



ORIGINAL ARTICLE

# Consensus of gastroesophageal reflux disease in Taiwan with endoscopy-based approach covered by National Health Insurance



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## KEYWORDS

Consensus;  
Gastroesophageal  
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Level of evidence;

**Summary** *Background and aims:* Gastroesophageal reflux disease (GERD) is emerging as a clinical complication in the Orient. The consensus comprises recommendations to GERD control under the advantage of endoscopy-based approach covered by the Taiwan National Health Insurance. *Methods:* The steering committee defined the consensus scope to cover diagnostic, therapeutic, unresolved, controversial, or long-term proton pump inhibitor-related issues to GERD. The

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National health insurance;  
Proton pump inhibitor;  
Recommendation

literature review emphasized domestic data, after which the draft statements and statement evidence levels were defined. Thirty-five experts of GERD in Taiwan formed the expert group to conduct the consensus conference by a modified Delphi process to vote anonymously to reach a consensus, defined by an agreement of  $\geq 80\%$  for each statement, and to set the recommendation grade.

**Results:** The consensus included 22 statements, including seven on diagnostic approach, seven on therapeutic suggestion, and eight on unresolved, controversial, or long-term proton pump inhibitor-related issues to GERD. The consensus highlighted that the endoscopy approach to GERD can define the disease spectrum and exclude malignant potential. The questionnaire survey can not only define GERD, but also monitor treatment response and quality of life. The consensus addressed suggestions for the unresolved issues related to extraesophageal presentation and adverse concerns of GERD after long-term use of proton pump inhibitors. In the endemic area of upper gastrointestinal cancers, *Helicobacter pylori* eradication is suggested to reduce progression of gastric precancerous lesions, and endoscopic surveillance of Barrett's esophagus with dysplasia deserves prospective research.

**Conclusion:** The consensus comprises recommendations for the management of GERD in a high upper gastrointestinal cancer area with a national coverage of endoscopic approach.

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## Introduction

Diagnosis and treatment of gastroesophageal reflux disease (GERD) are becoming more important [1–4]. GERD has not only chronic recurrent bothersome clinical symptoms, but also long-term impacts on the quality of life and performance of diseased individuals. In the Western world, due to a low prevalence of esophageal cancer and upper gastrointestinal malignancy, empiric antisecretory medication, such as proton pump inhibitors (PPIs), has been widely applied for patients with typical presentations such as acid regurgitation or heart burn sensation at the epigastric or midchest regions to indicate reflux-related disorders [4–8]. Nevertheless, the current role of esophageal endoscopy remains helpful to confirm the diagnosis of erosive esophagitis and then to validate the degree of esophageal mucosa defects according to the Los Angeles grading classification [9–14]. The different disease spectrums, such as erosive or nonerosive GERD, will have different treatment modalities. Accordingly, even PPI can be empirically started in the Western world, the role of endoscopic-based approach for GERD shall remain with more accurate diagnostic determination to the disease spectrum and to exclude the malignant potentials of upper gastrointestinal tract in the Eastern world with high cancer endemics.

In Taiwan, endoscopy can be covered by the Taiwan National Health Insurance program, and based on the endoscopic findings to define the disease spectrum of GERD, PPIs can be allowed for durations ranging from at least 4 months up to 12 months. Accordingly, a nationwide model is required to offer an objective evidence of erosive GERD control. The advantage of the current consensus is that it offers Taiwanese experts' experiences with endoscopic-based approach supported by the National Health Insurance in a near 95% nationwide coverage. The current consensus has provided a strong evidence of its validity for GERD management in a nationwide cohort setting, including the diagnostic approach and therapeutic

assessment. The consensus also addressed important concerns to highlight the unresolved, controversial, and long-term issues of GERD for future improvement in such endemic area with upper gastrointestinal cancers.

## Methods

### Steering committee set the consensus scope and structure

To establish the expert consensus of GERD in Taiwan, the steering committee was initiated by J.T. Lin, chaired by B.S. Sheu along with eight other opinion leaders from the Gastroenterological Society of Taiwan (C.T. Chiu, Y.C. Lee, G.Y. Chang, D.C. Wu, C.M. Liou, M.S. Wu, W.L. Chang, and C.Y. Wu). The steering committee defined the scope sessions of the consensus, conducted a literature search and review, formulated draft statements, and defined the statement evidence level.

### Steering committee members to conduct literature search and review

The literature searches included Medline, Embase, the Cochrane Central Register of Controlled Trial, and ISI Web of Knowledge, with manual searches of bibliographies of key articles and proceedings of abstracts of major gastroenterology conferences held over the past 7 years. The key words used in the search included gastroesophageal reflux, PPI, Barrett's esophagus, extraesophageal symptoms, narrow band image, upper gastrointestinal endoscopy, etc. The members of the steering committee summarized the findings in the three scope sessions of this consensus: (1) diagnostic approach; (2) therapeutic assessment; and (3) unresolved, controversial, or long-term PPI-related issues associated with GERD. Based on the review of the literature, the draft statements of the consensus were

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