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**NEW RESEARCH SHOWS GASTRIC BYPASS
MAY HAVE NEW ROLE FOR LESS OBESE PATIENTS
Higher Remission Rates of Type 2 Diabetes, Better Relative Weight Loss
Reported in Patients with BMIs of Less than 35**

ORLANDO, FL – June 16, 2011 – A new study* suggests gastric bypass surgery may be beneficial for patients who weigh less than what has been generally recommended for surgery. The findings were presented here today at the 28th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

Researchers from Stanford University found all patients with a body mass index (BMI) of less than 35 no longer had Type 2 diabetes after surgery, while patients with BMIs of 35 or more had a remission rate of about 75 percent. Also, over the course of one year, lower BMI patients saw bigger improvements in other obesity-related conditions, lost more weight relative to their pre-surgery weight and had shorter operating times.

“This initial study suggests the sooner we can treat morbid obesity and obesity-related conditions, the greater the chances the patient will have better results without any differences in complications,” said John Morton, MD, Associate Professor of Surgery and Director of Bariatric Surgery at Stanford Hospital & Clinics at Stanford University, one of the co-authors of the study. “The study raises the question as to whether early referral may lead to better outcomes.”

At the beginning of the study, 980 surgical patients fell within the 1991 National Institutes of Health (NIH) federal guidelines recommending gastric bypass be reserved for patients with BMIs of 35 or more with an obesity-related condition or have at least a BMI of 40 or more. However, 12 patients had lost weight while they were waiting to have surgery taking their BMIs below 35. The other three groups of patients studied included those with BMIs from 35 to 40, 40 to 50, and greater than 50. Patients in the study were operated on between 2004 and 2010.

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Patients with BMI 35 and under experienced more weight loss at three, six and 12 months. After one year, patients with BMI 35 and under lost 167 percent of their excess weight, BMI 35 to 40 patients lost 112 percent of their excess weight, BMI patients 40 to 45 lost 85.3 percent of their excess weight and patients with BMI over 50 lost 67.1 percent of their excess weight.

Dr. Morton noted, “There appears to be a dose-dependent effect to weight loss and pre-operative weight loss – higher BMIs lost proportionally less weight than the lower BMIs.”

Bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions.¹ People with morbid obesity have BMI of 40 or more, or BMI of 35 or more with an obesity-related disease such as Type 2 diabetes, heart disease or sleep apnea. According to the ASMBS, more than 15 million Americans have morbid obesity. Studies have shown patients may lose 30 to 50 percent of their excess weight 6 months after surgery and 77 percent of their excess weight as early as one year after surgery.²

“This study suggests that BMI should not be the only indicator for bariatric surgery, particularly if lower BMI patients can see these kinds of results,” said Dr. Morton. “It may be time for a re-evaluation, as has been done with laparoscopic adjustable gastric banding (LAGB) patients with a BMI of 30 to 35.”

In February 2011, the U.S. Food and Drug Administration (FDA) approved the Lap-Band[®] for obese adults with BMI of 30 and higher with at least one obesity-related condition. Previously, the device was indicated for used in adults with BMI of at least 40 or BMI of 35 and higher with at least one obesity-related medical condition. Gastric bypass was not included in the FDA's approval since the procedure does not require an implant. There is, however, increasing attention on bringing gastric bypass to lower BMI patients since this operation is potentially superior in treating patients with Type 2 diabetes. Studies show that symptoms of the disease improve or resolve within a few days of surgery, even before significant weight loss occurs. The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB).

The federal government estimated that in 2008, annual obesity-related health spending reached \$147 billion,³ double what it was a decade ago, and projects spending to rise to \$344 billion each year by 2018.⁴ The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of bariatric surgery, due in large part to improved laparoscopic techniques and the advent of bariatric surgical centers of excellence. The risk of death from bariatric surgery is about 0.1 percent⁵ and the overall likelihood of major complications is about 4 percent.⁶

In addition to Dr. Morton, study co-authors include Shushmita Ahmed BS, Dylan Gwaltney and Chhavi Bajaj, all from Stanford University.

About the ASMBS

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 about the ASMBS, visit www.asmb.org

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***P – 54: Do Laparoscopic Gastric Bypass Patients with BMI<35 KG/M² Have Similar Outcomes as patients with BMI>35 KG/M²**

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¹ RA Weiner. "Indications and Principles of Metabolic Surgery." U.S. National Library of Medicine. 2010; 81(4):379-94

² AC Wittgrove et al. "Laparoscopic Gastric Bypass, Roux-en-Y: Technique and Results in 75 Patients With 3-30 Months Follow-up." *Obesity Surgery*. 1996. 6:500-504.

³ EA Finkelstein. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. 2009. 28(5):822-831.

⁴ K Thorpe. America's Health Rankings. "The Future Costs of Obesity." 2009.

⁵ Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.

⁶ DR Flum et al. "Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery." *New England Journal of Medicine*. 2009. 361:445-454. <http://content.nejm.org/cgi/content/full/361/5/445>