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| **Appendix Table 3.** Results of the main analysis per 1,000 Barrett’s esophagus patients |
| Strategy | Dutch guideline | Intensive for NDBE and LGD1 | Intensive for NDBE1 | Intensive for LGD1 | Very intensive for NDBE and LGD1 | Very intensive for NDBE1 |
| Prevented EAC cases (>T1A) | 59 | 69 | +10 | 66 | +7 | 61 | +2 | 76 | +17 | 72 | +13 |
| Prevented EAC deaths | 51 | 56 | +5 | 55 | +4 | 52 | +1 | 60 | +9 | 58 | +7 |
| Endoscopies | 6,603 | 9,734 | +3,131 | 8,841 | +2,238 | 7,237 | +634 | 15,163 | +8,560 | 13,757 | +7,154 |
| Initial EET | 176 | 235 | +59 | 202 | +26 | 201 | +25 | 278 | +102 | 232 | +56 |
| EET touch-ups | 99 | 129 | +29 | 112 | +12 | 112 | +13 | 151 | +52 | 127 | +28 |
| Esophagectomy | 20 | 21 | +1 | 21 | +2 | 19 | -1 | 22 | +2 | 23 | +3 |
| Complications | 24 | 32 | +8 | 28 | +4 | 27 | +3 | 40 | +16 | 34 | +10 |
| Net cost2 (€m) | 4.7  | 7.0  | +2.3 | 6.2 | +1.5 | 5.3 | +0.6 | 10.6 | +6.0 | 9.4 | +4.7 |
|  ($m) | 5.3 | 8.0 | +2.6 | 7.0 | +1.7 | 6.0 | +0.7 | 12.2 | +6.8 | 10.7 | +5.4 |
| LYs gained2 | 311.6 | 339.6 | +28.0 | 334.1 | +22.5 | 313.6 | +2.1 | 359.2 | +47.6 | 349.4 | +37.9 |
| QALYs gained2 | 344.7 | 374.1 | +29.4 | 369.1 | +24.4 | 346.1 | +1.4 | 392.8 | +48.1 | 383.5 | +38.9 |
| Incremental cost per QALY3 (€) | N.A. | 78,113 |  | 60,994 | 418,830 |  | 124,080 |  | 121,862 |
|  ($) | N.A. | 89,257 |  | 69,696 | 478,581 |  | 141,781 |  | 139,247 |
| ICER: incremental cost-effectiveness ratio, BE: Barrett’s esophagus, EAC: esophageal adenocarcinoma, HGD: high-grade dysplasia, LGD: low-grade dysplasia, LY: life year, m:million, ND: non-dysplastic, QALY: quality-adjusted life year, EET: endoscopic eradication therapy1. Difference of the results of these strategies and Dutch guideline strategy are presented in the second column.
2. Costs and (quality-adjusted) life years gained were discounted at an annual rate of 3%.
3. Compared to the Dutch guideline strategy.
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