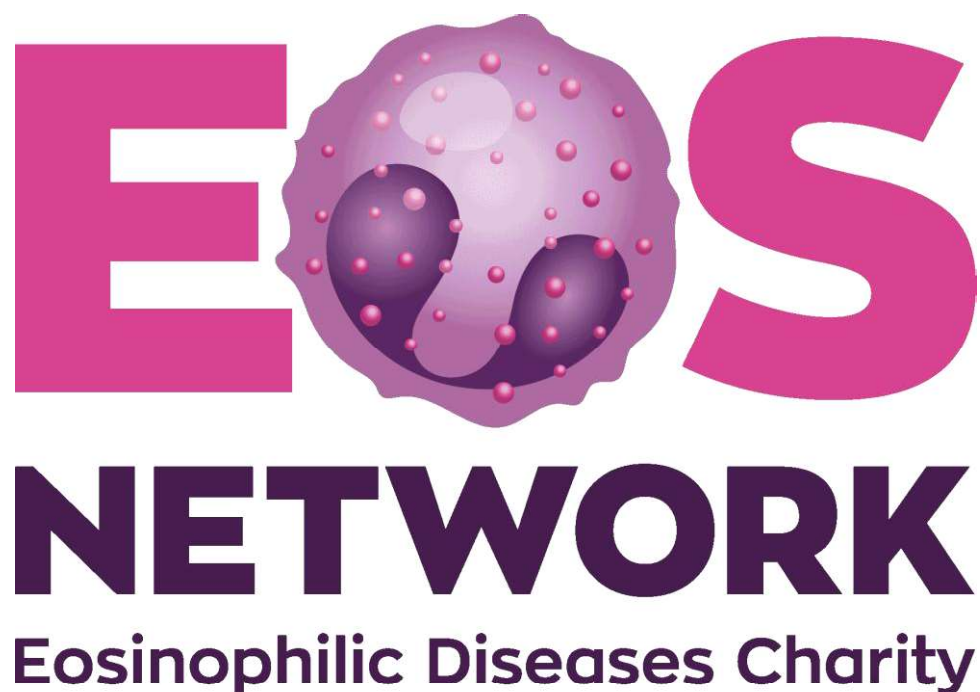




CIO

Trustees report and Financial Statements

for the period

1 April 2023 to 31 March 2024

Registered Charity 1198883

EOS Network – Eosinophilic Diseases Charity

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EOS Network – Eosinophilic Diseases Charity

Trustees’ report

For the period ended 31 March 2024

The Trustees present their annual report and financial statements of EOS Network - Eosinophilic Diseases Charity for the period ended 31 March 2024

REFERENCE AND ADMINISTRATIVE INFORMATION

Charity name: EOS Network – Eosinophilic Diseases Charity

Charity Registration Number: 1198883

Trustees: Amanda Cordell
Bernard Michael McGrath
Mark Nicholas Boulding
Philippa Rosemary Dennitts
David Cordell
Lesley Perkin (joined 2nd February 2024)

Bankers: NatWest Bank Plc

Administrative address: Alpenrose
Weeley Road
Great Bentley
Colchester
CO7 8PD

Independent Examiner: Simon Robinson
SAS Accounting Services Ltd
The Colchester Centre
Hawkins Road
Colchester CO2 8JX

EOS Network – Eosinophilic Diseases Charity

Trustees' report (continued)

The Trustees present their Trustees' report and financial statements in accordance with the Charities Act 2011 and the Charity SORP 2005.

1. Structure, governance, and management

- **The governing document**

The Charity EOS Network was constituted as a Charitable Incorporated Organisation (CIO) on 5th May 2022.

30th March 2023 The governing document and name of the Charity was updated to EOS Network – Eosinophilic Diseases Charity for the benefit of increasing public awareness.

Organisational structure and management

EOS Network is governed by its Trustee Board which is responsible for setting the strategic direction of the organisation and the policy of the charity. Trustees meet as a minimum four times per year and review operational, financial and strategic progress at these meetings.

- **Trustees**

The Trustees holding office during the period and up to the date of this report (unless otherwise stated) are:

Amanda Cordell
Bernard Michael McGrath
Mark Nicholas Boulding
Philippa Rosemary Dennitts
David Cordell
Lesley Perkin (joined 2nd February 2024)

- **Recruitment and appointment of Trustees**

The trustees are appointed by the governing document. Future trustees may be appointed by a resolution of the trustees passed at a meeting of the of the trustees.

- **Trustee induction and training**

Trustees are selected for their expertise that is relevant to the charity, so that a wide knowledge base can be brought to bear on fundraising, finance and administration. Each year the Trustees review their collective ability to fulfil the charity's objectives.

