

**EOSINOPHILIC EOSOPHAGITIS (EoE)****Australian Paediatric Surveillance Unit**Please contact the APSU (02) 9845 3005; [apsu@chw.edu.au](mailto: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  Adult5. 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  DK20. Was the child breast fed?  Y  N  DK *If Yes, Duration: \_\_\_\_\_ months*  Currently breast fed21. At what age were complementary foods (solids) introduced? \_\_\_\_\_ months  Not yet introduced22. 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 siblings23. 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: \_\_\_\_\_ x10<sup>9</sup>/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.