Why was this study done?

Eosinophilic esophagitis (EoE) is a chronic inflammatory disease affecting an increasing number of children, adolescents, and adults worldwide. The main symptom of EoE is difficulty in swallowing food (dysphagia). Sometimes food can stick in the oesophagus and emergency medical intervention is required. People with EoE find eating stressful and this can lead to poor nutrition, emotional distress, and reduced social activity. Swallowed topical corticosteroids (STCs) are given to many people with EoE but may not be effective in managing EoE symptoms in some patients and there can be side effects associated with their long-term use. Dupilumab is a targeted biologic therapy that blocks the inflammatory pathways known to cause EoE. In 2022, it was approved in the US and EU for the treatment of adults and adolescents 12 years and older with EoE weighing at least 40kg. The authors of this study wanted to know if the efficacy of dupilumab in people with EoE could be affected by previous use of STCs.

What did the researchers do?

The authors analyzed data from a clinical trial known as LIBERTY EoE TREET in which adults and adolescents with EoE had received weekly 300 mg doses of dupilumab or placebo for up to 52 weeks. The authors divided the trial participants into four groups: 1) previous use of STCs; 2) no previous use of STCs; 3) poor response, intolerance, or contraindication to STCs; and 4) without a poor response, intolerance, or contraindication to STCs. The authors compared how well dupilumab worked in these groups using two clinical measures, one based on histology and the other on EoE symptoms. Efficacy was assessed after 24 weeks and 52 weeks of treatment.

What did the researchers find?

The authors found that dupilumab’s effectiveness, based on improvements in histology, endoscopy, and symptoms after 24 and 52 weeks, was very similar in all four groups. The safety profile of dupilumab was consistent with the known safety profile.

What do the findings mean?

These results indicate that prior treatment with, previous poor response to or intolerance of STCs did not change the effectiveness of subsequent dupilumab treatment.