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**NEW DATA ON TYPE 2 DIABETES, CANCER AND FIRST NATIONAL SURVEY
OF OBESITY SURGERY PATIENTS TO BE PRESENTED AT ASMBS SCIENTIFIC MEETING**

WASHINGTON, DC, June 16, 2008 – More than 60 studies and the first national survey of bariatric surgery patients will be released at the 25th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS) beginning on June 18.

Bariatric and metabolic surgeons from around the world will gather to hear experts present the latest research on morbid obesity, a disease that affects about 15 million people in the U.S. Last year, an estimated 205,000 Americans had metabolic or bariatric surgery.

Researchers will present studies on the startling impact of bariatric surgery on cancer, how much weight loss is necessary to trigger complete resolution of type 2 diabetes, hypertension, high cholesterol, and sleep apnea; how metabolic surgery for type 2 diabetes compares with insulin treatment; and the effect of surgery on asthma, osteoarthritis and rheumatoid arthritis. In addition, the ASMBS will present findings from the first national survey of obesity surgery patients that shows the issues people face before and after surgery and how these issues may affect their success with surgery.

“Obesity continues to be one of the world’s biggest health threats and new and mounting research shows bariatric and metabolic surgery has an increasingly important role to play in treating the disease and improving the public health,” said Kelvin Higa, MD, president of the ASMBS and Chief of Surgery at Community Medical Center and Director of Bariatric Services at Fresno Heart Hospital in California.

According to guidelines issued by the National Institutes of Health (NIH), bariatric surgery is indicated for people with a body mass index (BMI) of 35 or more with an obesity-related condition or a BMI of 40 or more. People who are morbidly obese are generally 100 or more pounds overweight.

“Increasing patient access to treatment for obesity and morbid obesity will remain a top priority for the ASMBS this year,” said Scott Shikora, MD, ASMBS President-elect and Chief of General Surgery, Bariatric Surgery and Minimally Invasive Surgery at Tufts Medical Center in Boston. “Surgery is not for everyone, but for the right patient it is a very powerful tool to a healthier, longer life and the only treatment that can treat so many life-threatening diseases at one time.”

The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB). In gastric bypass, the stomach is reduced from the size of a football to the size of a golf ball and food is made to bypass part of the small intestine. In LAGB, a silicone band is wrapped around the upper part of the stomach to restrict the amount of food the stomach can hold. The amount of restriction is adjusted by adding or removing saline from the band.

Two landmark studies, published in the *New England Journal of Medicine* in August 2007, showed patients with morbid obesity who had bariatric surgery lost significant weight and are significantly less likely to die from heart disease, diabetes and cancer seven to 10 years following the procedure than those who did not have surgery^{1,2}. A 2004 study in the *Journal of the American Medical Association* showed that bariatric surgery resolved or improved type 2 diabetes in 86 percent of patients and resolved sleep apnea in more than 85 percent of patients³.

The Agency for Healthcare Research and Quality (AHRQ) recently reported that bariatric surgery is safer than ever. The risk of death from bariatric surgery has declined from 0.89 percent in 1998, to 0.19 percent in 2004.⁴

About 64 million or 32 percent of adults in the U.S. are considered obese, which is associated with many other diseases and conditions including type 2 diabetes, heart disease, sleep apnea, hypertension, asthma, cancer, joint problems and infertility. The direct and indirect costs to the healthcare system associated with obesity are about \$117 billion annually.

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information on the ASMBS, visit www.asmb.org.

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¹ [Sjöström L, Narbro K, Sjöström CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. N Engl J Med 2007; 357:741-52.](#)

² [Adams TD, Gress RE, Smith SC, et al. Long-term mortality after gastric bypass surgery. N Engl J Med 2007;357:753-61.](#)

³ [Buchwald Henry, et al. Bariatric Surgery: A Systematic Review and Meta-Analysis. JAMA. 2004; 292: 1724-1737.](#)

⁴ [Zhao, Y. \(Social and Scientific Systems, Inc.\), and Encinosa, W. \(AHRQ\). Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Statistical Brief #23. January 2007. Agency for Healthcare and Research Quality, Rockville, Md. <http://www.hcup-us.ahrq.gov/reports/statbriefs.sb23.pdf>.](#)