements for dupilumab use

30

International Virtual Grand Rounds universe.gi.org

Dupilumab phase 3 data



Dellon, Rothenberg, et al, NEJM, 2022; Rothenberg, Dellon, et al; Lancet GI Hep; Chehade et al, NEJM 2024

31

International Virtual Grand Rounds universe.gi.org

Dupilumab – approach to use in EoE

- Indicated (U.S.) for EoE in patients 1 year and older, and 15 kg and up
- Dosing (autoinjector and syringe available)
  - 15 to <30 kg: 200mg SQ every other week
  - 30 to <40 kg: 300mg SQ every other week
  - 40+ kg: 300mg SQ every week
- No general need for routine labs pre/post treatment or monitoring
- Prescription logistics
  - near universal need for PA due to costs
  - insurances as gatekeepers – PPI/tCS non-response often required
- Monitoring – individualize follow-up endoscopy timing

32

International Virtual Grand Rounds universe.gi.org

Maintenance therapy and Monitoring

Recommendation: We suggest continuation of effective dietary or pharmacologic therapy for EoE to prevent recurrence of symptoms, histologic inflammation, and endoscopic abnormalities *(QoE: low; SoR: strong)*

Recommendation: We recommend evaluating response to treatment of EoE with assessment of symptomatic and endoscopic and histologic outcomes *(QoE: low; SoR: strong)*

Key concepts:

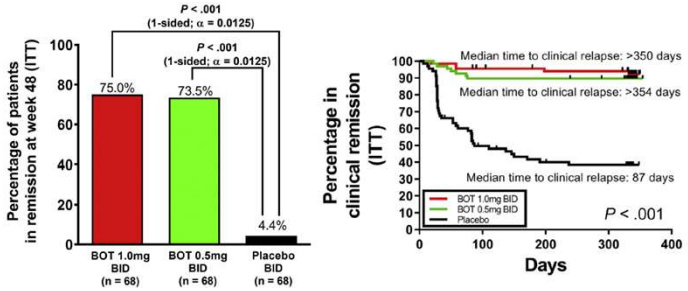
- *We advise providers to counsel patients that because EoE is chronic, disease activity almost universally recurs when treatment is stopped*
- *We advise providers to not monitor symptoms alone in EoE patients to assess treatment response*

33

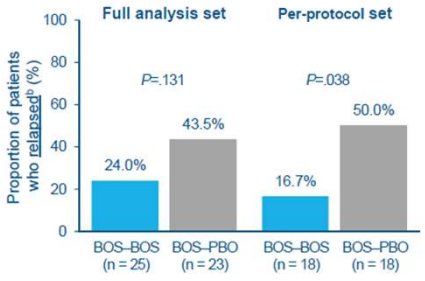
International Virtual Grand Rounds universe.gi.org

Maintenance therapy – topical steroids

Budesonide orodispersible tablet



Budesonide oral suspension



Straumann et al, Gastro, 2020; Dellon et al, CGH, 2021

34

Pediatric considerations

Recommendation: In children with EoE and dysphagia, we suggest an esophagram for evaluation of fibrostenotic disease *(QoE: very low; SoR: cond)*

Recommendation: We suggest evaluation by a feeding therapist and/or dietician as an adjunctive therapeutic intervention in children with EoE and feeding dysfunction *(QoE: very low; SoR: cond)*

Key concept: We advise that growth (height and weight), development (including of eating skills), and nutrition (proper intake of nutrients) are treatment goals in children with EoE, in addition to symptomatic, endoscopic, and histologic improvement

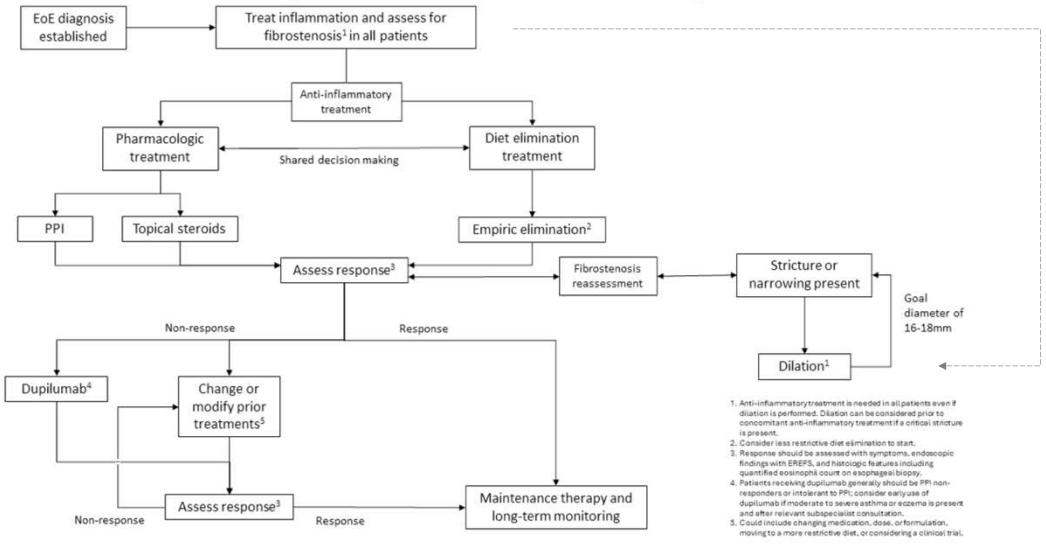
35

Other good stuff in the guidelines

- Case examples for choosing dietary elimination therapy and approach to food reintroduction
- Approach to dilation (c/w ASGE guidelines)
- Future research directions
- Summing it up with a treatment algorithm…

36

EoE treatment algorithm – ACG guidelines 2025



Dellon et al; in press, AJG; 2025

37

Take home points

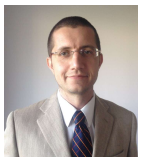
- ACG Guidelines for EoE are updated
- Diagnosis remains consistent with 2018 AGREE guidelines
- Consider anti-inflammatory and fibrostenotic aspects of EoE when moving down the treatment algorithm
- Recommended first line treatments: PPI, topical steroids, diet
  - Use a shared decision making framework
- Dupilumab recommended for step-up treatment in most cases
- Maintenance therapy and long-term monitoring also recommended
- Pediatric considerations include performing barium esophagram and referring for therapy of feeding dysfunction in addition to other EoE treatments

38

International Virtual Grand Rounds

universe.gi.org

ACG/Italian Guidelines: Eosinophilic Esophagitis



Edoardo V. Savarino, MD, PhD

Department of Surgery, Oncology, and Gastroenterology,
University of Padua, Padua, Italy

39

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

These guidelines were developed by **35 experts** in EoE (i.e.,**EoETALY Consensus Group**)

and included *gastroenterologists, endoscopists, allergologists/immunologists,* and *paediatricians* involved in the management of EoE at 20 tertiary referral centres across Italy.

