Breaking Down Erosive GERD (gastroesophageal reflux disease)

Research has shown that patients with Erosive GERD experience a significant burden of disease—and they continue to have unmet needs

Erosive GERD is more common than you might think

~30% of people with GERD have Erosive GERD¹



And can impact quality of life

GERD can cause **pain**, **emotional distress**, **difficulty eating and drinking**, and limitations in social and physical activities³



Treatment failures may occur for a variety of reasons



- Suboptimal adherence^{4,5}
- Inadequate acid suppression⁶
- Severity of disease⁷

Acid suppression is a key element of healing



Suppression of gastric acid to a level that allows for healing of esophageal tissue is a **critical component of treatment**⁷

Relapse and recurrence are common



up to 41%

of patients **relapse within 6 months** on a maintenance treatment⁸

patients experience recurrence within 6 months of discontinuing treatment9



Patients and HCPs have reported a desire for treatment alternatives

57% of B altersta

of HCPs would **welcome alternatives** to existing standard of care¹⁰

59%

of patients would **welcome alternatives** to existing standard of care¹⁰

For some Erosive GERD patients, serious complications can arise¹¹

Strictures

Risk of esophageal cancer

Chest pain

Ulcerations/ bleeding Respiratory problems

References: 1. Savarino E, de Bortoli N, De Cassan C, et al. The natural history of gastro-esophageal reflux disease: a comprehensive review. Dis Esophagus. 2017 Feb 1;30(2):1-9. 2. Nirwan JS, Hasan SS, Babar ZU, et al. Global prevalence and risk factors of gastro-oesophageal reflux disease. (GORD): Systematic review with meta-analysis. Sci Rep. 020;10(f):5814.1-14. 3. Quigley EMM and Hungin APS. Review article: quality-of-life issues in gastro-oesophageal reflux disease. A liment Pharmacol Ther. 2005; 22 (Suppl. 1): 41–47. 4. Dickman R, Maradey-Romero C, Gingold-Belfer R, et al. Unmet needs in the treatment of gastroesophageal reflux disease. J Neurogastroenterol Motil. 2015; 21: 309–319. 5. Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol. 2021;00:1–30. 6. Johnson DA, Katz PO, Levine D, et al. Prevention of relapse of healed reflux esophagitis is related to the duration of intragastric pH > 4. J Clin Gastroenterol. 2010;44(7):475-478. 7. Katz PO, Ginsberg GG, Hoyle PE, et al. Relationship Between Intragastric Acid Control and Healing Status in the Treatment of Moderate to Severe Erosive Oesophagitis. Aliment Pharmacol Ther. 2007 Mar 1;25(5):617-628. 8. Herschovici T, Fass R Pharmacological management of GERD: where does it stand now?. Trends Pharmacol Sci. 2011;32: 258-64. 9. Katzka Da, Kahrilas PJ. Advances in the diagnosis and management of gastroesophageal reflux disease. BMJ. 2020; 371:m3786 10. Vaezi MF, Brunton S, Fendrick AM, et al. Patient journey in erosive oesophagitis: real-world perspectives from US physicians and patients. BMJ Open Gastroenterol. Jul 2022, 9 (1) e000941. 11. Scholten T. Long-term management of gastroesophageal reflux disease with pantoprazole. Ther Clin Risk Manag. 2007 Jun;3(2):231-43.

