

Determination of Optimal Eosinophil Thresholds for Diagnosis of Eosinophilic Gastritis and Duodenitis: A Pooled Analysis of 4 Prospective Adult Studies

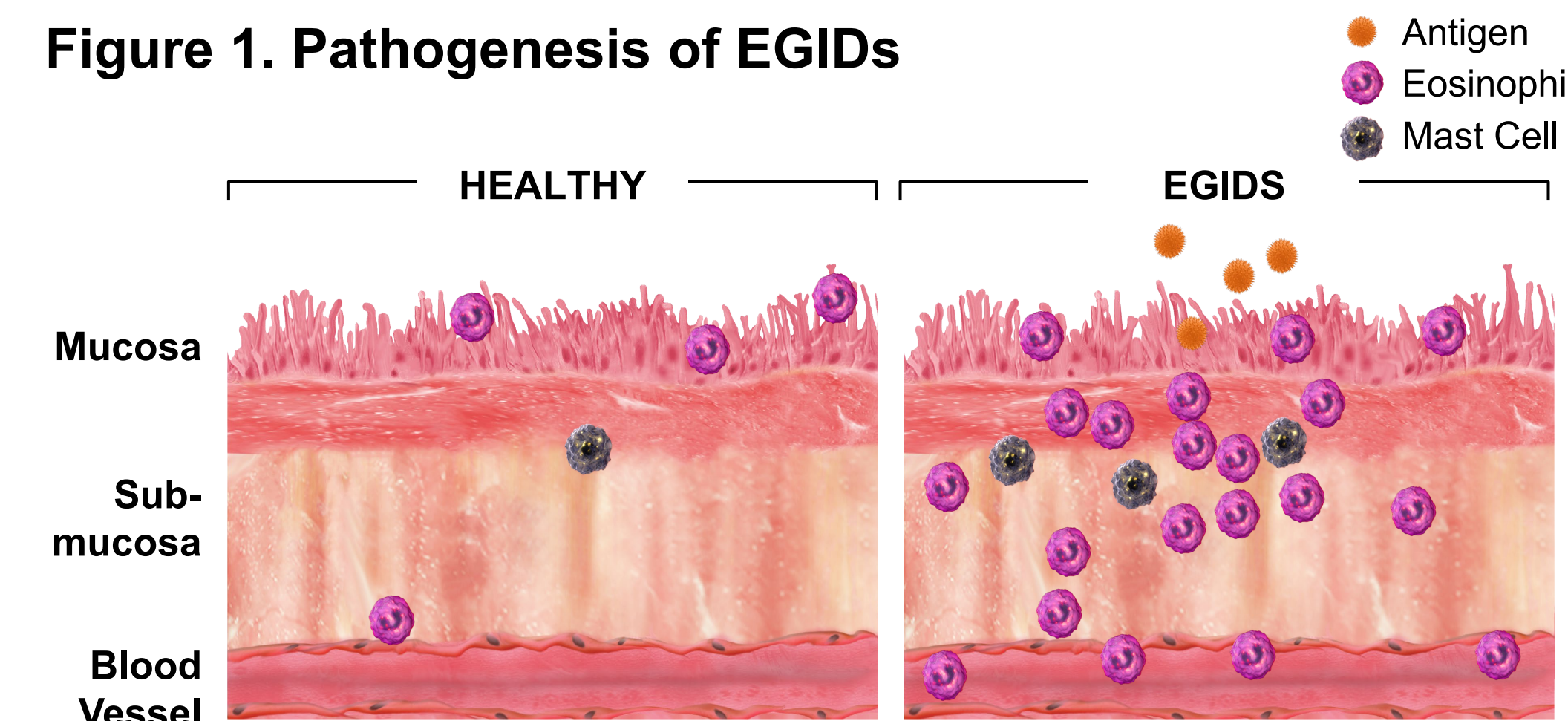
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BACKGROUND

