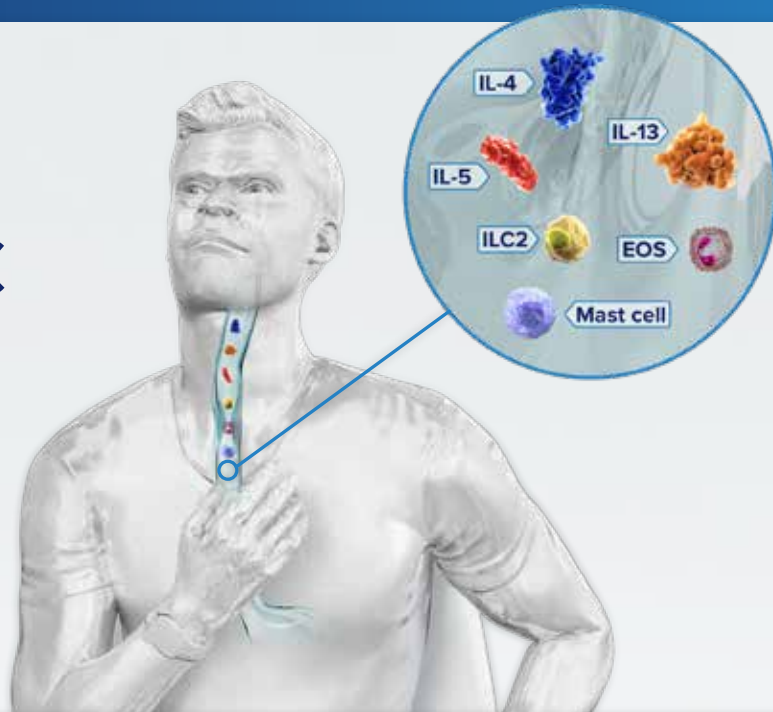


UNDERSTANDING EOSINOPHILIC ESOPHAGITIS (EoE)



MAT-BH-2500598/V2/january2026

EoE is a **chronic, progressive, inflammatory disease** with rising prevalence among children and adults¹⁻³

Approximately
1 in 4000 
people have EoE worldwide⁴

Misdiagnosis or underdiagnosis
can cause delays of up to
10 years²

BEHAVIOR MODIFICATION

can mask symptoms and further delay correct diagnosis and treatment²

EoE has a
HIGH DISEASE BURDEN,
causing daily disruptions and restrictions for patients and caregivers¹

Adult patients with EoE may experience the following signs and symptoms^{1,4-8}:



Dysphagia

Characterized by discomfort during meals due to difficulty swallowing and the need to frequently intake fluids while eating



Chest pain (noncardiac)

Presents in the majority of patients with eosinophilic esophagitis



Fibrostenosis of the esophagus

Fibrosis gradually leads to stenosis (narrowing) in many patients with eosinophilic esophagitis



Food impaction and bolus removal

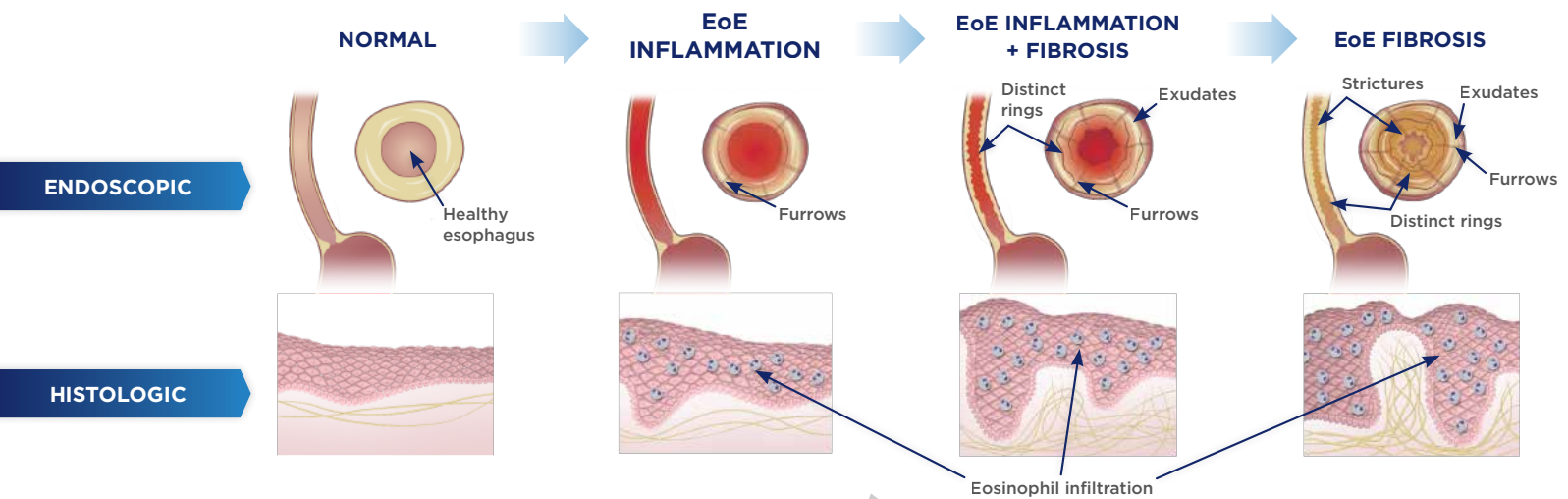
Food impaction is a direct consequence of esophageal fibrosis and tissue remodeling. Removal of food bolus impaction frequently involves an urgent endoscopic intervention



Impaired quality of life

Frequent vomiting, restricted diets, social isolation and rejection, fatigue, increased emergency room visits, and higher economic burden

Eosinophilic esophagitis is a chronic, progressive, inflammatory disease, characterized by endoscopic and histologic changes to the esophagus^{1,4}



Progressive remodeling and fibrosis may lead to esophageal strictures, which worsen dysphagia and may result in food impaction and require dilation^{1,4}

Despite current management strategies, many patients continue to have active EoE symptoms^{9,10}

There remains a unmet need to reduce esophageal dysfunction and eosinophil-predominant inflammation in order to improve endoscopic signs, clinical symptoms, and quality of life in patients with EoE

While successful for some patients, current standard of care^{9,10}:

- Leaves many patients symptomatic, with no long-term treatment options
- Does not fully address type 2 inflammation—the underlying cause of EoE
- Does not always address symptoms, histology, and endoscopic findings
- Fails to consider the everyday challenges faced by patients and caregivers

Consider a comprehensive approach to managing EoE

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