- **Statement of trustees' responsibilities**

Law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year and of its financial position at the end of the year. In preparing the financial statements giving a true and fair view, the trustees should follow best practice and:

- i. Select suitable accounting policies and then apply them consistently;
- ii. Make judgements and estimates that are reasonable and prudent;
- iii. State whether applicable accounting standards have been followed, subject to any material departures and explained in the financial statements; and
- iv. Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity, and which enable them to ensure that the financial statements comply with the Charities Act. They are also responsible for safeguarding the assets of the charity and hence, for taking reasonable steps for the prevention and detection of fraud and other irregularities. They are required to apply the funds of the charity with complete fairness to meet the objects of the charity.

- **Investment powers and policy**

The governing document grants unrestricted powers of investment to the trustees.

- **Risk management**

The Trustees consider the charity is exposed to little risk, but this position is periodically reviewed and documented.

2. Objectives and activities

The objects of the CIO are:

The relief of sickness and the preservation of health among people with Eosinophilic-Associated Diseases, and by extension their families and carers, in particular, but not exclusively by:

(a) **Advancing the education** of the general public and the medical profession in all areas relating to Eosinophilic-Associated Diseases;

(b) **Providing relief** to and promoting the good physical and mental health of persons diagnosed with Eosinophilic-Associated Diseases, and by extension their families and carers through a community hub and the provision of resources, advice, guidance and events; and

(c) **Funding, sharing and cooperating** with national and international organisations to support medical research into the causes, treatment and cure of Eosinophilic-Associated Diseases.

3. Public benefit statement

EOS Network operates for public benefit. The trustees confirm that they complied with the duty in Section 17 of the Charities Act 2011 to have due regard to the general guidance on public benefit, 'Charities and Public Benefit'.

4. Achievement and performance during the period 1st April 2023 to 31st March 2024

The EOS Network CIO was incorporated on 10th May 2022, as a successor organisation of registered charity 1143267 unincorporated association of the same name.

In 2020 the trustees identified five **Critical Success Factors (CSFs)** as the core charity's strategy.

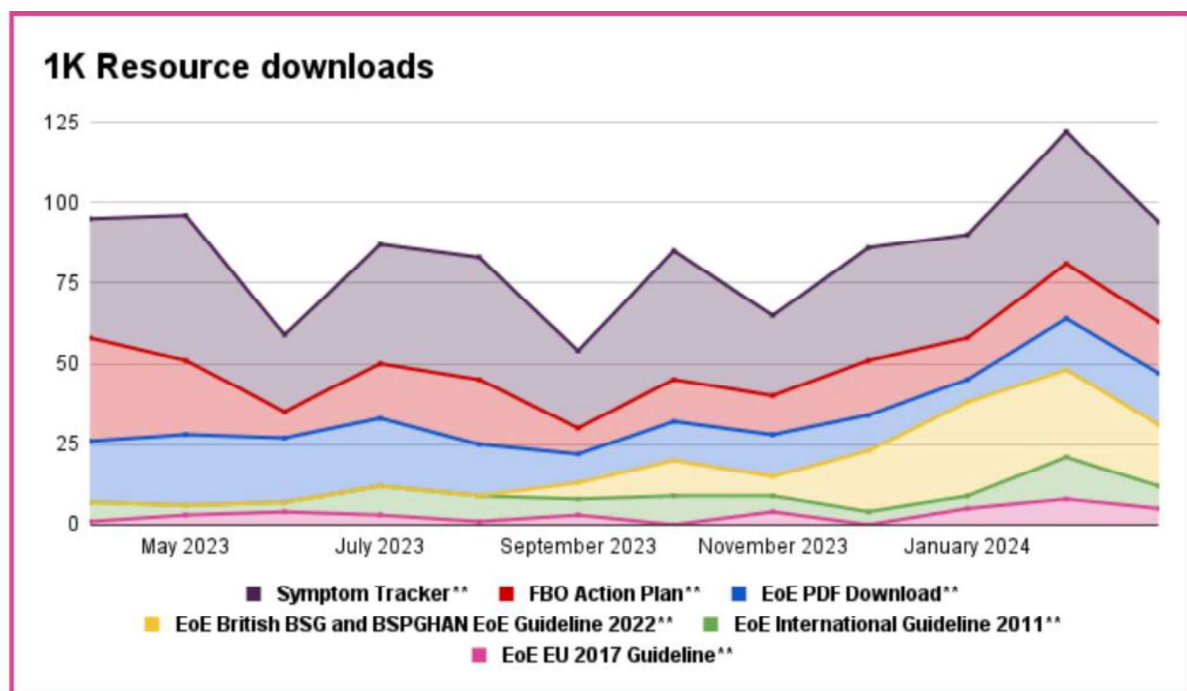
Some notable achievements are listed below, grouped by Critical Success Factor.