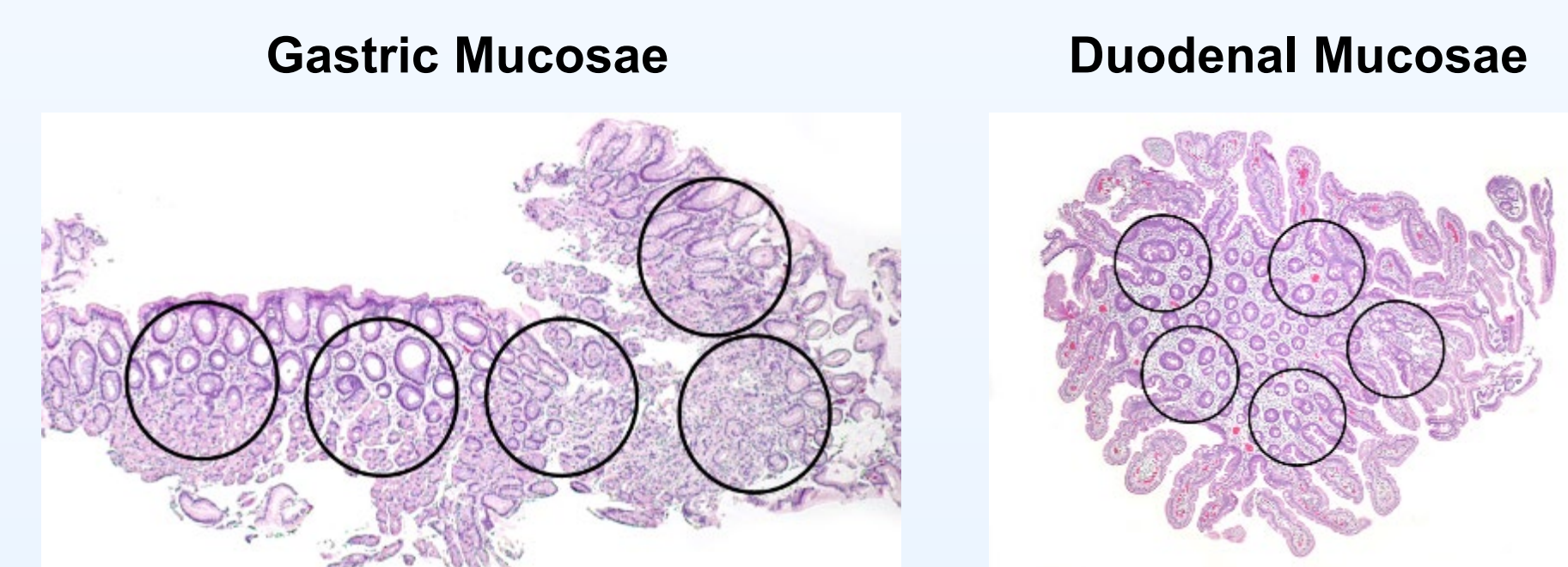
- Eosinophilic gastrointestinal disorders (EGIDs) are diagnosed based on a combination of symptoms and elevated numbers of eosinophils (eos) observed in biopsy specimens from esophagus (eosinophilic esophagitis [EoE]), stomach (eosinophilic gastritis [EoG]), and/or upper intestine (eosinophilic duodenitis [EoD])¹

Figure 1. Pathogenesis of EGIDs



- Different eosinophil thresholds have been set for diagnosis of EoG and EoD, but there has been no consensus on the criteria^{2,3,4,5,6,7}
- Eos threshold requirements for regulatory approval of therapeutics may not necessarily reflect appropriate eos thresholds in high-power fields (hpf) used in clinical practice⁸
 - EoE example: diagnosis at 15 eos/hpf, FDA uses ≤ 6 eos/hpf as remission for drug approval but 0 is pathogenically normal
- Eosinophil enumeration in gastric and duodenal biopsies in some studies have required counts of eos in multiple hpf, specifically 5 hpf for EoG and 3 hpf for EoD^{9,10}
 - Thresholds requiring multiple hpf may not be practical for routine clinical use

Figure 2. Representative Images of 5 Non-Overlapping Fields per Specimen as an approach to assessing counts



- Representative images of hematoxylin- and eosin-stained, 5 μm -thick biopsy specimens
- Black circles indicate the 5 non-overlapping hpf (area, 0.237 mm^2) selected from areas of greatest eosinophil density used for counting of eosinophils

- An evidence-based approach to establish appropriate eos thresholds for EoG and/or EoD is needed

