Endoscopic sleeve gastroplasty is cost saving versus semaglutide, finds study

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For individuals with class II obesity, endoscopic sleeve gastroplasty (ESG) is cost saving compared with semaglutide, according to a study.
Muhammad Haseeb, M.D., from Brigham and Women's Hospital in Boston, and colleagues examined the cost-effectiveness of semaglutide versus ESG over five years among individuals with class II obesity (body mass index [BMI], 35 to 39.9 kg/m$^2$) in an economic evaluation study. A Markov cohort model was used to compare ESG and semaglutide, with a baseline strategy of no treatment.

The researchers found that during a five-year time horizon, ESG was more cost-effective than semaglutide, with an incremental cost-effectiveness ratio of −$595,532 per quality-adjusted life year (QALY).

Relative to semaglutide, ESG added 0.06 QALYs and reduced the total cost by $33,583. On one-way and probabilistic sensitivity analyses, the results remained robust. Over five years, ESG sustained greater weight loss versus semaglutide (BMI of 31.7 versus 33.0 kg/m$^2$). The annual price of semaglutide, currently $13,618, would need to be $3,591 to achieve nondominance.

"This economic evaluation study suggests that ESG is cost saving compared with semaglutide for class II obesity," the authors write. "This finding is due to the increased effectiveness and lower costs of ESG and the increased dropout rates over time with semaglutide."

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