This document has received the endorsement of three Italian national societies:

- Italian Society of Gastroenterology **(SIGE)**
- Italian Society of Neuro-gastroenterology and Motility **(SINGEM)**
- Italian Society of Allergology, Asthma, and Clinical Immunology **(SIAAIC)**

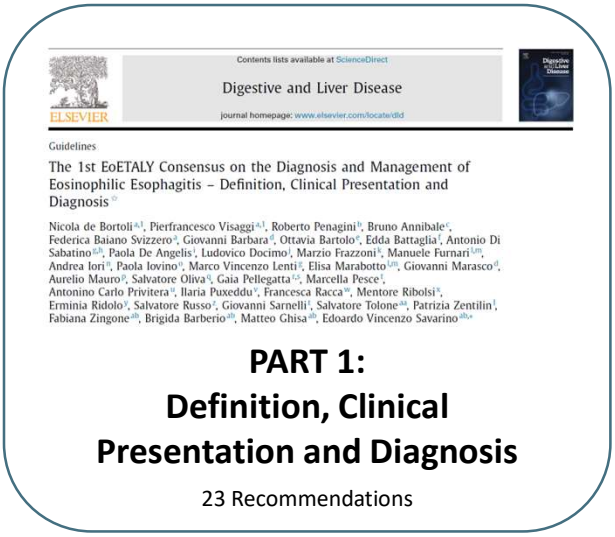
The guidelines also involved the contribution of members of ESEO Italia, the Italian Association of Families Against EoE.

International Virtual Grand Rounds
universe.gi.org

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

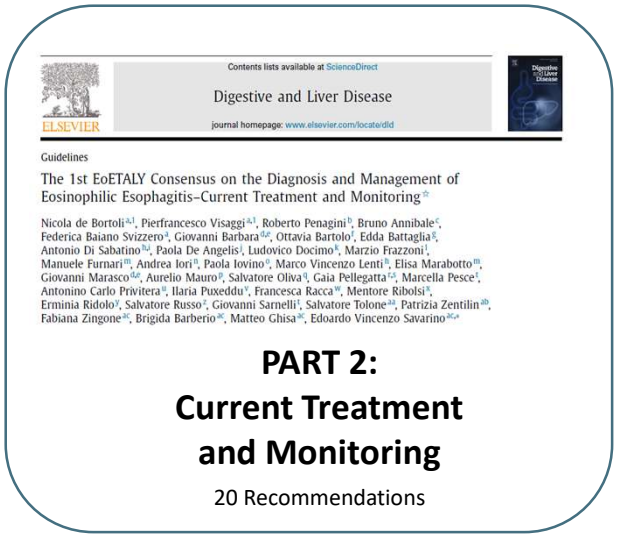
40

EoETALY: Italian Guidelines on Eosinophilic Esophagitis



PART 1: Definition, Clinical Presentation and Diagnosis

23 Recommendations



PART 2: Current Treatment and Monitoring

20 Recommendations

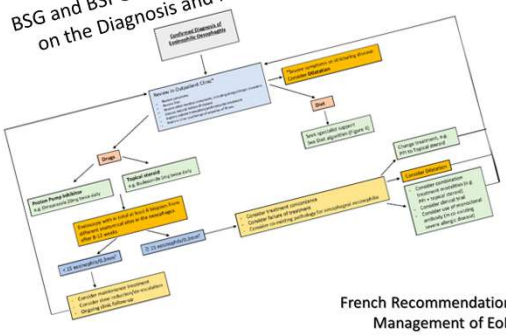
International Virtual Grand Rounds
universe.gi.org

RESEARCH AGENDA

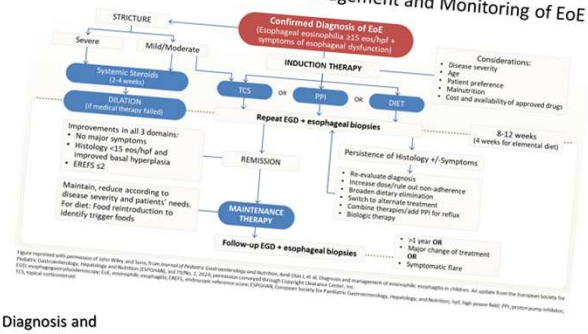
De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

41

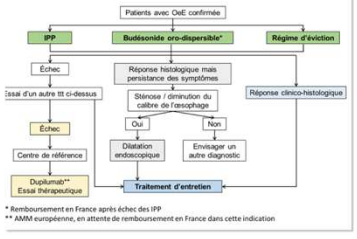
BSG and BSPGHAN Joint Consensus Guidelines on the Diagnosis and Management of EoE



ESPGHAN 2024 Guidelines for Management and Monitoring of EoE



French Recommendations for the Diagnosis and Management of EoE in Adults (SNFGE)



International Virtual Grand Rounds
universe.gi.org

Dhar A, et al. Gut. 2022 Aug;71(8):1459-1487
Amil-Dias J, et al. J Pediatr Gastroenterol Nutr. 2024;79(2):394-437
Zerbib F, et al. Hépato-Gastro & Oncologie Digestive, Aout 2024

42

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

STATEMENT 1

Eosinophilic esophagitis is a chronic, immune-mediated esophageal disease characterized by symptoms of esophageal dysfunction and a peak eosinophil count of ≥ 15 eosinophils per high power field (around 60 eos/mm2) in at least one high-power field on esophageal biopsy, in the absence of other causes of esophageal eosinophilia.

Agreement: 100% [*D* + (0%); D (0%); D- (0%); A- (0%); A (10%); *A* + (90%)]

Level of evidence: High

Level of recommendation: Strong

What is the current definition of EoE?. **Statement 1:** EoE represents a chronic, local immune-mediated esophageal disease, characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation. Other systemic and local causes of esophageal eosinophilia should be excluded. Clinical manifestations or pathologic data should not be interpreted in isolation.

LE: NA; **Agreement**: 100%, votes: strongly agree (100%).

Lucendo AJ, et al UEG Journal, 5: 335-358

Eosinophilic oesophagitis is characterised by symptoms of dysphagia and/or food impaction in adults, and feeding problems, abdominal pain and/or vomiting in children, with oesophageal histology showing a peak eosinophil count of ≥15 eosinophils/high power field (or ≥15 eosinophils/0.3 mm^2 or >60 eosinophils/mm^2.

GRADE of evidence: High.

Level of recommendation: Strong.

Level of agreement: 100%.

Dellon EV, et al. ACG Clinical Guideline: Evidence based approach to the diagnosis and management ofesophageal eosinophilia and eosinophilic esophagitis. Am J Gastroenterol 2013;108:679–92.

Dellon EV, et al. ACG Clinical Guideline: Diagnosis and Management of Eosinophilic EsophagitisAm J Gastroenterol. 2025 Jan 1;120(1):31-59

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

43

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

STATEMENT 4

The incidence and prevalence of EoE are increasing in children and adults as a result of both increased awareness and a true increase in rates of the disease.

Agreement: 100% [*D* + (0%); D (0%); D- (0%); A- (0%); A (20%); *A* + (80%)]

Level of evidence: High

Level of recommendation: Not applicable

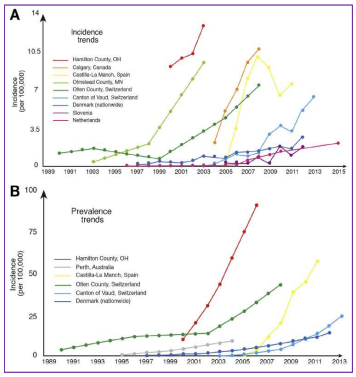
Eosinophilic oesophagitis is increasing in prevalence in both adults and children

GRADE of evidence: High

Level of recommendation: Not applicable.

