

SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

UPPER ENDOSCOPY FOR GASTROESOPHAGEAL REFLUX DISEASE (GERD) AND DYSPEPSIA SYMPTOMS

Population description	Adult patients with dyspepsia or GERD symptoms <i>Population scoping notes: None</i>
Intervention(s)	Esophagogastroduodenoscopy (EGD) <i>Intervention exclusions: None</i>
Comparator(s)	Usual care, barium esophagram, computed tomography (CT) scans, non-invasive H pylori testing, 24-hour pH monitoring, esophageal manometry
Outcome(s) (up to five)	Critical: Esophageal cancer morbidity, gastric cancer morbidity, peptic ulcer disease morbidity Important: Quality of life, harms <i>Considered but not selected for GRADE Table: None</i>
Key questions	<ol style="list-style-type: none"> 1. What is the comparative effectiveness of EGD for patients with GERD and dyspepsia symptoms? 2. Does the comparative effectiveness of EGD for patients with GERD and dyspepsia symptoms vary by: <ol style="list-style-type: none"> a. Age b. Tobacco or alcohol use history c. Presence or absence of “red-flag” features d. Findings on previous EGD (e.g., Barrett’s esophagus) e. Frequency of EGD f. Prior treatment/response to medical management 3. What are the harms of EGD for GERD and dyspepsia symptoms? <ol style="list-style-type: none"> a. Do the harms vary by type of anesthesia/sedation used?
Contextual questions	

CHANGE LOG

Date	Change	Rationale
m/d/yyyy		

8/12/16