OBJECTIVES

- To investigate optimal cutoff values for accurate detection of EoG or EoD using data from 4 prospective studies
- To explore a single peak hpf threshold indicative of EoG and EoD

METHODS

Patients

- Individual patient level data were obtained from four prospective studies: Phase 2 ENIGMA1⁴, Phase 3 ENIGMA2, Prevalence Study, and one on asymptomatic controls
- The symptom entry criteria from Phase 3 ENIGMA2 was applied to identify participants from the ENIGMA1 and prevalence studies; patients were *H. pylori*-negative with total symptom scores⁴ (TSS6) ≥ 10 (weekly average referred to as symptom burden) and either abdominal pain, diarrhea, and/or nausea scores ≥ 3 at baseline. Controls has TSS6 ≤ 1
- Resulting patient population:
 - ENIGMA1 (n=74), ENIGMA2 (n=324), Prevalence (n=309); total N=707
 - Asymptomatic Controls (n=33)
- Biopsy results were evaluated from all participants and eos were counted¹¹, EoG defined as ≥ 30 eos/hpf in ≥ 5 hpf, EoD defined as ≥ 30 eos/hpf in ≥ 3 hpf)

Figure 3. Screening Protocol

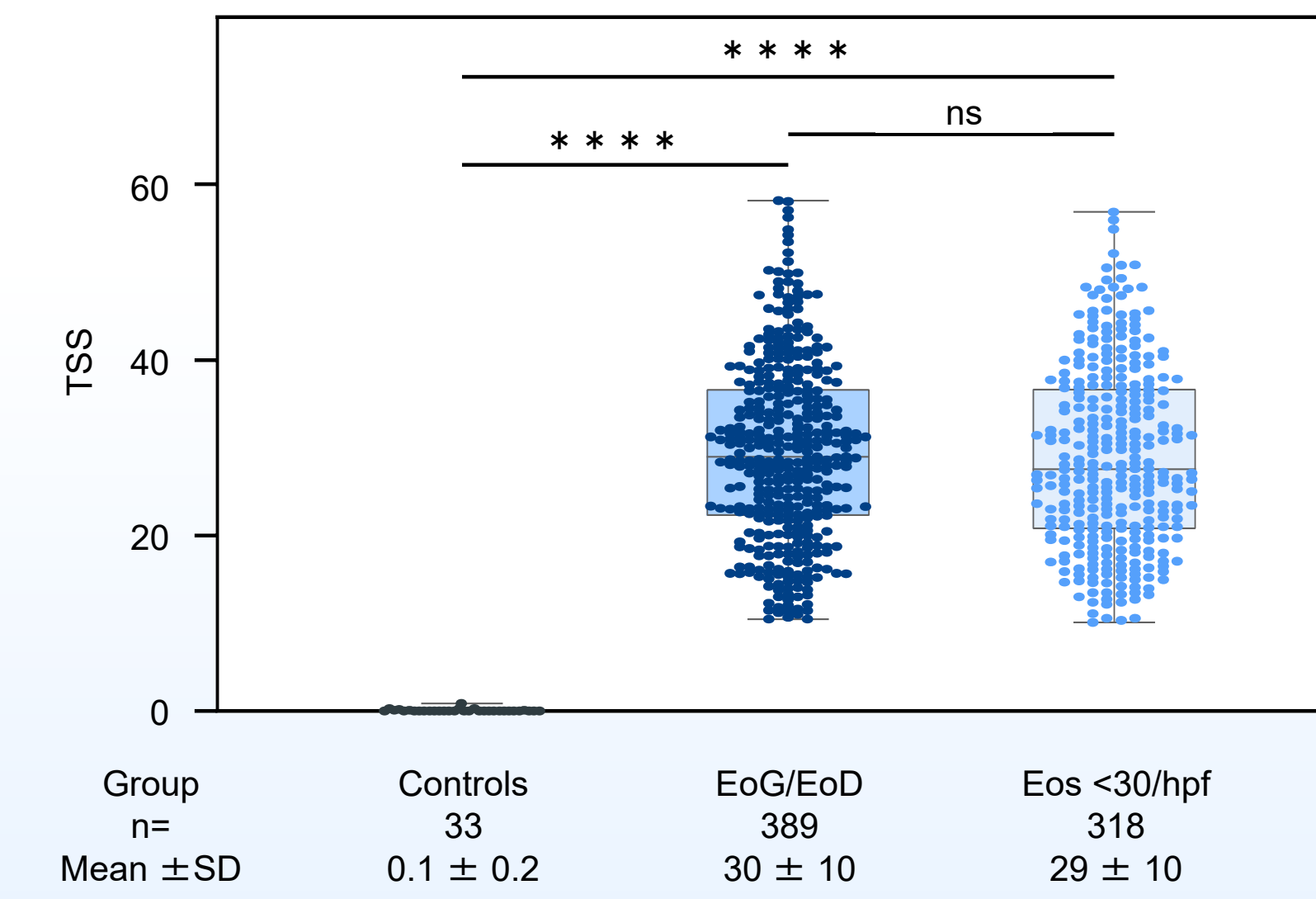
Symptom PRO	EGD with Biopsy	Histologic Criteria
<ul style="list-style-type: none"> Patients with prior diagnosis or suspected EoG/EoD entered screening Patients with TSS6 ≥ 10 and either abdominal pain, diarrhea, or nausea ≥ 3 on a PRO questionnaire (Fig. 4) qualified for an upper endoscopy (EGD) with biopsy 	<ul style="list-style-type: none"> Multiple biopsies (≥ 12) were taken from each symptomatic patient according to a standardized protocol: <ul style="list-style-type: none"> 8-10 gastric biopsies 4-6 duodenal biopsies 4-6 esophageal biopsies (only if patient had a history of EoE or if EoE features were observed during EGD) 	<ul style="list-style-type: none"> Single pathologist evaluated stained biopsy samples and counted eosinophils (Fig. 5) Entry criteria <ul style="list-style-type: none"> ≥ 30 eos/hpf in 5 hpf (stomach) and/or ≥ 30 eos/hpf in 3 hpf (duodenum) No other known cause for GI symptoms or tissue eosinophilia

