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Summary

ENDOSCOPIC MUCOSAL RESECTION VERSUS ENDOSCOPIC SUBMUCOSAL DISSECTION FOR BARRETT'S NEOPLASIA: A COST-EFFECTIVENESS ANALYSIS

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Oesophagus

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A cost-effectiveness analysis of 5677 patients found that endoscopic submucosal dissection is more cost-effective than endoscopic mucosal resection for Barrett's esophagus neoplasia lesions 10mm or larger, but not for smaller lesions.

KEY POINTS

- For lesions 10-20mm and greater than 20mm, ESD was more cost-effective than EMR and yielded higher quality of life, while EMR was more cost-effective for lesions smaller than 10mm.
- ESD achieved higher R0 resection rates compared to EMR (74.5% vs 40.82%, p=0.001) and significantly lower overall local recurrence (2.92% vs 11.27%, p=0.01).
- ESD prevented an additional 71.21 per 1000 cases of repeat endoscopic resection and approximately 12 additional esophagectomies per 1000 patients at an incremental cost per surgery avoided of $5362.
- ESD had higher rates of periprocedural adverse events including bleeding (2.79% vs 1.13%, p=0.01) and perforation (0.46% vs 0.04%, p=0.01) compared to EMR.
- The analysis included 1267 ESD and 4410 EMR patients with median follow-up of 31 months and may be most relevant for clinicians managing high-grade dysplasia or T1a esophageal adenocarcinoma in Barrett's esophagus.

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