

# Physician Management of Pediatric Eosinophilic Esophagitis (EoE)

The following survey is a 5 minute voluntary survey for pediatric gastroenterologists and pediatric gastroenterology fellows. This survey will be used for research purposes and no identifying information will be collected in order to maintain privacy of the participants. After completing the survey, you will have the opportunity to be entered into a raffle for a \$100 gift card by including your email address. This is not required for completion of the survey, and your email address will be collected separately from the survey responses. Please contact Talya Miller, MD at [talya.miller@seattlechildrens.org](mailto:talya.miller@seattlechildrens.org) with any questions.

---

Are you a practicing pediatric gastroenterologist?

- Yes  
 No  
 Current pediatric gastroenterology fellow

---

Have you cared for a patient with EoE in the past 2 years?

- Yes  
 No

---

Do you prefer to have a child on a proton pump inhibitor at the time of their first endoscopy when you suspect EoE?

- Yes  
 No  
 Sometimes

---

Why do you prefer to have the patient on PPI therapy at the time of their first endoscopy? (choose all that apply)

- Trial for symptomatic relief  
 To eliminate the contribution of reflux on endoscopic/histologic findings  
 Following guidelines of care  
 Other: write in

---

Other: write in

\_\_\_\_\_

---

Why do you prefer to perform the initial endoscopy off of PPI therapy? Choose all that apply.

- Following the 2018 AGREE consensus statement  
 Do not want to confuse endoscopic or histologic assessment  
 Following other guidelines of care  
 Other: write in

---

Other: write in

\_\_\_\_\_

---

If sometimes: In which cases?

\_\_\_\_\_

---

Are you familiar with the AGREE guidelines published in 2018? (Initial endoscopy NOT on PPI therapy)

- Yes  
 Somewhat  
 No

---

Do you agree with these guidelines?

- Definitely yes  
 Yes  
 Somewhat  
 No  
 Definitely no  
 Unsure

Why did you answer the previous question as you did?  
Check all that apply.

- Insufficient data to support the recommendation
- Endoscopy off of PPI therapy may increase the number of endoscopies patients will have
- Concern that eosinophilia from GERD will be inappropriately diagnosed as EoE
- Other fill in the blank

Other: write in \_\_\_\_\_

At the time of endoscopy, how many levels of the esophagus do you sample when suspecting EoE?

- 1
- 2
- 3
- Other: write in \_\_\_\_\_

Other: write in \_\_\_\_\_

At the time of endoscopy, how many esophageal biopsies per level do you collect when suspecting EoE?

- 0-1
- 2-4
- 5-6
- >6

**When making each decision listed below, which factors influence you the most during an endoscopy?**

	Endoscopic Appearance	Evidence/guidelines	How you were trained	other: write in
Whether or not to biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of biopsies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other (whether or not to biopsy): write in \_\_\_\_\_

other (where to biopsy): write in \_\_\_\_\_

other (number of biopsies): write in \_\_\_\_\_

What histologic criteria do you use for diagnosis of EoE?

- $\geq 10$  eos/hpf
- $\geq 15$  eos/hpf
- $\geq 20$  eos/hpf
- other: write in \_\_\_\_\_

other: write in \_\_\_\_\_

Do you use any of the following to exclude GERD prior to diagnosis of EoE? (select all that apply)

- PPI therapy  
 pH probe study  
 endoscopic appearance  
 clinical assessment of symptoms  
 other: write in

Other: write in

---

Do you involve an allergist in the management of EoE?

- always  
 sometimes  
 never  
 other: write in

In which cases?

---

other: write in

---

What long term treatment options do you offer patients as first line therapy? Choose all that apply

- PPI  
 swallowed fluticasone  
 swallowed budesonide  
 food elimination  
 elemental diet  
 systemic corticosteroids  
 leukotriene inhibitors  
 other: write in

other: write in

---

**What factors do you weigh most heavily when making the decision of first line therapy? Please rank the following with the first being the most important.**

	1st	2nd	3rd	4th	5th	6th
patient/family preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evidence/guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
histologic severity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
patient symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how I was trained/prior experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: write in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: write in

---

For empiric food elimination, which foods do you have patients avoid initially?

- I do not offer empiric food elimination  
 Dairy only  
 Dairy, wheat, egg  
 4 food elimination diet (dairy, wheat, egg, soy)  
 6 food elimination diet (dairy, wheat, egg, soy, nuts, seafood)  
 other: write in

other: write in \_\_\_\_\_

When treating a patient with EoE, how do you determine that the treatment is successful?

- histologic remission  
 symptomatic improvement  
 histologic remission and symptomatic improvement  
 other: write in

other: write in \_\_\_\_\_

When do you repeat an endoscopy on a patient with diagnosed EoE? (Check all that apply)

- no endoscopy, only clinical monitoring  
 periodically when asymptomatic  
 when symptomatic  
 when making changes to therapy  
 other: write in

other: write in \_\_\_\_\_

If you checked more than one, please describe how you determine your monitoring approach for a given patient.

\_\_\_\_\_

Is there anything else you want to include regarding your diagnosis and management of EoE?

\_\_\_\_\_

In what setting do you practice? Choose all that apply

- Academic  
 Private practice  
 Large hospital system  
 Urban setting  
 Rural setting  
 Suburban  
 Other: write in

other: write in \_\_\_\_\_

On which continent do you practice?

- North America  
 South America  
 Europe  
 Asia  
 Oceania  
 Africa

Please specify in which country you practice.

\_\_\_\_\_

---

In which country?

- Canada  
 United States  
 Mexico

---

In which area of the United States?

- Pacific Northwest  
 Southwest  
 North East  
 South  
 Midwest  
 West coast  
 Alaska or Hawaii  
 Other: write in

---

other: write in

\_\_\_\_\_

---

How many years have you been in practice after completing fellowship?

- current fellow  
 ≤ 5 years  
 6-10 years  
 11-15 years  
 >15 years  
 Other: write in

---

other: write in

\_\_\_\_\_

---

In your practice, who makes management decisions about children with EoE? Check all that apply.

- gastroenterologist or GI fellow  
 advanced practice practitioner (nurse practitioner, physician assistant)  
 allergist  
 other: write in

---

other: write in

\_\_\_\_\_

# Gift card raffle

Thank you for participating in this survey!

---

57) Please enter your email address to be entered to win a raffle for a \$100 gift card.

---