

EOSINOPHILIC EOSOPHAGITIS (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 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: _____ 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.