Level of agreement: 96%.

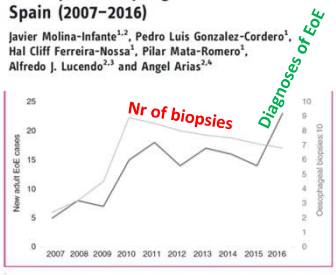
Dhar A, et al. Gut. 2022 Aug;71(8):1459-1487



Dellon ES and Hirano I. Gastroenterology 2018;154:319–332

Rising incidence and prevalence of adult eosinophilic esophagitis in midwestern Spain (2007–2016)

Javier Molina-Infante[1,2], Pedro Luis Gonzalez-Cordero[1], Hal Cliff Ferreira-Nossa[1], Pilar Mata-Romero[1], Alfredo J. Lucendo[2,3] and Angel Arias[2,4]



Molina-Infante J, et al. UEG Journal. 2018 Feb;6(1):29-37

EoE prevalence varies geographically, with trends in the same order of magnitude in Western Europe, North America, and Australia, but much lower in Japan and China

Overall Global Estimate of EoE Prevalence
0.5–1/1000

Male:Female ratio
3:1

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

44

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

Diagnosis of EoE

STATEMENT 15

- A conclusive diagnosis of EoE requires a combination of symptoms of esophageal dysfunction and histology showing ≥15 eosinophils/high-power field in at least one esophageal biopsy while off drugs potentially interfering with esophageal eosinophil counts.
- Proton pump inhibitors should be withdrawn at least 3–4 weeks prior to biopsy collection to achieve an accurate diagnosis of EoE.
- Alternative causes of esophageal eosinophilia should be excluded.

PPI WITHDRAWAL!

Clinical presentation suggestive of EoE

Severity of symptoms varies considerably between patients and with age and duration of disease[1-4]

Endoscopic findings and coexisting type 2 inflammatory diseases are common[1]

Symptoms alone are not accurately correlated with histological disease activity[5-8]

↓ Upper endoscopy with biopsy

Esophageal eosinophilia

Min of 2 Biopsies

Needed from at least 2 different locations in the esophagus, typically in the distal and proximal halves of the esophagus[9]

≥15 eos/hpf

Required for esophageal eosinophilia determination[1,10]

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

Eosinophilic esophagitis diagnosis

Diagnosis requires assessment of non-EoE disorders (eg, GERD, achalasia, Crohn's disease) that may contribute to esophageal eosinophilia[1,11]

EoE symptoms overlap with other GI disorders, which must be ruled out before a diagnosis is made[1,11]

International Virtual Grand Rounds universe.gi.org

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

45

New EoE Concepts Call for Change in Proton Pump Inhibitor Management Before Diagnostic Endoscopy

A small study (case reports) showed that, following an initial non-diagnostic endoscopy with biopsies performed on PPIs, a repeat EGDS with biopsies performed after 3–4 weeks off PPIs allowed to achieve a histological diagnosis of EoE

Figure 1. Endoscopic photograph of the distal esophagus and photomicrograph of an esophageal biopsy from patient 1's initial endoscopy (on proton pump inhibitors) showing no mucosal abnormality endoscopically or histologically.

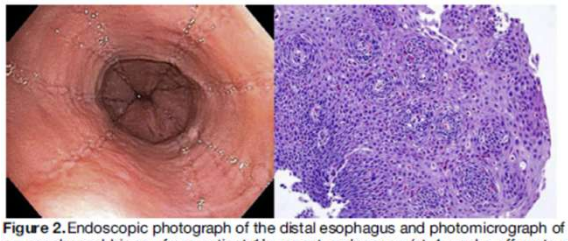


Figure 2. Endoscopic photograph of the distal esophagus and photomicrograph of an esophageal biopsy from patient 1's repeat endoscopy (at 4 weeks off proton pump inhibitors) showing prominent linear furrows, rings, and dense eosinophilia.

International Virtual Grand Rounds
universe.gi.org

Odiase E, et al. Gastroenterology 2018 Apr;154(5):1217-1221.e3

46

Adaptive Behaviors Mask EoE Symptoms and Contribute to Diagnostic Delays

- **I**mbibe fluids with meals[1]
- **M**odify food (cut into small pieces, puree)[1]
- **P**rolong mealtimes[1]
- **A**void textured food, such as meat and bread[1]
- **C**hew excessively[1]
- **T**urn away tablets/pills[1]
- **S**ocial avoidance[3]

HCPs should ask the right questions to unmask the IMPACT of adaptive behaviours[2]

1. Hirano I, et al. Gastroenterology. 2020;158(4):840-851. 2. Muir AB, et al. Clin Exp Gastroenterol. 2019;12:391-399. 3. Rooij WE, et al. J Neurogastroenterol Motil. 2022;28(3):390-400.

47

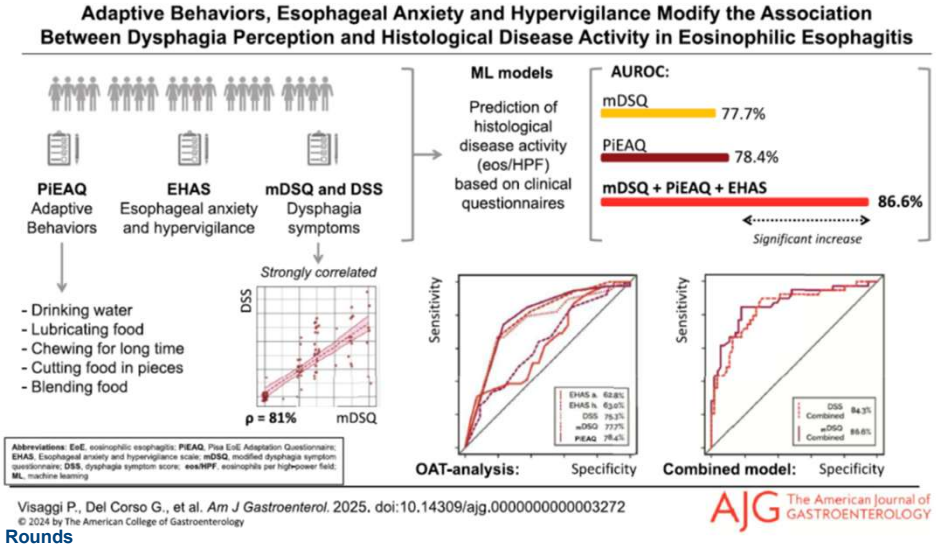
Adaptive Behaviors, Esophageal Anxiety, and Hypervigilance Modify the Association Between Dysphagia Perception and Histological Activity in EoE

Statement 9
Persistent symptoms, social restrictions, and long-term treatments reduce quality of life in EoE patients. Anxiety and depression affect these patients and may be alleviated by specific therapy.

96.7% *Conditional recommendation - Low quality of evidence*

Statement 12
Psychiatric comorbidities are not uncommon in patients with EoE. Disease-specific anxiety may account for increased dysphagia severity and should be evaluated and actioned when managing patients with EoE.

93.3% *Conditional recommendation - Low quality of evidence*



Visaggi P, et al. Am J Gastroenterol. 2024 Dec 30;120(8):1750-1759.

