

EOSINOPHILIC OESOPHAGITIS (EoE)

Australian Paediatric Surveillance Unit

Please contact the APSU (02) 9845 3005; apsu@chw.edu.au if you have any questions about this form.

Please keep a record of the child's unit number in your APSU folder

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK=Don't Know

REPORTING CLINICIAN'S DETAILS

1. APSU Dr Code/Name: / _____ 2. Month/Year of Report: /
3. Date questionnaire completed: / / 4. Paediatric or adult physician: ☐ Paediatric ☐ Adult
5. Specialty: ☐ Allergist/Immunologist ☐ Gastroenterologist ☐ General Paediatrician ☐ Other (specify): _____

PATIENT DETAILS

6. First 2 letters of first name: 7. First 2 letters of surname: 8. Date of Birth: / /
9. Sex: ☐ M ☐ F 10. Postcode of family: 11. Country of birth: _____ ☐ DK

If this patient is primarily cared for by another physician who you believe will report the case, please complete the questionnaire details above this line and return to APSU. Please keep the patient's name and other details in your records. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

The primary clinician caring for this child is: Name: _____

Hospital: _____

Abbreviations: SPT: Skin Prick Test; sslgE: Serum specific IgE

DIAGNOSIS

12. Age of child at endoscopic diagnosis of EoE (in years and months): _____
13. Macroscopic findings on diagnostic endoscope: ☐ mucosal oedema ☐ furrows ☐ stricture ☐ white plaques
☐ trachealization ☐ friable mucosa
14. Microscopic findings on diagnostic endoscope:
- a. How many biopsies were taken at each site? Upper _____ Mid _____ Lower _____
- b. Maximum number of eosinophils at each site? Upper _____ Mid _____ Lower _____
- c. Basal cell proliferation/hyperplasia: ☐ Y ☐ N If Yes, provide basal cell proportion (<25%, 25-50%, >50%) at each site
Upper _____ Mid _____ Lower _____
- d. Micro-abscesses: ☐ Y ☐ N
15. Which of the following features were present in the 3 months before the diagnostic endoscope? (tick all that apply):
☐ vomiting ☐ epigastric pain ☐ other abdominal pain ☐ impaction of solids ☐ dysphagia ☐ failure to thrive
☐ weight loss ☐ persistent throat clearing ☐ food refusal ☐ diarrhoea ☐ nausea ☐ other (specify): _____
☐ None (incidental finding)
16. Age at onset of symptoms: _____ ☐ No symptoms

MEDICAL HISTORY

17. Does the child currently have any other allergic disorder? ☐ Y ☐ N ☐ DK If Yes, which?
☐ Eczema ☐ Asthma ☐ Allergic rhinitis ☐ Immediate IgE mediated food allergy ☐ Coeliac disease
☐ Sensitisation to food allergens on SPT/ sslgE without clinical reactivity? ☐ Other (specify): _____
18. Does the child have a past history of any other allergic disorder? ☐ Y ☐ N ☐ DK If Yes, which?
☐ Eczema ☐ Asthma ☐ Allergic rhinitis ☐ Immediate IgE mediated food allergy ☐ Coeliac disease
☐ Sensitisation to food allergens on SPT/sslge without clinical reactivity? ☐ Other (specify): _____
19. Has the child ever been prescribed an adrenaline injector for immediate food allergy? ☐ Y ☐ N ☐ DK
20. Was the child breast fed? ☐ Y ☐ N ☐ DK If Yes, Duration: _____ months ☐ Currently breast fed
21. At what age were complementary foods (solids) introduced? _____ months ☐ Not yet introduced
22. Does the child have a first degree relative with past or current history of EoE? ☐ Y ☐ N ☐ DK
If Yes, who? Mother ☐ Y ☐ N ☐ DK Father ☐ Y ☐ N ☐ DK Siblings ☐ Y ☐ N ☐ DK ☐ No siblings
23. Does the child have a first degree relative with past or current history of an allergic disorder (eczema, asthma, allergic rhinitis or immediate IgE food allergy)? ☐ Y ☐ N ☐ DK
If Yes, who? Mother ☐ Y ☐ N ☐ DK Father ☐ Y ☐ N ☐ DK Siblings ☐ Y ☐ N ☐ DK ☐ No siblings

