Conclusions These preliminary and novel cost-effectiveness data indicate RFA treatment is likely to be cost-effective for patients with ongoing symptoms of APC-refractory GAVE, and could lead to substantive reductions in health care resource and also have a notable impact on a patient’s state of health. As a rare disease, clinical data in this area is limited. Data from ongoing registry studies will support more sophisticated assumptions beyond expert input.

**PTH-040 MEDIUM TERM OUTCOMES OF ENDOSCOPIC STRETTA THERAPY IN REFRACTORY GORD- SINGLE CENTER 2-YEAR FOLLOW UP**

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Background Stretta® offers a therapeutic alternative for patients suffering from refractory gastro-oesophageal reflux disease (GORD). Current evidence suggests the treatment may improve symptoms of GORD and decrease requirement for proton pump inhibitor (PPI) therapy. This is the first UK study to evaluate outcomes after Stretta therapy with 2 year follow up.

Methods Amongst 166 patients undergoing the Stretta therapy since 2014, we assessed outcomes of 50 patients where follow up was available for at least 24 months (October 2014 and February 2016) in a UK tertiary referral centre. All were assessed for suitability using endoscopy; contrast studies; and pH and manometry studies. Data was held in accordance with The Data Protection Act 1998. The Gastro-oesophageal Reflux Disease-Health Related Quality of Life (GERD-HRQL) was utilized to evaluate symptoms pre and post treatment. Patients were followed up by outpatient clinic appointment and telephone consultation.

Results Fifty consecutive patients were followed up for a median of 25.3 months [771 days (Range 499-1162)] following Stretta®. The mean age of the cohort was 52.3 years (SD 13.9) and the majority were female (70%). Seventy-two percent of patients were taking a proton pump inhibitor and 27.9% were using at least two acid medications at referral. Stretta® was carried out under conscious sedation in 69.4% and general anaesthetic in 30.6%. The mean total heartburn scores improved from 21.8 (SD 6.5) to 6.7 (SD 7.5) and regurgitation scores from 20.0 (SD 8.3) to 6.7 (SD 7.7) out of a possible 30 following Stretta®. The average GERD-HRQL score improved from 46.2/75 (SD 14.2) compared to 15.2/75 (SD 17.3) Dissatisfaction with GORD as measured in the GERD-HRQL decreased from 100% to 6.2% (p=0.02). This series corroborates the value and safety of Stretta® as a viable option for selected patients instead of surgery, more so in those who are unwilling or unable to undergo surgery.