48

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

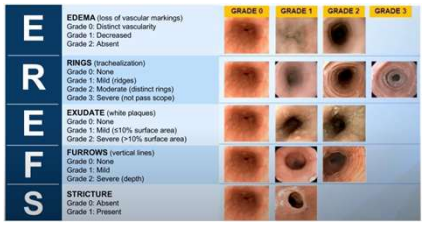
STATEMENT 17

- All patients with dysphagia and/or episodes of food bolus impaction should undergo at least six esophageal biopsies to rule out EoE even when the esophagus appears normal at endoscopy.
- All patients with endoscopic signs of EoE should undergo multiple esophageal biopsies to rule out EoE.
- Esophageal biopsies should be obtained at index endoscopy following an episode of food bolus impaction.

Agreement: 93.3% [*D* + (0%); D (0%); D- (3.3%); A- (3.3%); A (10%); *A* + (83.3%)]
Level of evidence: High
Level of recommendation: Strong

STATEMENT 18

To diagnose EoE, at least six biopsies should be taken from no less than two different esophageal sites, preferably from areas with esophageal abnormalities.
Agreement: 96.6% [*D* + (0%); D (0%); D – (0%); A- (3.4%); A (23.3%); *A* + (73.3%)]
Level of evidence: Moderate
Level of recommendation: Strong

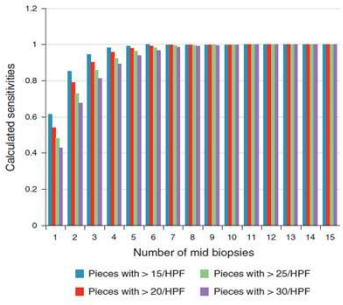


Up to ¼ of EoE patients lack endoscopic findings and a low level of suspicion is necessary!

The Optimal Number of Biopsy Fragments to Establish a Morphologic Diagnosis of Eosinophilic Esophagitis

Jennifer A. Nielsen, BA[1], Donna J. Lager, MD[2], Matthew Lewin, MD[2], Gabriel Rendon, MD[2] and Cory A. Roberts, MD[2]

SIX BIOPSIES: AUC >0.99



All adults undergoing endoscopy should have oesophageal biopsies taken if they have endoscopic signs associated with eosinophilic oesophagitis, or symptoms of dysphagia or food bolus obstruction, with a normal looking oesophagus
GRADE of evidence: High.
Level of recommendation: Strong.
Level of agreement: 85%.

In patients with food bolus obstruction, urgent referral to gastroenterology and an endoscopy on the next available endoscopy list, or as an immediate emergency is recommended, depending on clinical presentation
GRADE of evidence: Low.
Level of recommendation: Strong.
Level of agreement: 94%.

Dhar A, et al. Gut. 2022 Aug;71(8):1459-1487

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

49

Yield of Esophageal Biopsy Patterns for the Diagnosis of EoE

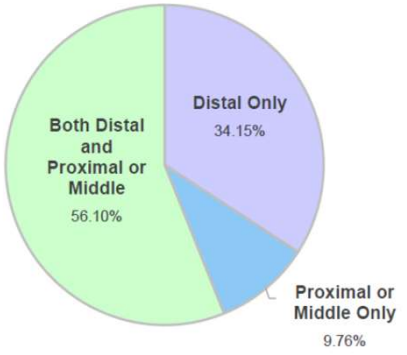


Figure 1. Distribution of eosinophilia in patients with biopsies of 2 esophageal segments. The majority of patients (56.1%) had both distal and proximal or middle eosinophilia, whereas approximately one-third had distal-only disease (34.15%) and close to one-tenth had non-distal disease (9.76%).

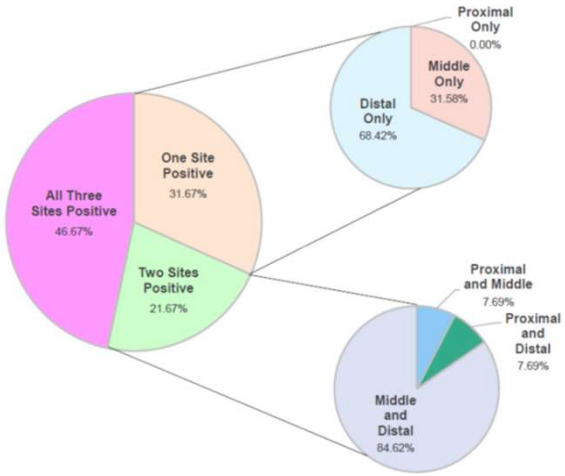


Figure 2. Distribution of eosinophilia in patients with biopsy samples from all 3 esophageal segments. The majority of patients had at least 1 segment without eosinophilia (53.3%). Among those with eosinophilia in 1 segment only (31.7%), the majority had distal-only disease (68.4%), whereas the rest exhibited middle esophagus–only eosinophilia (31.6%). No patient had isolated proximal esophageal eosinophilia. Among patients with eosinophilia in 2 segments (21.7%), the vast majority had mid and distal eosinophilia (84.6%), whereas a small number had proximal and middle eosinophilia (7.7%) or proximal and distal eosinophilia (7.7%).

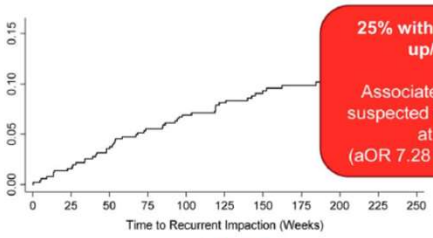
N=511 patients newly diagnosed with EoE

Muftah M et al, Gastrointest Endosc . 2025 Aug;102(2):194-201.e1

50

Post endoscopy Care for Patients Presenting With Esophageal Food Bolus Impaction: A Population-Based Multicenter Cohort Study

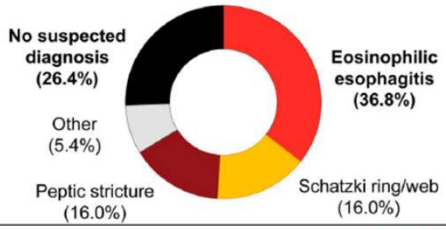
519 adult patients presenting with esophageal food bolus impaction undergoing upper endoscopy (2016-2018)



25% with inadequate follow-up/management

Associated with absence of a suspected esophageal diagnosis at presentation (aOR 7.28 [95% CI: 4.49-11.78])

From 4 tertiary care hospitals in Calgary Health Zone, Alberta Health Services, Canada (single payer, fully integrated, provincial health authority)



20%

Diagnosis changed after follow-up evaluation

Guo et al. *Am J Gastroenterol.* 2023. [doi:10.14309/ajg.0000000000002392]
All icons above are from https://thenounproject.com

AJG The American Journal of GASTROENTEROLOGY

International Virtual Grand Rounds
universe.gi.org

Guo H et al, Am J Gastroenterol . 2023 Oct 1;118(10):1787-1796

51

Lack of Evidence that EoE Is a Pre-malignant Condition

STATEMENT 14

There is no evidence that EoE is a pre-malignant condition. However, the relationship between a chronic inflammatory condition like EoE with Barrett's esophagus and esophageal cancer remains unclear.

