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Summary

ECONOMIC EVALUATION OF SPONGE CYTOLOGY TEST VS. ENDOSCOPY FOR ESOPHAGEAL SQUAMOUS CELL CARCINOMA SCREENING IN HIGH-RISK AREAS□A COST-EFFECTIVENESS STUDY

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A Markov model comparing ESCC screening strategies in high-risk populations found that annual sponge cytology testing with subsequent endoscopy for positive results was the most cost-effective approach.

KEY POINTS

- The study modeled 100,000 participants aged 45 years in ESCC high-risk areas comparing no screening, endoscopic screening, and sponge cytology screening at various intervals from one-time to annual.
- All screening strategies reduced ESCC cases (373-2,962 versus 3,134 per 100,000 with no screening) and prevented deaths (257-2,305 versus 2,409 per 100,000 with no screening).
- Annual sponge cytology testing was the most cost-effective strategy with an ICER of $6,630 per QALY and the greatest QALYs gained, dominating all endoscopy screening strategies.
- The authors conclude that sponge cytology screening is cost-effective in ESCC high-risk areas and suggest it is worth consideration by policymakers for implementation.

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