Statistical Analyses

- Area under the receiver operating characteristic (AUROC) curve analysis was performed to identify the best eos cutoff for detection of EoG and EoD
 - ROC curves: evaluate the predictive accuracy of a diagnostic test by calculating its sensitivity and specificity
 - Sensitivity: proportion of subjects who are correctly categorized as having disease (e.g., EoG) among those who truly have the disease
 - Specificity: proportion of subjects who are correctly categorized as not having the disease among all subjects who truly don't have the disease
- Area under the ROC curve (AUC) of 1.0 indicates that an instrument can discriminate perfectly between active disease and none, whereas a value of 0.5 indicates that an instrument has no discriminating power
- Two approaches were used to determine for the eos cutoff value analysis relating symptom burden to hpf(s)
 - Estimate of Youden Index for different threshold points
 - Measures biomarker effectiveness and enables the selection of an optimal threshold value (cutoff point) for the marker¹²
 - Youden Index = Maximum (Sensitivity + Specificity - 1)
 - Index = 1 indicates no false negative or false positive rate
 - Estimate of ABS (Sensitivity-Specificity) for different threshold points
 - Measures the absolute difference between sensitivity and specificity
 - Sensitivity, Specificity equality when ABS (Sensitivity-Specificity) = 0

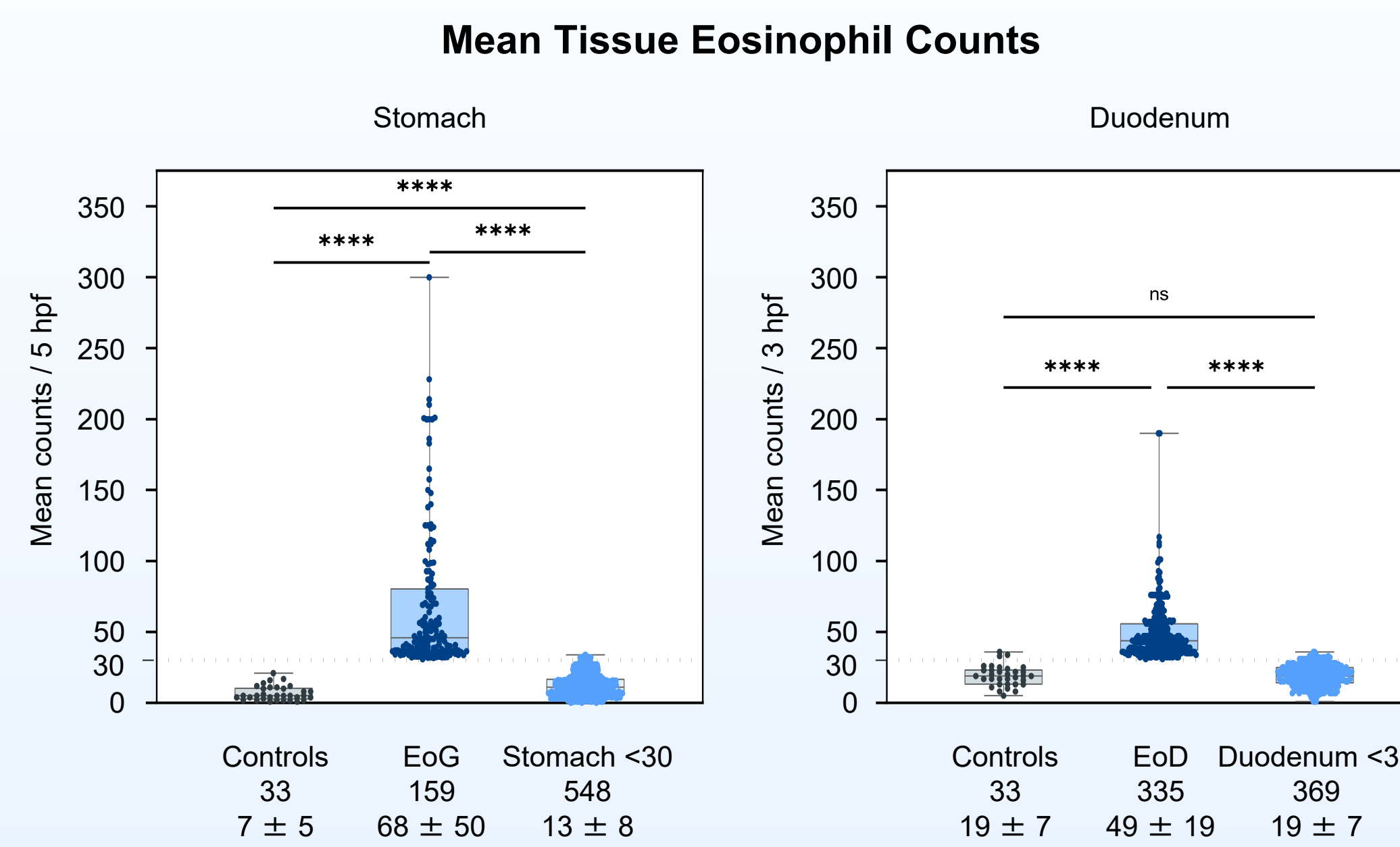
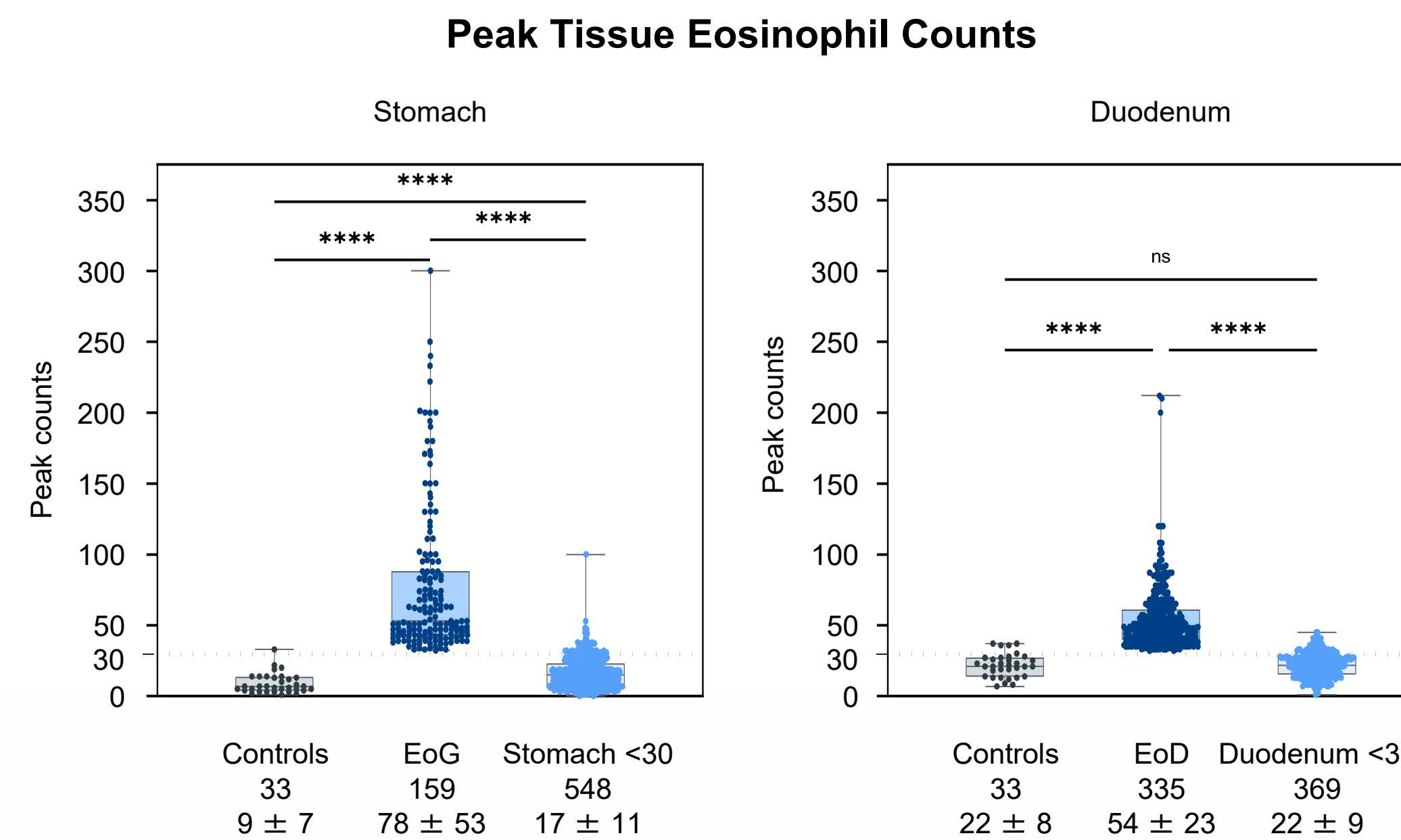
RESULTS