Agreement: 93.4% [*D* + (3.3%); D (0%); D- (0%); A- (3.3%); A (36.7%); *A* + (56.7%)]

Level of evidence: Moderate

Level of recommendation: Not applicable

Natural history of primary eosinophilic esophagitis: a follow-up of 30 adult patients for up to 11.5 years

N=30 patients
No cases of cancer

Straumann A, et al. Gastroenterology. 2003 Dec;125(6):1660-9

The natural history of steroid-naïve eosinophilic esophagitis in adults treated with endoscopic dilation and proton pump inhibitor therapy over a mean duration of nearly 14 years

N=23 patients
No cases of cancer

International Virtual Grand Rounds

Lipka S, et al. Gastrointest Endosc. 2014 Oct;80(4):592-598

52

EoETALY Consensus – Current Treatment and Monitoring of EoE

Figure reprinted from De Bortoli N, et al. *Dig Liver Dis*. 2024;56(7):1173-1184. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).
*If clinically viable, the achievement of histological remission before proceeding to esophageal dilation is advisable. †If subtle rings or strictures are suspected; assessment of poor esophageal distensibility by means of esophageal panometry before dilation is advisable.
bid, twice daily; BOT, budesonide orodispersible tablet; EoE, eosinophilic esophagitis; FFED, four-food elimination diet; GERD, gastroesophageal reflux disease; OFED, one-food elimination diet; PPI, proton pump inhibitor; qw, once weekly; SFED, six-food elimination diet; STC, swallowed topical corticosteroid; TFED, two-food elimination diet; Th2, T helper type 2.

De Bortoli N, et al. Dig Liver Dis. 2024;56(7):1173-1184.

53

Treatment: PPIs


Digestive and Liver Disease

The 1st EoETALY Consensus on the Diagnosis and Management of Eosinophilic Esophagitis–Current Treatment and Monitoring

Statement 25

PPI treatment can achieve clinical and histological remission in a significant proportion of patients with EoE. However, PPI treatment is currently off-label in EoE.

Agreement: 100% [D+ (0%); D (0%); D- (0%); A- (0%); A (0%); A+ (100.0%)]
Level of evidence: Moderate
Level of recommendation: Strong

Statement 26

PPI treatment can maintain clinical and histological remission in patients with EoE, **although long-term maintenance data have a low level of evidence**.

Agreement: 100% [D+ (0%); D (0%); D- (0%); A- (0%); A (40.0%); A+ (60.0%)]
Level of evidence: Low
Level of recommendation: Conditional

Statement 27

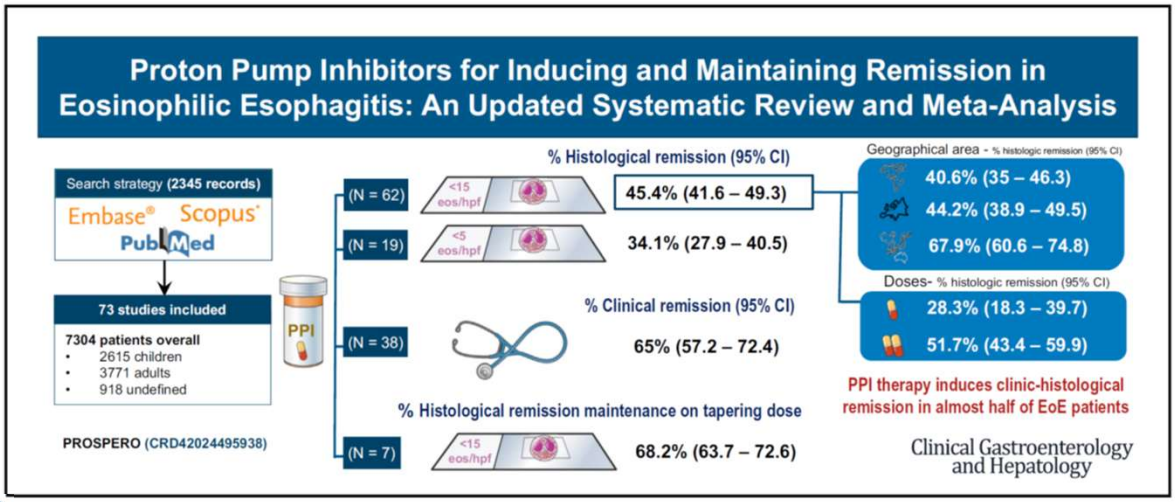
PPI treatment is safe and well-tolerated.

Agreement: 93,3% [D+ (0%); D (0%); D- (0%); A- (6,7%); A (20.0%); A+ (73.3%)]
Level of evidence: Moderate
Level of recommendation: Strong

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

54

PPIs for Inducing and Maintaining Remission in EoE: An Updated Systematic Review and Meta-Analysis



Lucendo A, et al. Clin Gastroenterol Hepatol. 2025;23:2115–2127

55

Treatment: Steroids

Statement 28

Topical steroids are effective for inducing histological and clinical remission in eosinophilic esophagitis.

Agreement: 100% [D + (0%); D (0%); D – (0%); A- (0%); A (13.3%); A + (86.7%)]
Level of evidence: High
Level of recommendation: Strong

Statement 31

Topical steroids have a good safety profile for induction and maintenance of remission in the medium term.
Longer term data are lacking.

Agreement: 100% [D+ (0%); D (0%); D- (0%); A- (0%); A (23.3%); A+ (76.7%)]
Level of evidence: Moderate
Level of recommendation: Conditional

Statement 29

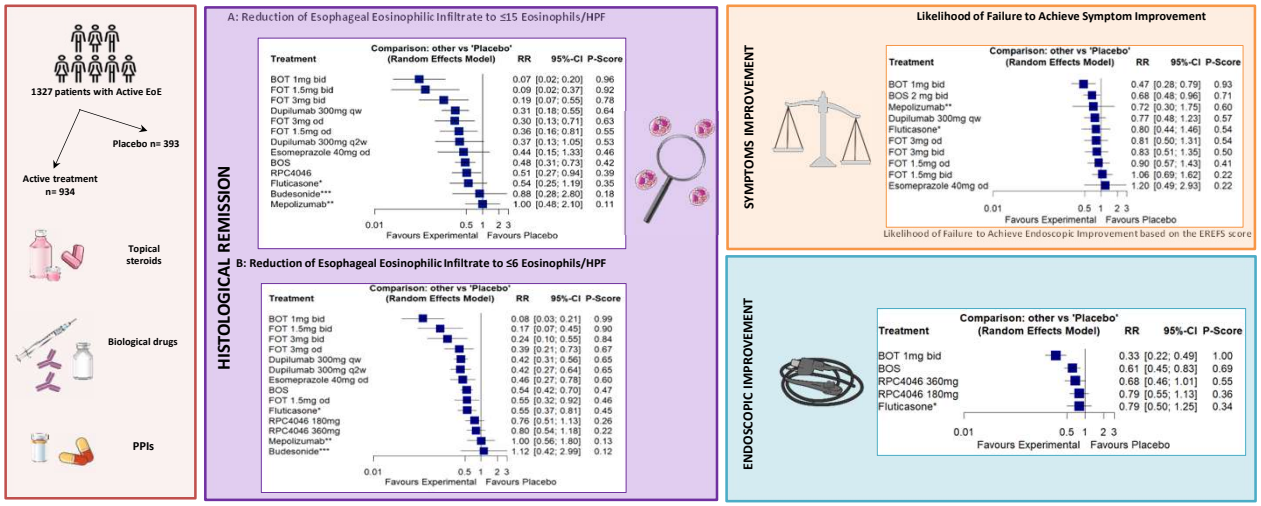
Clinical and histological relapse is high after withdrawal of topical steroid treatment.

