

LYON 2.0 OPTIMIZES PHENOTYPIC EVALUATION AND MANAGEMENT OF GASTROESOPHAGEAL REFLUX FOR PATIENTS ACCORDING TO THE PREDOMINANT ATYPICAL GERD SYMPTOM: COST-EFFECTIVENESS ANALYSIS

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Poster

Oesophagus

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An economic analysis using a Markov model found that optimal GERD evaluation strategies for atypical symptoms vary by presentation, with OFF-PPI wireless pH testing cost-effective for laryngopharyngeal symptoms, pH/impedance testing for belching, but reassurance without testing preferred for chronic cough.

KEY POINTS

- For laryngopharyngeal symptoms when endoscopy is normal, OFF-PPI 96-hour wireless pH testing is the optimal strategy, saving \$4,096 over endoscopy alone from the payer perspective and dominating catheter-based pH/impedance testing.
- For belching, catheter-based pH/impedance testing is cost-effective, saving \$5,847 and gaining 0.10 QALY from the payer perspective by identifying patients with supragastric belching responsive to diaphragmatic breathing.
- For chronic cough, reassurance without testing is more cost-effective than ambulatory reflux monitoring, as routine testing increases patient costs by \$498 and slightly reduces health outcomes due to over-treatment of incidental GERD unrelated to cough symptoms.
- The analysis used a one-year time horizon, \$100,000/QALY willingness-to-pay threshold, and model inputs from US cost databases, systematic reviews, clinical trials, and national observational studies.

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