1) Enable patients to engage with the right HCPs at the right time, make shared decisions about their treatment, and self-manage when appropriate

With our Communications Officer in post, we were able to provide consistent social media and grow our web presence substantially. We shared **665 media posts, reaching 83,000 users** and gaining 805 new followers.

Our Ambassador, professional footballer Sean Goss, was featured in our Eosinophilic Awareness Month content, and has given confidence to young people and adult members of our community, about what is achievable when EoE is well-managed.

Despite analytical updates to Google and other service providers reducing reportable data we were delighted to see continued growth in demand for our services demonstrated with **46K new website visitors and over 1000 downloads**.



April 2023-March 2024 downloads statistics, Google Analytics

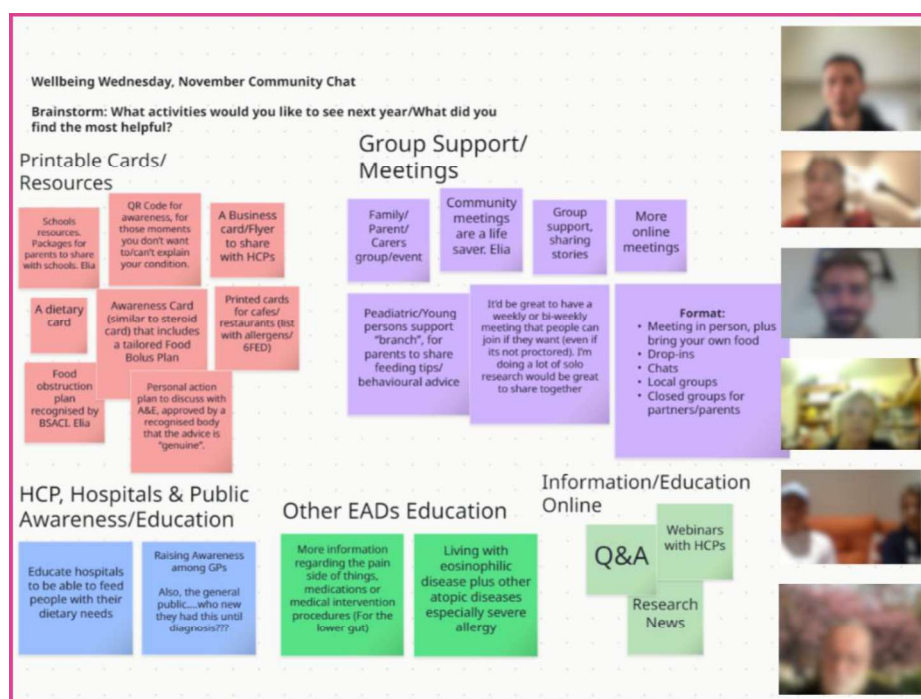
We kept the interest of new and old visitors by publishing **40 new pages on our website**, sharing six community 'Eosinophilic Voices' personal journeys, providing downloadable tools and links to our **video educational resources which received 7500 views**. Empowering our community to live well with their diseases and enabling the confidence to advocate for themselves.



Community members participated in Eosinophilic Voices project

We continued to provide one-to-one telephone support to new and existing registrants. This was supplemented by regular community newsletters that achieved up to **an open rate of 58% and a click-through rate of 38%** - way exceeding industry norms.

During our regular social Community Online Chat sessions, members were able to meet others living with the same challenges, build friendships and continue to shape the focus of our strategy using a new collaborative tool to gather **insights on our community's needs**.



Wellbeing Wednesday: November Community Chat. Working collaboratively with community

2) Educate multiple stakeholders to shorten time to diagnosis and improve long term management

The focus of our Eosinophilic Awareness Month activity was our **'Think EoE' campaign**. Alongside intensive social media communications for healthcare professionals, we distributed information packs designed for frontline professionals who are non-specialists and may not always consider the possibility of eosinophilic disease in the patients they see. Half of these packs were distributed by volunteers from our community, educating professionals and empowering the community at the same time.



One of our fundraisers and advocates, Penny, disseminating Info Packs

Our CEO is now in demand from the professional community as a co-author and was named as such in six publications during the year, including practical, evidence-based guidance by the BSPGHAN (British Society for Paediatric Gastroenterology, Hepatology and Nutrition) Eosinophilic Oesophagitis Working Group on swallowed topical steroid therapy for eosinophilic oesophagitis in children. We also **collaborated with BSPGHAN on surveying issues with transition from paediatric to adult services**, a point at which effective long-term management can break down.

