

Title:	Endoluminal Gastroplication - May 2002
Agency:	Medical Services Advisory Committee (MSAC) Commonwealth Department of Health and Ageing GPO Box 9848 Canberra ACT 2601 Australia. http://www.msac.gov.au
Reference:	MSAC Application 1047, Assessment report ISBN 0642 82071 6

Aim

To assess the safety, effectiveness and cost-effectiveness of Endoluminal Gastroplication (ELGP) for gastro-oesophageal cancer and under what circumstances such services should be supported with public funding.

Conclusions and results

The evidence for the efficacy and safety of the endoluminal gastroplication procedure is based on one small published study with no control group. Given this, the review is primarily a critical appraisal of the one published study that met the eligibility criteria on ELGP. Below are recommendations on the safety, effectiveness and cost-effectiveness of the procedure

<i>Safety</i>	Limited evidence was available to assess the safety of the endoluminal gastroplication in patients with gastro-oesophageal reflux disease. From the data provided in the one case-series paper, it would appear that a minority of patients suffered adverse events six months after the procedure. Some of the adverse events may be explained by the limited experience of surgeons in performing the procedure; however, more data are needed before a decision can be made regarding the safety of the procedure in patients with gastro-oesophageal reflux disease.
<i>Effectiveness</i>	Data at six months follow-up, from the one case-series paper, indicate that endoluminal gastroplication may reduce some symptoms of GORD. However, the paucity of good-quality data limits the ability to draw any conclusions regarding the efficacy of this procedure. Further research focusing on randomised trials is needed in this area.
<i>Cost effectiveness</i>	There is a paucity of data on the effectiveness of ELGP beyond six months of follow up. It appears that medication use at six months is reduced, but the duration of this effect is unknown as yet due to the limited amount of data available on this procedure. A comprehensive economic evaluation should be conducted on ELGP when sufficient data is available.

Recommendation

Since there is currently insufficient evidence pertaining to endoluminal gastroplication for gastro-oesophageal reflux disease, MSAC recommended that public funding should not be supported at this time for this procedure.

Method

The National Health and Medical Research Council (NHMRC) Clinical Trials Centre at the University of Sydney conducted a systematic review of the literature (with eligibility criteria defined a priori) on the role of endoluminal gastroplication. The following sources were searched from commencement to December 2001: Medline, PreMedline, International Pharmaceutical Abstracts, Best Evidence, Current Contents, EMBASE, the Cochrane Library, ISTAHC, and the NHS Databases, DARE, EED and HTA. Internet and health technology assessment agency sources were also searched.

Produced by Sally Wortley (research assistant) and Kirsten Howard (epidemiologist), NHMRC CTC, Australia.