

Long Term Outcomes of Bariatric Surgery

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Disclosures

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 - Mederi – Meeting Sponsorships – Minor

10-Year Outcomes After Roux-en-Y Gastric Bypass

J. Hunter Mehaffey, MD, Damien J. LaPar, MD, Kathleen C. Clement, Florence E. Turrentine, PhD, RN, Michael S. Miller, MS, Peter T. Hallowell, MD, and Bruce D. Schirmer, MD

- Single institution over 20 year period
- 1087 patients
- 651 (60%) with complete follow up
- Annual reduction in EWL: 74% by year 2, persisted at year 10 at 52%
- Significant decrease in comorbid disease persisted at 10 years

Long-term Clinical Outcomes and Health Care Utilization After Bariatric Surgery

A Population-based Study

David J. R. Morgan, MBBS, FACEM, FCICM, Kwok M. Ho, PhD, MPH, FANZCA, FCICM,†
Jon Armstrong, MBBS, BA, FRACS,* and Edward Litton, MSc, MBBS, FCICM**

- A population based linked-data cohort study
- 12,062 patients
- Mean follow up: 41 months
- Hospitalization rates were reduced for all-cause indications and T2DM related indications as compared to preoperative events
- Long-term all-cause mortality rate after surgery was extremely low (0.54 deaths per 100 patient years)

Long-term incidence of female-specific cancer after bariatric surgery or usual care in the Swedish Obese Subjects Study

Åsa Anveden^{a,b,1}, Magdalena Taube^{a,1}, Markku Peltonen^c, Peter Jacobson^a, Johanna C. Andersson-Assarsson^a, Kajsa Sjöholm^a, Per-Arne Svensson^{a,d,*}, Lena M.S. Carlsson^a

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- Swedish Obesity Study
 - 1420 patients surgery and 1447 patients contemporaneously matched controls
- Patients followed for 18.1 years
- Reduction in Overall Cancer in Surgery cohort
- Reduction in Endometrial Cancer
- Reduction in female specific cancers in patients with hyperinsulinemia at baseline

Cancer Incidence and Mortality After Gastric Bypass Surgery

Ted D. Adams^{1,2}, Antoinette M. Stroup³, Richard E. Gress¹, Kenneth F. Adams⁴, Eugenia E. Calle⁵, Sherman C. Smith⁶, R. Chad Halverson⁶, Steven C. Simper⁶, Paul N. Hopkins¹ and Steven C. Hunt¹

- Cancer incidence and mortality data through 2007 from the Utah Cancer Registry (UCR) were compared: 6,596 Utah patients who had gastric bypass (1984-2002) and 9,442 severely obese persons who had applied for Utah Driver's Licenses (1984-2002).
- Follow-up was over a 24-year period (mean 12.5 years).
- Total cancer incidence was significantly lower in the surgical group compared to controls (hazard ratio (HR) = 0.76; confidence interval (CI) 95%, 0.65-0.89; P = 0.0006).
- Cancer mortality was 46% lower in the surgery group compared to controls (HR = 0.54; CI 95%, 0.37-0.78; P = 0.001).
- The inverse association for mortality was seen for all cancers
- Gastric bypass results in lower cancer risk, presumably related to weight loss, supporting recommendations for reducing weight to lower cancer risk.

Association of Patient Age at Gastric Bypass Surgery With Long-term All-Cause and Cause-Specific Mortality

Lance E. Davidson, PhD; Ted D. Adams, PhD, MPH; Jaewhan Kim, PhD; Jessica L. Jones, MD, MSPH; Mia Hashibe, PhD; David Taylor, PhD; Tapan Mehta, PhD; Rodrick McKinlay, MD; Steven C. Simper, MD; Sherman C. Smith, MD; Steven C. Hunt, PhD

- Single institution, retrospective cohort 7925 surgery patients matched to 7925 control subjects by drivers license to sex, 5 year age groups, 3 bmi categories
- Gastric bypass surgery is associated with improved long-term survival for all patients undergoing surgery at ages older than 35 years
 - Externally caused deaths only elevated in younger women.
 - Gastric bypass surgery is protective for older patients
 - Reduced age-related increase in mortality observed in severely obese individuals not undergoing surgery

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Effects of Bariatric Surgery on Mortality in Swedish Obese Subjects

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Unadjusted Cumulative Mortality