We deepened our relationships with multiple healthcare companies with treatments in development which may be of benefit to our community, to ensure that their trials design, regulatory approval plans and medical education support were appropriate to meet the needs of patients.

With huge variance of available treatments depending on the patient's location, we continued to advocate to multiple stakeholders and providers to improve global access for all affected.

3) Standardise care by fostering multidisciplinary collaboration which adequately addresses the practical needs and expectations of patients, and advocating for access to evidence based treatments

Our **professional publications activity** during the year included a number of topics supporting multi-disciplinary management, including alternative treatment approaches, and frequency of vitamin deficiencies.

Capitalising on the publication of the EoE BSG / BSPGHAN Guidelines, we advocated to the clinical community for accelerated standardisation of appropriate care, so that patients receive a prompt accurate diagnosis and the treatment which is right for them.

We **attended 24 professional meetings worldwide**, either in person or virtually, including CEGIR, BSACI, UEG, BSPGHAN, NICE, ERNICA, EUREOS, Beacon, Genetic Alliance and CVST.



***Speaking with established healthcare professionals and young trainees
working in the field of eosinophilic diseases***

We **enabled the communities voice in ongoing research** to improve diagnostic and management sponge on a string test for EoE through Patient Participation and Involvement Focus Groups in collaboration with Cytel.



Sarah Killcoyne demonstrating sponge-on-a-string testing device during our QuBIE Study meeting

We recruited a new Trustee, Lesley Perkin, who has decades of experience of working in the NHS to improve the effectiveness of multi-disciplinary working, and will guide our activity in this area.

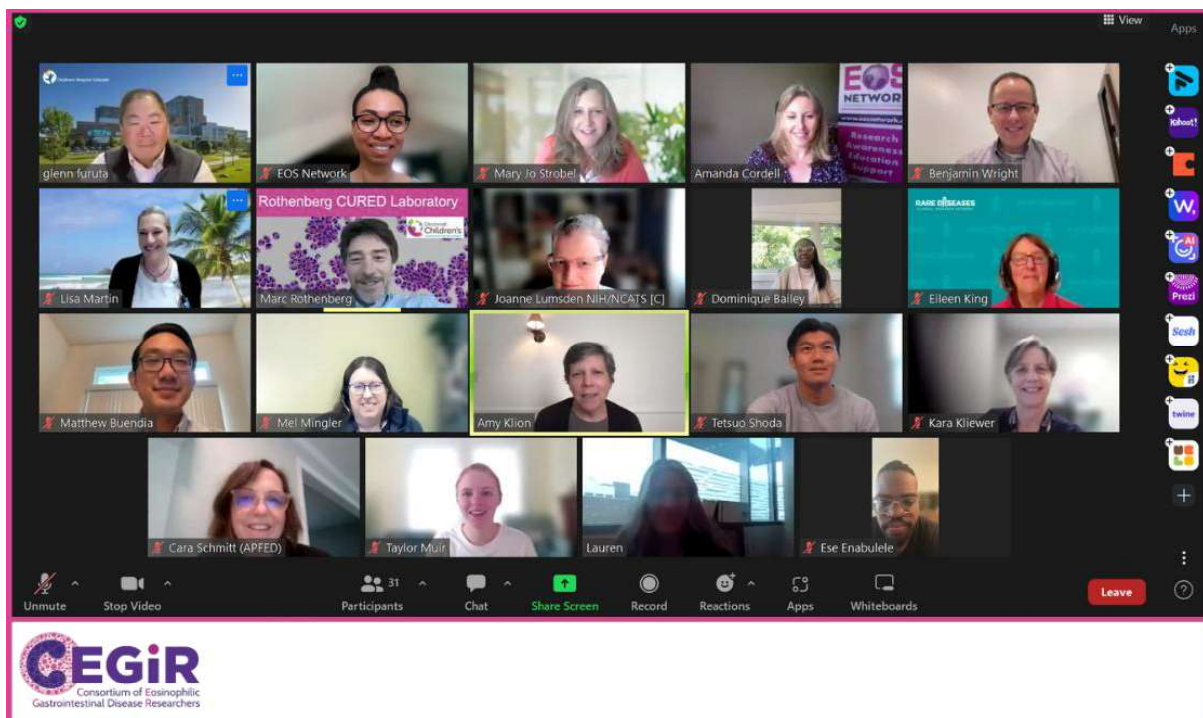
We **collaborated with other patient organisations** and leading clinicians around the world to identify unmet needs for high quality care among people living with Eosinophilic-Associated Diseases. We partnered in developing and disseminating a multi patient advocacy organisation awareness video produced for the first agreed **World EOS Day 18th May**

As patient advocates, we attended a round table meeting organised by the company Sanofi on improving patient access to innovative medicines.

