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**RACE PLAYS FACTOR IN WEIGHT LOSS AFTER GASTRIC BYPASS,
BUT NOT IF TYPE 2 DIABETES IS PRESENT, NEW DUKE STUDY REPORTS**

SAN DIEGO, CA – JUNE 20, 2012 – African-American women lost about 10 percent less of their excess weight after gastric bypass than their Caucasian counterparts, but if Type 2 diabetes was present, weight loss and the rate of diabetes remission was about the same, according to a new study* presented here at the 29th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

The Duke University study reports that while race may have been a factor in weight loss, it did not play a role in surgery's affect on Type 2 diabetes and in weight loss among people with Type 2 diabetes. Both African-American and Caucasian women experienced similar diabetes remission rates (75% and 77%, respectively).

Larger differences occurred in excess weight loss among women who did not have diabetes. African-American women on average lost 56.7 percent of their excess weight over three years, while Caucasian women lost 64.7 percent. However, if diabetes was present, the weight loss gap narrowed. African-American women with diabetes lost on average 59.8 percent of their excess weight.

According to the National Institutes of Health (NIH), more than 23 million Americans have diabetes with Type 2 diabetes accounting for more than 90 percent of cases.¹

“For some reason, diabetes was the great equalizer when it came to weight loss. African-American women with Type 2 diabetes lost a similar amount of excess weight as Caucasian women. Racial differences in excess weight loss only emerged between non-diabetic women,” said Alfonso Torquati, MD, of Duke University who was a co-author of the study that is under consideration for the John Halverson Young Investigator Award from the ASMBS. “Further study is needed to determine if the reasons are genetic or because of differences in body fat distribution or both.”

The 282-patient study compared the outcomes of African-American women to Caucasian women matched for initial body mass index (BMI), age and health status. On average, women were 40-years-old and had a BMI of 50. About 20 percent of the patients had Type 2 diabetes. Nearly 70 percent of African-Americans had hypertension, compared with 50 percent of Caucasians, and about one-third of both groups had sleep apnea.

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According to the American Diabetes Association (ADA), nearly 13 percent of African-Americans have diabetes, while a little more than 7 percent of Caucasians have the disease.² The ADA recommends bariatric surgery be considered for adults with a BMI greater than 35 kg/m² and Type 2 diabetes, especially if the diabetes or associated comorbidities are difficult to control with lifestyle and pharmacologic therapy.³

In addition to Dr. Torquati, study co-authors include Joel Rodriguez, MD, Kunoora Jain-Spangler, MD, and Dana D. Portenier, MD of Duke University.

About Obesity and Metabolic and Bariatric Surgery

Obesity is one of the greatest public health and economic threats facing the United States.⁴ Approximately 72 million Americans are obese⁵ and, according to the ASMBS, about 18 million have morbid obesity. Obese individuals with a BMI greater than 30 have a 50 to 100 percent increased risk of premature death compared to healthy weight individuals as well as an increased risk of developing more than 40 obesity-related diseases and conditions including Type 2 diabetes, heart disease and cancer.^{6,7} The federal government estimated that in 2008, annual obesity-related health spending reached \$147 billion,⁸ double what it was a decade ago, and projects spending to rise to \$344 billion each year by 2018.⁹

Metabolic/bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions and results in significant weight loss.^{10,11,12} In the United States, about 200,000 adults have metabolic/bariatric surgery each year.¹³ The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.¹⁴ The risk of death is about 0.1 percent¹⁵ and the overall likelihood of major complications is about 4 percent.¹⁶

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, visit www.asmb.org.

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***PL-112: Predictors of Long Term Success After Laparoscopic Roux-en-Y Gastric Bypass in African-American Women**

Dr. Alfonso Torquati, Joel Rodriguez, MD; Kunoora Jain-Spangler, MD; Dana D. Portenier, MD

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