

# Endoscopic sleeve gastropasty is cost saving versus semaglutide, finds study

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For individuals with class II obesity, endoscopic sleeve gastropasty (ESG) is cost saving compared with semaglutide, according to a [study](#)

published online April 12 in *JAMA Network Open*.

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<sup>2</sup>) 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<sup>2</sup>). 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."

**More information:** Muhammad Haseeb et al, Semaglutide vs Endoscopic Sleeve Gastroplasty for Weight Loss, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.6221](https://doi.org/10.1001/jamanetworkopen.2024.6221)

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