4) Cascade recognition and understanding of lower EGIDs from centres of excellence (primarily in the US) to multidisciplinary communities

Eosinophilic Gastrointestinal Diseases of the lower gut ('Lower EGIDs') are less common and currently less well understood and defined than EoE, but we continued to make them a priority, as patients' needs can be even more acute and under-served.

We attended regular meetings of CEGIR, the leading global consortium for exchanges about lower EGIDs, and **cascaded research news to our EOS professionals' network**. We also used CEGIR information to develop a set of patient-friendly FAQ answers on topics requested by our community.



One of the Consortium of Eosinophilic Gastrointestinal Disease Researchers (CEGIR) meetings with healthcare professionals and patients advocates representatives

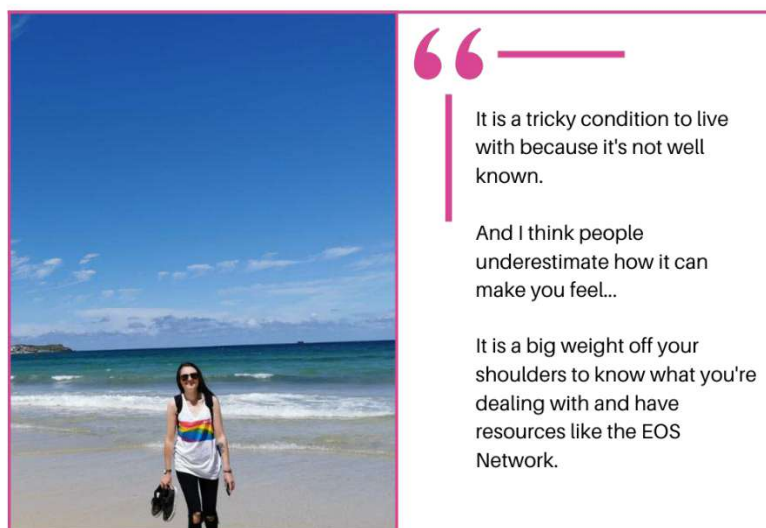
Published our first podcast with guest speaker from Cincinnati Centre for Eosinophilic Diseases making the subject of **research in genetics for EGIDs** available to our community.

Our CEO co-authored a publication on early life exposures as risk factors for non-oesophageal eosinophilic gastrointestinal diseases through EGID partners data collection.

We continued to engage with a number of pharmaceutical companies with products in development which show possible promise for lower EGIDs, to ensure that lower EGIDs are included in their clinical trial and medical education programmes relating to the spectrum of Eosinophilic-Associated Diseases (EADs).

5) Expand our resourcing and develop our organisation, to maximise the explosive growth in opportunities to improve patient experience and outcomes

During the period, we migrated our registration records to **our new CRM system which went 'live'**. This will transform our ability to provide tailored information and support to our patient and professionals communities, with the quality we have always provided, but also at the scale at which we now work. This also enables us to provide improved consistent support to our valued fundraisers, volunteers and donors.



EOS Network Community Support - Becky's Quote

We also **transitioned to Microsoft 365 and Adobe Creative Cloud**, which will enable our growing team to work together to produce high quality content more quickly.

With thanks to our supporters Bristow's LLP, Dechert LLP and Pilsbury Winthrop Shaw and Pittman LLP for providing the valuable donated in-kind legal services during the development of new systems and GDPR policy.

We gratefully recruited several **new volunteers**, bringing lived experience of eosinophilic diseases along with fresh skills in campaigning, fundraising, design and events management.

We increased our income significantly (see Financial Review section 5), diversifying our income sources which makes our financial position more resilient. Our community fundraising grew substantially, which not only brings in additional funds, but also allows us to grow our profile.

6. Financial review

i. Results for the period

Income for the year was £205,688 which includes £127,921 in respect of donated services an equivalent amount is included resources expended. Expenditure for the year was £238,038 resulting in a deficit of £32,350 and with reserves of £76,016 brought forward from 2023 reserves at the end of the year were £43,666



EOS Network Fundraisers and Volunteers

We are **thankful for** the continued dedicated **support of volunteers, community fundraisers and** the generosity of our **donors and corporate sponsors** without whom our achievements would not have been possible.

Grants and Donations were gratefully received from the following corporate supporters: Google, Dechert LLP, Bristow's LLP, and Pilsbury Winthrop Shaw and Pittman LLP, Astra Zeneca and Dr Falk Pharma.

i. Reserves

The Trustees' policy on reserves requires that reserves shall be used for the following purposes:

to provide fixed and working capital; to provide for future contingencies; and to provide a base for future development in order to deliver the charity's strategic objectives.