OTHER INVESTIGATIONS (*Abbreviations: SPT: Skin Prick Test; sslgE: Serum specific IgE*)

24. Please specify known IgE food sensitisation (and whether these are associated with clinical immediate allergic reactions) and SPT or sslgE (RAST) result of food trigger(s). (UP TO TEN FOODS) ** if SPT is 6x5mm please write the mean = 5.5 mm; *** quantitative result preferred, otherwise qualitative result accepted (e.g. negative, low positive, etc.)

Food Allergen (List)	Clinical IgE mediated allergy (tick for Yes)	No known exposure to the food	SPT result of food trigger**	RAST result of food trigger ***

25. How long ago was the last SPT or sslgE performed? ☐ <6 months ☐ 6-12 months ☐ >12 months
26. Was a peripheral eosinophilia present immediately prior to diagnosis? ☐ Y ☐ N ☐ DK If Yes, specify: _____x10⁹/L
27. Has blood or serum been taken and stored? ☐ Y ☐ N ☐ DK
28. Were atopy patch tests (APT) performed? ☐ Y ☐ N ☐ DK
- List positive foods on APT: _____

FEEDING ADVICE IMMEDIATELY FOLLOWING DIAGNOSIS

29. Immediately following diagnosis, which food(s) were recommended for exclusion or avoidance in the child's diet?
- ☐ No dietary recommendations ☐ Foods associated with known presence of specific IgE
- ☐ Foods associated with a positive atopy patch test
- ☐ Elimination diet (please specify which foods were excluded) _____
- ☐ Diet of Elemental formula only: Name of formula _____
30. Were Nasogastric feeds required? ☐ Y ☐ N ☐ DK

OTHER MANAGEMENT

31. Were swallowed aerosolised steroids used? ☐ Y ☐ N ☐ DK If Yes, which?
- Generic name: _____ Dosage: _____ Frequency: _____
32. Was a steroid swallow slurry preparation used? ☐ Y ☐ N ☐ DK
33. Were oral steroids used? ☐ Y ☐ N ☐ DK If yes, which?
- Generic name: _____ Dosage: _____ Frequency: _____
34. Was a Proton Pump Inhibitor (PPI) used before the diagnostic endoscope? ☐ Y ☐ N ☐ DK
- a. If Yes, how long was the child on the PPI before the diagnostic endoscope? _____ weeks
- b. If Yes, Which PPI? _____ c. If yes was the PPI continued after diagnostic endoscope? ☐ Y ☐ N ☐ DK
35. Were leukotriene receptor antagonists used? ☐ Y ☐ N ☐ DK Name: _____
36. Were other immunomodulators used? ☐ Y ☐ N ☐ DK Name: _____
37. Is a repeat endoscopy scheduled? ☐ Y ☐ N ☐ DK
- If yes, how many months after the diagnostic endoscopy? ☐ 3 months ☐ 6 months ☐ 12 months ☐ > 12 months

USE OF HEALTH SERVICES

38. Please estimate health service use associated with this child's EoE diagnosis in the past 12 months?
- a. number of paediatric specialist appointments: _____ ☐ DK
- b. number of emergency department presentations: _____ ☐ DK
39. Has the child had any procedural interventions related to the EoE? (e.g. oesophageal dilatation, gastrostomy, fundoplication)
- ☐ Y ☐ N ☐ DK If yes, please describe _____

Thank you for your help with this research project. Please return this questionnaire to the APSU in the reply-paid envelope or fax to 02 9845 3082. Australian Paediatric Surveillance Unit, Kid's Research Institute, Locked Bag 4001, Westmead NSW 2145.

The Australian Paediatric Surveillance Unit is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Sydney Medical School, The University of Sydney. APSU is funded by the Australian Government Department of Health and Ageing. This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.