

FINANCIAL STUDY OF ENDOSCOPIC BAND LIGATION WITHOUT RESECTION (WITH SINK BIOPSY) APPLICATION IN ≤ 10 -MM DIGESTIVE TRACT SUBEPITHELIAL TUMORS: EXPONENTIAL COST-EFFECTIVE STRATEGY

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A cost comparison analysis finds that endoscopic band ligation without resection combined with single-incision needle-knife biopsy for small subepithelial tumours ≤ 10 -mm reduces endoscopic procedures from year 2 and becomes cost-effective from year 6 compared to conventional surveillance.

KEY POINTS

- The EBL+SINK strategy costs €777.57 per procedure (including a 4.9% adverse event rate), compared to €100.74 for upper digestive endoscopy and €360.70 for endoscopic ultrasonography, with fees updated to 2024 Spanish values.
- Compared to conventional surveillance (alternating endoscopy and ultrasonography every two years), the EBL+SINK strategy reduces the number of procedures from the 2nd direct year and 3rd global-cumulative year, with exponential savings reaching -38.59 procedures by year 15.
- Direct costs favor the conventional strategy initially, with the EBL+SINK approach showing additional costs of €1,685.51 at year 5 and €857.81 at year 10, but achieving cost savings of €2,636.65 by year 15.
- The analysis is based on a model assuming continuous annual inclusion of one nonspecific ≤ 10 -mm subepithelial tumour in patients ≤ 65 years, and references a prior study showing 92.7% clinical management change with this technique.
- Gastroenterologists and healthcare administrators managing small subepithelial tumour surveillance programs would benefit from this cost-effectiveness analysis.

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