Agreement: 100% [D+ (0%); D (0%); D- (0%); A- (0%); A (23.3%); A+ (76.7%)]
Level of evidence: High
Level of recommendation: Strong

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

56

Drugs for Eosinophilic Esophagitis (Induction): Systematic Review and Network Meta-Analysis of Randomized Controlled Studies

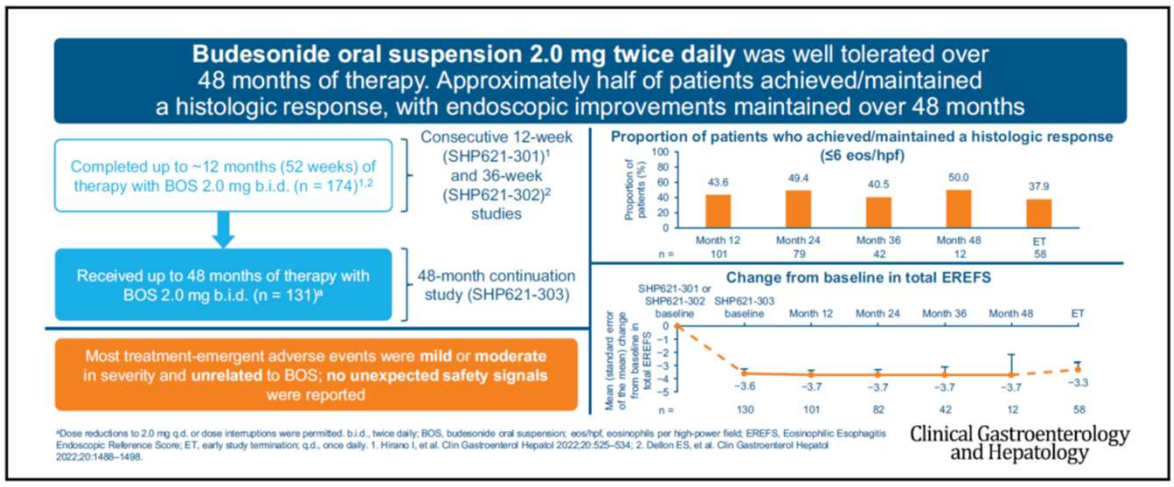


Abbreviations: BOS, budesonide oral suspension; BOT, budesonide orally disintegrating tablet; EoE, eosinophilic esophagitis; EREFS, EoE endoscopic reference score; FOT, fluticasone orally disintegrating tablet; HPF, high-power field; PPIs, proton pump inhibitors.

Visaggi P, et al. Gut. 2023 Nov;72(11):2019-2030

57

Efficacy and Safety of Budesonide Orodispersible Tablets for EoE up to 3 Years: An Open-Label Extension Study

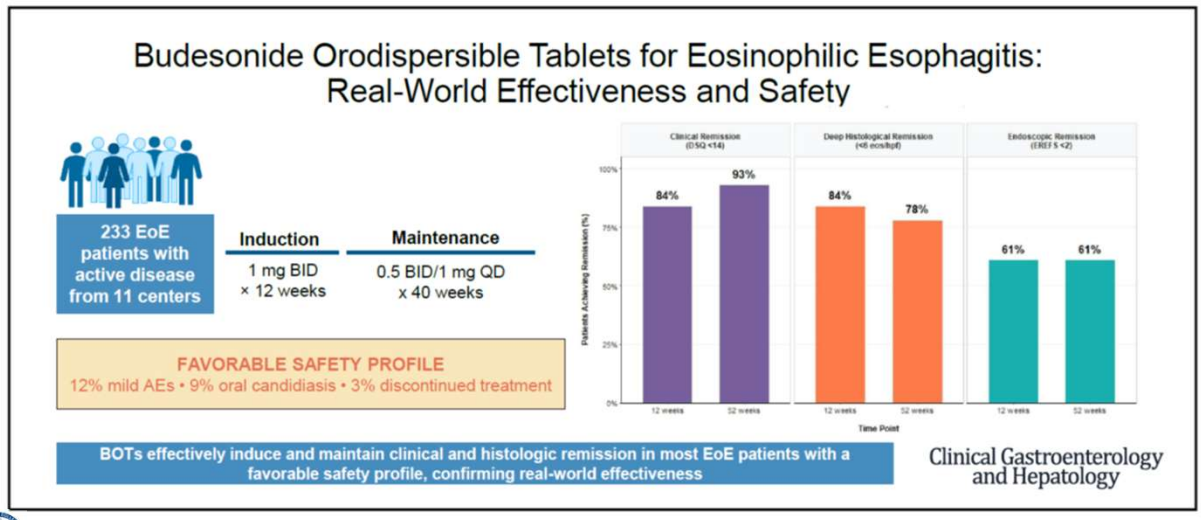


N=47 individuals with EoE

Biederman L, et al. Clin Gastroenterol Hepatol. 2025;23:2155–2166

58

Effectiveness and Safety of Orodispersible Budesonide for Eosinophilic Esophagitis: A Multicenter Real-World Study



Maniero D, et al. Clin Gastroenterol Hepatol. 2025 Sep 8:S1542-3565(25)00753-0

59

The Effectiveness of Budesonide Once Daily as Maintenance Treatment of Eosinophilic Esophagitis

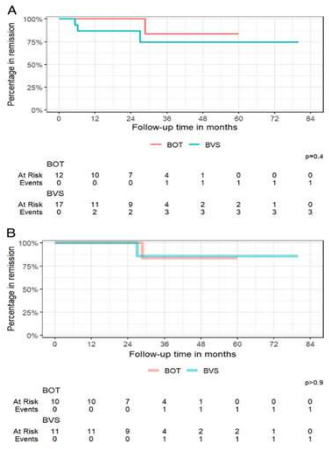


FIGURE 3. Maintenance of histologic remission over time. A, Percentage of patients that remained in histologic remission during follow-up (months). Histologic remission was defined as PEC < 15 eosinophils/HPF. B, Percentage of patients with follow-up of at least 12 months that remained in remission during long-term follow-up (months). Patients with at least 1-year follow-up: percentage of patients who remained in histologic remission during follow-up (in months). Histologic remission was defined as PEC < 15 eos/HPF. HPF indicates high-power field.