The charity has financial reserves that can be a combination of restricted and unrestricted reserves. Restricted reserves are funds that have been given for a specific charitable purpose.

The Trustees consider that the available reserves (i.e liquid and readily realisable assets, excluding restricted funds represented in these assets) should be maintained in a range between three and six months of operational expenditure.

The Trustees also recognise that owing to the need for resources to be used to finance planned expansion, there may be periods when reserves cannot be maintained within these limits, however sufficient reserves shall be maintained to cover known commitments. The reserve levels required under the reserves policy will be kept under review.

7. Future Plans for 2024-26

During 2023-24, we refreshed the strategy which had been in place since 2021. Much has changed during this time, as EoE has become better recognised, and research has highlighted the interconnectivity of many eosinophilic associated diseases (EADs), within and beyond the gastrointestinal tract. Our new strategy will address the following key issues:

1. Emerging scientific evidence in EADs is yet to be translated into robust clinical evidence

There is growing recognition in specialist/research centres, of the complexity of eosinophilic-associated disease models. This needs to be corroborated in robust clinical evidence, to drive changes in routine practice.

2. Multi-disciplinary care has not yet caught up with advances in scientific understanding of EADs

Our understanding of eosinophilic-associated diseases is improving. We now know that some patients experience multiple EADs affecting different body systems, while many others are affected by concomitant diseases (often atopic), which can be important flags for prompt diagnosis and also require treatment. However, this raises the bar of effective ongoing multi-disciplinary leadership and collaboration in traditional specialty-based healthcare provider structures.

3. Our patient-carer community needs far more than just information about their chronic disease

To live their best lives in existing healthcare systems, patients and carers need to be able to self-advocate. This requires skills and support structures, as well as factual information about their EADs and the concomitant conditions which should trigger appropriate investigations by HCPs.

4. Our recent growth in reach and capacity necessitates increased sustainable funding

To reach more people and drive greater change, we have invested in paid staff and need to be able to maintain that commitment. Furthermore, to make full use of the opportunities we have unlocked (especially with our CRM system), we need to increase our funding as well as ensuring it is sustainable.

We have set four new strategic goals to address these issues, which we will work towards in 2024-26:

Goal 1: Improve real world EAD impact evidence

We will gather more data from patients and HCPs, on the experience, diagnosis and treatment of EADs and concomitant diseases, with a gastro-intestinal component, in a structured way and on a global scale. Developing robust multiple systemic diseases evidence, to improve patient outcomes through holistic understanding, research, treatments and practices.

2024/26 priority activities for Goal 1

1. Continue to maintain and develop EOS Network community registration CRM data and participate in collaborative projects
2. Develop patient registry project plan and secure funding
3. Recruit a steering committee to map the registries key aims, scope, content, control and management
4. Select a suitable provider, to build the patient registry
5. Form a robust plan to secure ongoing patient registry funding

Goal 2: Build Bridges

We will foster models of multi-disciplinary collaboration between specialties and across paediatric and adult services, to improve diagnosis and management of EADs which have a gastro-intestinal component, and concomitant diseases.

2024/26 priority activities for Goal 2

1. Advocate for standardised optimal cohesive care and research within medical bodies and other stakeholders as official EAD patient representation
2. Deliver a pilot project using electronic health care records to demonstrate the massive underdiagnosis of EoE in the UK and develop tools to transform it
3. Expand our website content on EADs and concomitant diseases
4. Run a webinar series for HCPs on the interconnected symptomatology and pathology of EADs, looking beyond their own specialisms
5. Plan a conference on leading/achieving system change for EADs management in both adult and paediatric services

Goal 3: Empower patients & carers

We will empower patients and carers living with EADs which have a gastro-intestinal component to get what they need from their healthcare providers.

2024/26 priority activities for Goal 3

1. Provide educational information for EAD patients/carers on their disease and the relevance of any concomitant symptoms, through a leaflet and our website
2. Develop a practical tool to help patients communicate the overall picture of their symptoms to their HCPs

3. Run a patient/carer community event (in person or online) to connect people, deepen their understanding of how to navigate the challenges of their healthcare system, and launch our new resources
4. Focus Eosinophilic Awareness Month on raising awareness amongst patients, carers and HCPs of EADs and concomitant diseases
5. Recruit a paid Community Officer to maximise the reach and impact of these initiatives, and provide increased personalised support to patient/carer Community members

Goal 4: Increase sustainable funding

We will increase and diversify our income and make it more sustainable.