Figure 4A. Symptoms Across 3 Prospective EoG/EoD Trials



≥ 30 eos/hpf in 5 hpf appear to be under-calling symptomatic patients

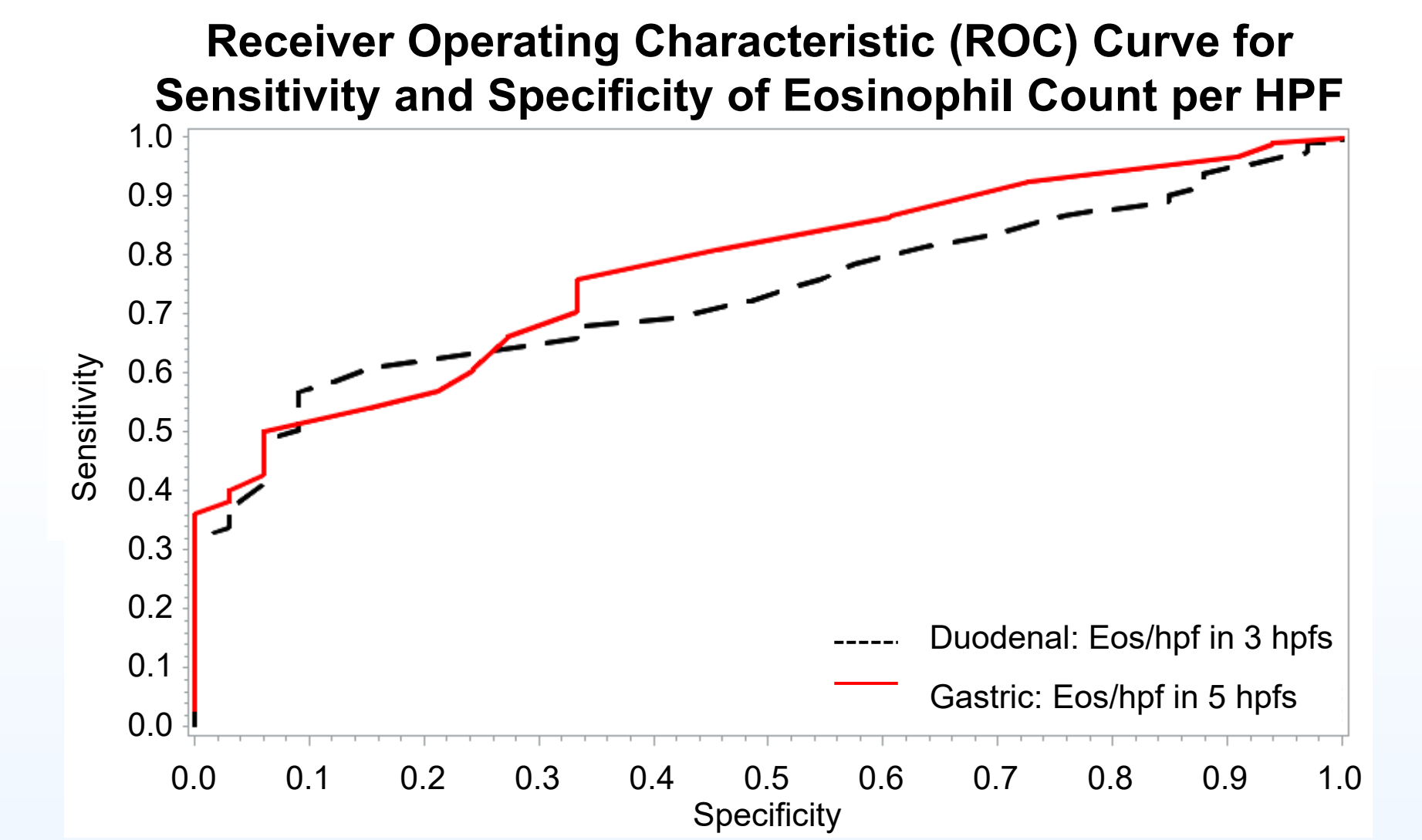
Figure 4B. Peak and Mean Eosinophil Counts Across 3 Prospective EoG/EoD Trials



≥ 30 eos/hpf in 5 hpf appear to be under-calling symptomatic patients with gastric eos above asymptomatic control gastric counts