TABLE 3. Symptom Scores During Maintenance Therapy With Oral Topical Budesonide Once Daily

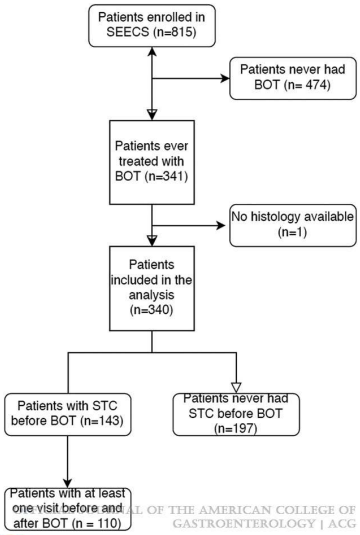
Symptom scores		n	median	range
DSQ	/12	24	0	(0-3)
EEsAI	/100	23	12	(0-76)
EEsAI < 30		20 (87)		
EEsAI ≤ 20		16 (70)		
EoE-QoL-A	/96	23	76	(23-94)
Eating/diet impact	/16	23	13	(0-16)
Social impact	/16	23	12	(1-16)
Emotional impact	/32	23	28	(5-32)
Disease anxiety	/20	23	12	(5-20)
Swallowing anxiety	/12	23	11	(0-12)

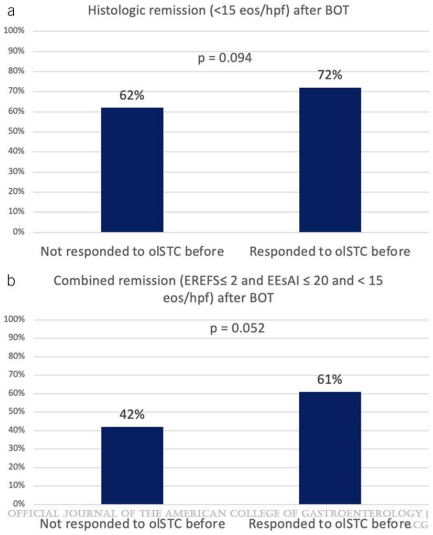
DSQ indicates dysphagia symptom questionnaire; EESAI, eosinophilic esophagitis activity index; EoE-QoL-A, adult eosinophilic esophagitis quality of life questionnaire.

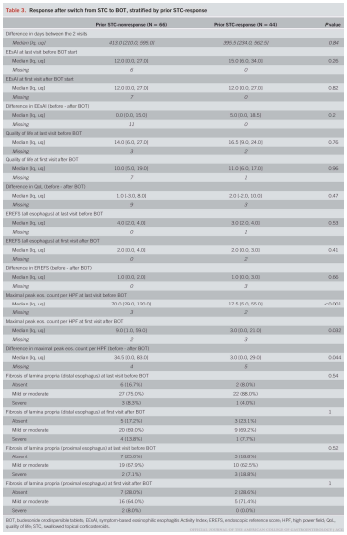
Karlien R, et al. J Clin Gastroenterol. 2025 Jan 29. doi: 10.1097/MCG.0000000000002139

60

Loss of Response to Off-Label Swallowed Topical Corticosteroids in EoE Can be Overcome by a Switch to an Esophageal-Targeted Budesonide Formulation







International Virtual Grand Rounds
universe.gi.org

Murray FR, et al. et al. Am J Gastroenterol . 2026 Jan 1;121(1):130-139

61

Treatment: Diet

Statement 33

Empiric food elimination diets can induce clinical and histologic remission in a significant proportion of EoE patients when instructed by a dedicated professional. A **step-up approach starting from a one-food elimination diet of animal milk is reasonable** to reduce unnecessary dietary restrictions and endoscopies.

Agreement: 100% [D + (0%); D (0%); D – (0%); A- (0%); A (23.3%); A + (76.7%)]
Level of evidence: Moderate
Level of recommendation: Strong

Statement 34

Dietary elimination of identified food trigger categories can maintain remission in patients with EoE, although long term compliance may be challenging for patients.

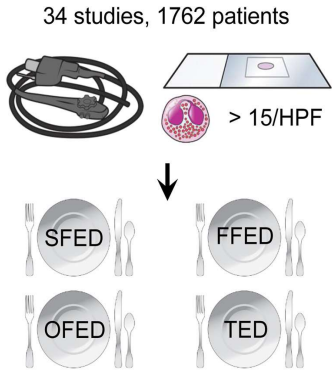
Agreement: 96.7% [D + (0%); D (0%); D – (0%); A- (3.3%); A(26.7%); A + (70%)]
Level of evidence: Low
Level of recommendation: Conditional

International Virtual Grand Rounds
universe.gi.org

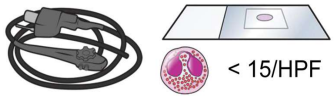
De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

62

Efficacy of Elimination Diets in EoE: A Systematic Review and Meta-analysis



Diet type	N	Efficacy
SFED	701	61.3% (95%-CI: 53.0-69.3%)
FFED	302	49.4% (95%-CI: 32.5-66.3%)
OFED	306	51.4% (95%-CI: 42.6-60.1%)
TED	453	45.7% (95%-CI: 32.0-59.7%)



Clinical Gastroenterology and Hepatology

- ✓ The only "drug-free" treatments for EoE
- ✓ Suggest a "step-up" approach
- ✓ Only to highly motivated patients
- ✓ Elemental diet only as rescue therapy

6-food elimination diet (SFED), 4-food elimination diet (FFED), 1-food elimination diet (OFED), and a targeted elimination diet (TED).

Mayerhofer C, et al. Clin Gastroenterol Hepatol . 2023 Aug;21(9):2197-2210.e3.

63

Treatment: Biologics

Statement 39

Topical steroids, proton pump inhibitors, elimination diets, and dupilumab can be considered for the treatment of EoE.
The first line approach should be accurately defined in each single patient, according to patients' characteristics, preferences, and available resources.

In addition, a recent post-hoc analysis found that the efficacy of dupilumab is not affected by prior topical steroids treatment.

Agreement: 96.7% [D+ (0%); D (0%); D- (0%); A- (3.3%); A (36.7%); A+ (60%)]
Level of evidence:
High (EoE-specific topical steroids and dupilumab),
Moderate (Elimination diets and inhaled/ swallowed topical steroids),
Low (PPIs)
Level of recommendation: Strong

International Virtual Grand Rounds
universe.gi.org

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

64

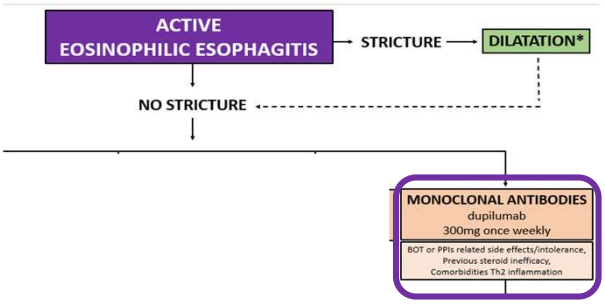
EoETALY: Italian Guidelines on Eosinophilic Esophagitis

Clinical guidance for the use of dupilumab in eosinophilic esophagitis
A yardstick

Seema S. Aceves, MD[*]; Evan S. Dellon, MD[†]; Matthew Greenhawt, MD[‡]; Ikuo Hirano, MD[§]; Chris A. Liacouras, MD[‖,#]; Jonathan M. Spergel, MD, PhD[¶,#,**]

Table 1
Clinical Scenarios Suggesting the Use of Dupilumab for Eosinophilic Esophagitis