2024/26 priority activities for Goal 4

1. Allocate specific staff resource to increase our level of targeted fundraising activity
2. Diversify our fundraising efforts to include Trusts & Foundations, and Community fundraising
3. Deepen and broaden our engagement with actual/potential pharmaceutical company funders
4. Seek multi-year funding commitments to enable longer term projects such as our Registry.

Approved by the Trustees on 13-12-24
and signed on their behalf by

Chair of Trustees

Amanda Cordell



Treasurer and Trustee

Bernard McGrath


Bernard McGrath (Dec 13, 2024 15:32 GMT)

EOS Network – Eosinophilic Diseases Charity

	Note	Mar-24 Unrestricted £	Mar-24 Restricted £	Mar-24 Total £	Mar-23 Unrestricted £	Mar-23 Restricted £	Mar-23 Total £
Incoming resources							
Income resources from generated funds:							
Voluntary income							
Donations		9,162	-	9,162	18,817	-	18,817
Corporate funding		65,000	-	65,000	37,500	-	37,500
Donated services	2	127,921	-	127,921	52,299	-	52,299
Other income		3,605	-	3,605	-	-	-
Other -transfer from EOS Network		-	-	-	42,524	2,530	45,054
Total incoming resources		205,688	0	205,688	151,140	2,530	153,670
Resources expeneed							
Cost of generating funds	8	8,576	2,530	11,106	1,060	-	1,060
Charitable activities		99,011	-	99,011	24,295	-	24,295
Donated services	2	127,921	-	127,921	52,299	-	52,299
Total resources expended		235,508	2,530	238,038	77,654	0	77,654
Net movement in funds		(29,820)	(2,530)	(32,350)	73,486	2,530	76,016
Reconciliation of funds							
Funds b/fwd 1 April 2023		73,486	2,530	76,016	-	-	-
Funds carried forward at 31 March 2024		43,666	0	43,666	73,486	2,530	76,016

EOS Network – Eosinophilic Diseases Charity

Balance Sheet as at 31 March 2024

	Note	March 2024 £	March 2023 £
Fixed Assets	5	2,591	
Current assets			
Bank		40,622	76,016
Debtors		2,854	-
		<u>43,476</u>	<u>76,016</u>
Creditors		(2,401)	-
Total assets less current liabilities		41,075	76,016
Net Assets		<u><u>43,666</u></u>	<u><u>76,016</u></u>
Income funds			
Unrestricted		43,666	73,486
Restricted funds		-	2,530
Balances carried forward		<u><u>43,666</u></u>	<u><u>76,016</u></u>
Unrestricted Funds			
General Fund		73,487	
Current year		-32,351	
Restricted Funds		<u>2,530</u>	
		<u><u>43,666</u></u>	

These financial statements were approved by the board
and signed on its behalf by

Chair of Trustees

Amanda Cordell



Treasurer and Trustee

Bernard McGrath

Bernard McGrath

Bernard McGrath (Dec 13, 2024 15:32 GMT)

Date: 13-12-24

Charity Number 1198883

The notes on pages 18 to 20 form an integral part of these financial statements

EOS Network – Eosinophilic Diseases Charity

Notes to the financial statements

For the year ended 31 March 2024

1) Accounting policies

I. Basis of preparation

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (SORP 2025), (Second Edition, effective January 2019), the Charities Act 2011 and applicable accounting standards (FRS102).

i. Accounting convention

The accounts are prepared under the historical cost convention.

ii. Donations receivable

Donations are credited to income when received.

iii. Tangible fixed assets and depreciation

Individual fixed assets costing £250 or more are capitalised at cost.

Depreciation is provided at rates calculated to write-off the cost less residual value of each asset over its expected useful life, as follows:

IT equipment – 33% straight line

2) Donated services

During the period the Charity received pro-bono legal services and a google grant to the value of £127,921 which are shown within incoming resources under donated services in the statement of financial activities. An equivalent amount of expenditure of £127,921 is shown under resources expended within the statement of financial activities.

3) Payments to Trustees

During the year Amanda Cordell a Trustee, in her capacity as Chief Executive, received remuneration of £48,464 and reimbursed expenses of £463.69 This employment was approved by the Charity Commission.

4) Governance cost

Trustees received no remuneration in their role as trustees.

5) Tangible Fixed Assets

	Computers & Equipment £
Cost	
Additions	3,887
At 31 March 2024	<u>3,887</u>
Depreciation	
Provided during year	1,296
At 31 March 2024	<u>1,296</u>
Net book value	
At 31 March 2024	<u>2,591</u>

6) Staff Costs

Analysis of Staff Costs

	2024 £	2023 £
Wages and salaries	79,159	13,482
Social Security costs	3,220	1,442
Pension costs	1,822	-
	<u>84,201</u>	<u>14,924</u>

No employee received remuneration amounting to more than £60,000 in either year.

