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OBESITY SURGERY TRANSLATES TO CARDIAC BENEFIT

Bariatric Procedure Offers Long-term Reduction in CV Risk Factors

ATLANTA, GA (March 13, 2006) — As rates of obesity in America continue to soar, surgery has become an increasingly popular solution when diet and exercise regimens fail. Bariatric surgery is now an approved therapeutic intervention for class II-III obesity, and may correlate to improved risk for heart disease. In a study presented today at the American College of Cardiology's 55th Annual Scientific Session, a team of researchers from the Mayo Clinic in Minnesota evaluated the effect of bariatric surgery on longterm cardiovascular risk and estimated prevented outcomes. ACC.06 is the premier cardiovascular medical meeting, bringing together over 30,000 cardiologists to further breakthroughs in cardiovascular medicine.

The team completed a historical study between 1990 and 2003 of 197 patients with class II-III obesity who undertook Roux-en-Y gastric bypass surgery (sometimes referred to as "stomach stapling"), compared to 163 control patients enrolled in a weight reduction program. With an average follow-up time of 3.3 years, the team recorded changes in cardiovascular risk factors such as cholesterol levels, body mass index (BMI) and diabetes criteria.

Though the team originally estimated a higher 10-year risk for cardiac events in the surgical group at the start of the study due to their associated conditions, researchers found at follow-up that the patients had a much lower risk than the control group for having a heart complication (18.3 vs. 30 percent). Using the study parameters and risk models based on previously published data, the team estimated that for every 100 patients, the surgery would

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prevent 16.2 cardiovascular events and 4.1 overall deaths, as compared to the control group. However, should the number of deaths during surgery approach 4 percent, the protective effect is limited, as may be in the case in centers with very low volumes of weight loss surgeries.

In reviewing the cardiovascular risk factors calculated during the study, the team found that at follow-up, the percentage of the surgery population meeting criteria for diabetes was reduced from 30 percent (59 pts) to 11 percent (19 pts), and also showed reductions in blood pressure, LDL cholesterol and BMI.

"With an understanding of the very close link between obesity and cardiovascular risk, we feel confident that a procedure like bariatric surgery is an effective alternative to current therapies, which can have a considerable and lasting improvement in cardiac health," said John Batsis, M.D., of the Mayo Clinic, and lead author of the study. "For the patients who are eligible for surgery, this suggests a reduced risk of cardiac events or death."

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The American College of Cardiology (www.acc.org) represents the majority of board certified cardiovascular physicians in the United States. Its mission is to advocate for quality cardiovascular care through education, research, promotion, development and application of standards and guidelines- and to influence health care policy. ACC.06 and the ACC inaugural i2 Summit, the first-ever meeting for interventional cardiologists, will bring together more than 30,000 cardiologists and cardiovascular specialists to share the newest discoveries in treatment and prevention, while helping the ACC achieve its mission to address and improve issues in cardiovascular medicine.