Contexts Where First Line Use Should Be Considered
• Patients with multiple comorbid atopic conditions that include
○ Moderate, persistent, or difficult to control asthma
○ Moderate, persistent, or difficult to control atopic dermatitis
○ Difficult to control chronic sinusitis with nasal polyps
• Patients with a strong preference to avoid dietary restriction or topical swallowed steroids
Context when dupilumab can be considered as step up therapy
• Eosinophilic Esophagitis that is difficult to treat
• Patients with failure to thrive, poor growth or significant weight loss due to EoE
• Patient with frequent use of rescue therapies
○ Oral systemic steroids
○ Esophageal dilations
• Patients with severe diet restriction or requiring amino acid formula
• Patients with clinically significant esophageal strictures or narrow caliber esophagus
• Patients refractory to current therapy
○ Due to continued symptoms
○ Due to persistent abnormal esophageal inflammation
○ Due to adverse effects of current therapy
○ Due to intolerance of current therapy
○ Due to inability to adhere to current therapy
• Patients with adverse effects to current therapy



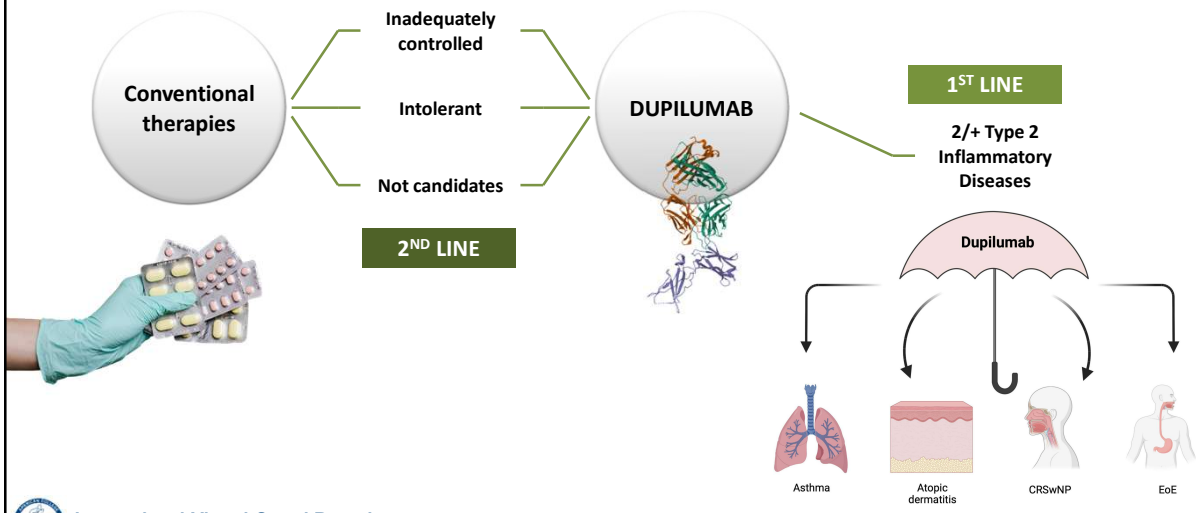
Approved biologic (Dupilumab) is suggested in:

- inadequately controlled, intolerant, or not candidates for conventional medical therapy (**second line**)
- EoE patients with 1 or more concomitant Type2 Inflammatory Diseases as **first line**

De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

65

Dupilumab Is a 2nd-line Therapy, but a Top-down Approach Is Debated



International Virtual Grand Rounds
universe.gi.org

Lutzu N, et al. Front Med (Lausanne) . 2025 Jan 21:11:1513417.

66

Maintenance Treatment Should Not Be Discontinued

- A large retrospective cohort study showed that almost no children "grow out of" EoE,
- A study in adults showed that less than 2% of those who achieved "deep remission" (no symptoms, endoscopic findings, or histologic findings for at least 6 months) could discontinue STCs in the long term.
- All other patients relapsed after a median of only 22 weeks of discontinuing therapy.

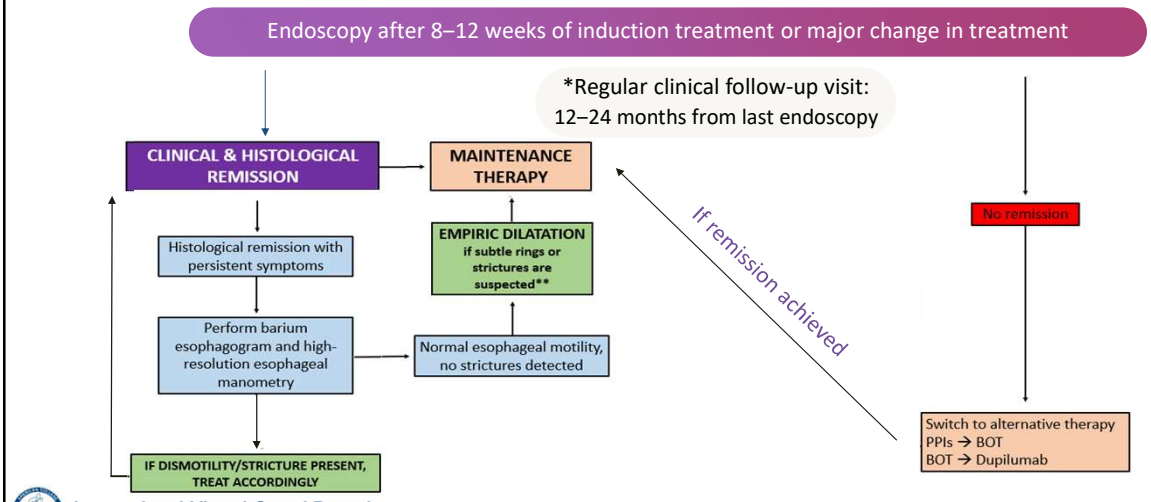
In the overwhelming majority of EoE patients, **if treatments are not continued**, clinical, endoscopic, and histologic **disease activity will flare**.

Greuter T, et al. Am J Gastroenterol . 2017 Oct;112(10):1527-1535
Dellon ES, et al. Clin Gastroenterol Hepatol. 2021 Apr;19(4):699-706.e4
Spergel JM, et al. J Pediatr Gastroenterol Nutr. 2009 Jan;48(1):30-6

67

EoETALY: Italian Guidelines on Eosinophilic Esophagitis

Follow-up and Monitoring



De Bortoli N, et al. Dig Liver Dis. 2024 Jun;56(6):951-963
De Bortoli N, et al. Dig Liver Dis. 2024 Jul;56(7):1173-1184

68

Take Home Messages

- Different Guidelines on Management have been published or updated, including the most recent treatments (Dupilumab)
- Definition and diagnosis of EoE remains consistent through the years
- Adaptive Behaviors, Esophageal Anxiety, and Hypervigilance play an important role in symptoms perception and reporting
- At index endoscopy PPI should be stopped at least 3-4 weeks before
- Isolated segmental eosinophilia is common in EoE, including up to 10% non-distal disease
- Lack of Evidence that EoE Is a Pre-malignant Condition
- Recommended first line treatments: PPI, topical steroids, diet
- Dupilumab is recommended for refractory/intolerant patients or in case of further Th2 comorbidities
- Maintenance therapy and long-term monitoring are recommended

69

Thanks for your attention!

70

Virtual Grand Rounds

universe.gi.org

Questions

Evan S. Dellon, MD, MPH, FACG

Edoardo Savarino, MD, PhD

Edoardo Giovanni Giannini, MD, PhD, FACG

71