Pension costs

The charity operates a defined contribution pension scheme. The scheme and its assets are held by independent managers. The pension charge represents contributions due from the company and amounted to £1,822 (2023: Nil)

7) Cost of Raising Funds

	£	2023 £
Staff costs	8,888	-
Fundraising costs	2,129	1,060
Training	89	-
	<u>11,106</u>	<u>1,060</u>

8) Resources Expended

				2024	2023
	Charitable Activities	Support Costs	Governance Costs	Total	Total
	£	£	£	£	
Staff costs	75,313			75,313	14,924
Conferences	3,702			3,702	1,050
Depreciation	1,296			1,296	-
IT Systems	8,701	1,975		10,676	3,930
Insurances		1,195		1,195	900
Administration costs	1,400	399		1,799	2,181
Subscriptions	1,021	1,442		2,463	583
Web-site	1,874			1,874	-
Independent Examination			540	540	540
Training			153	153	187
	93,307	5,011	693	99,011	24,295

	Charitable Activities	Support Costs	Governance Costs	2023 Total
	£	£	£	£
Staff costs	14,924			14,924
Conferences	1,050			1,050
IT Systems	3,930			3,930
Insurances	900			900
Administration costs	2,181			2,181
Subscriptions	583			583
Independent Examination			540	540
Training	187			187
	23,755	0	540	24,295

EOS Network – Eosinophilic Diseases Charity

Independent Examiner's Report to EOS Network on the accounts for the period to 31 March 2024 (Charity No: 1198883).

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the period ended 31 March 2024 set out on pages 16-20.

Responsibilities and basis of report

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all applicable Directions by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Charities Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed: *S Robinson MAAT*
S Robinson MAAT (Dec 16, 2024 13:27 GMT)

Date: Dec 16, 2024

Relevant professional qualification(s) or body

Address:

Simon Robinson
SAS Accounting Services Ltd
The Colchester Centre
Hawkins Road
Colchester CO2 8JX

Appendix 1

Co Authored Publications 1st April 2023 – 31st March 2024

Joseph Chan, Diana M Flynn <https://bmjpaedsopen.bmj.com/content/8/1/e002467>, Morris Gordon, Raj Parmar, Kerry Moolenschot, Lucy Jackman, Ed Gaynor, Jenny Epstein, Amanda Cordell, Hema Kannappan, Mark Furman, Julie Thompson, Marco Gasparetto, Marcus K H Auth

Swallowed topical steroid therapy for eosinophilic oesophagitis in children: practical, evidence-based guidance by the BSPGHAN Eosinophilic Oesophagitis Working Group *BMJ Paediatrics Open* 2024;8:e002467. doi: [10.1136/bmjpo-2023-002467](https://doi.org/10.1136/bmjpo-2023-002467)

Cameron, Brenderia A. MS1,*; Jensen, Elizabeth T. MPH, PhD2; Dai, Xiangfeng PhD1; Anderson, Chelsea PhD, MPH1; Kodroff, Ellyn3; Strobel, Mary Jo4; Zicarelli, Amy5; Gray, Sarah6; Cordell, Amanda7; Hiremath, Girish MBBS, MPH8; Dellon, Evan S. MD, MPH1. S469

Frequent Report of Vitamin Deficiencies and Use of Supplements and Complementary/Alternative Treatment Approaches in Patients with Eosinophilic Gastrointestinal Diseases. The American Journal of Gastroenterology 118(10S):p S341-S342, October 2023. | DOI: [10.14309/01.aig.0000951516.88383.f5](https://doi.org/10.14309/01.aig.0000951516.88383.f5)

Venkatesh, Rajitha D. MD1; Hiremath, Girish MBBS, MPH2; Dai, Xiangfeng PhD3; Anderson, Chelsea PhD, MPH3; Kodroff, Ellyn4; Strobel, Mary Jo5; Zicarelli, Amy6; Gray, Sarah7; Cordell, Amanda8; Dellon, Evan S. MD, MPH3,*; Jensen, Elizabeth T. MPH, PhD9. S464

Telehealth Is an Acceptable and Feasible Option for Patients with Eosinophilic Gastrointestinal Diseases: Data From the Online EGID Partners Cohort. The American Journal of Gastroenterology 118(10S):p S339, October 2023. | DOI: [10.14309/01.aig.0000951496.13588.06](https://doi.org/10.14309/01.aig.0000951496.13588.06)

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