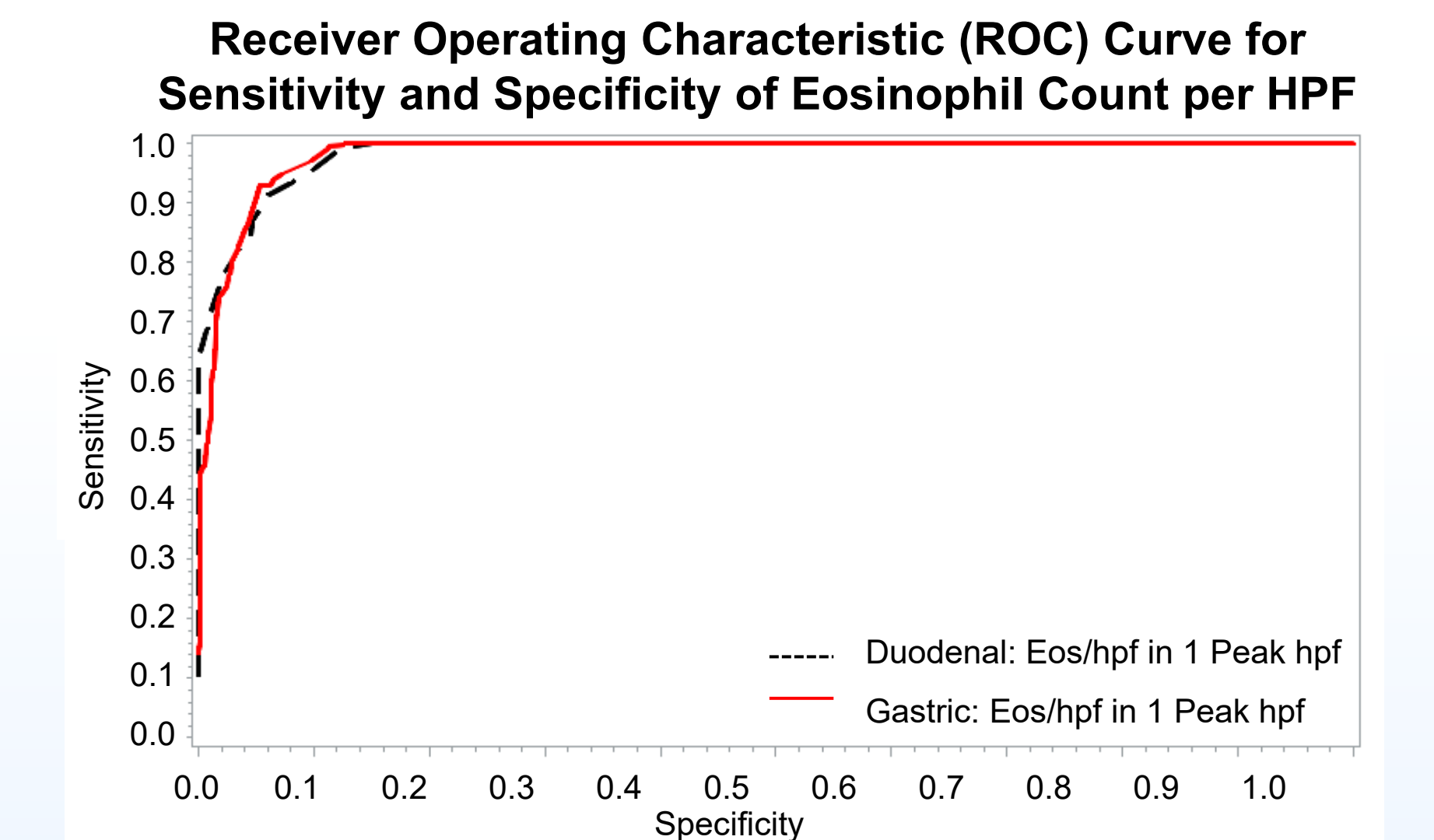
Patients meeting ENIGMA2 symptom criteria and negative for *H. pylori*; two patients did not have duodenal biopsy samples. Caps, min and max; boxes, 25th and 75th percentiles; center line, median; Welch's unpaired t-test, * P<0.05; ** P<0.01; *** P<0.001; **** P<0.0001; ns, not significant

Figure 5A. ROC Curves for 5 Gastric HPFs and 3 Duodenal HPFs



- The ROC curve areas relating symptom burden with eosinophil counts per 5 gastric hpf and 3 duodenal hpf were 0.78 and 0.74, respectively
- Utilizing AUC curves and two separate cutoff value analyses, optimal eos threshold is 20 eos/hpf in 5 gastric hpf for EoG and 33 eos/hpf in 3 duodenal hpf for EoD

Figure 5B. ROC Curves for Single Gastric and Single Duodenal HPF



- The ROC curve areas relating disease characteristics with eosinophil counts per 1 gastric hpf and 1 duodenal hpf were 0.94 and 0.94, respectively
- Utilizing AUC curves and two separate cutoff value analyses, the optimal eos threshold for a single hpf is 33 eos/hpf in 1 gastric hpf for EoG and 37 eos/hpf in 1 duodenal hpf for EoD

CONCLUSIONS/DISCUSSION

- Using multiple hpf, we identified optimal eos counts that correlate with qualifying symptom burden:
 - EoG gastric thresholds: 20 eos/5 hpf
 - EoD duodenal thresholds: 33 eos/3 hpf
- However, thresholds requiring counts in multiple hpf are not practical for routine use. As an alternative, we are suggesting tissue eos thresholds in a single hpf, which revealed excellent sensitivity and specificity:
 - EoG gastric thresholds: 33 eos/1 hpf
 - EoD duodenal thresholds: 37 eos/1 hpf
- These thresholds for EoG and EoD could be used to help develop future practical histopathologic diagnostic guidelines