Bariatric Surgery Shortens QTc in Obese Patients

BY JANE SALODOF MACNEIL
Elsevier Global Medical News

Phoenix — Weight loss following bariatric bypass surgery lowered heart rates and resolved most QTc abnormalities in the electrocardiograms of 100 patients in a retrospective study presented at the annual scientific meeting of the Obesity Society. Dr. Philippe Gilbert reported men and women had significantly slower heart rates at 22 months of follow-up. In men, greater weight loss correlated with reductions in QTc interval. Although women also had shorter QTc intervals as a group after surgery, this did not correlate with weight loss.

Dr. Gilbert, a cardiologist at Hôpital Larval in Quebec City, speculated that the sex difference may have occurred because more QTc abnormalities occurred in men. Bariatric surgery is associated with improvements in comorbidities associated with metabolic syndrome. Dr. Gilbert said he and his coinvestigators decided to look at its impact on electrocardiographic (ECG) abnormalities because obese patients have “a 50%-100% increased risk of death associated with QTc abnormalities.—all associated with metabolic syndrome.—declined significantly. Use of antidepresants that might prolong QTc intervals stayed about the same, however.”

“Considering the high rate of sudden death in this population, normalization of QTc through weight loss could prevent fatal arrhythmias,” he noted.

Dr. Gilbert and his coinvestigators said they have no conflicts of interest.

Medicaid Spending Will Outpace U.S. Economy

BY MARY ELLEN SCHNEIDER
Elsevier Global Medical News

The price tag for medical assistance under Medicaid is expected to reach nearly $674 billion over the next decade, with the federal government picking up more than $383 billion of this cost, according to projections from the Centers for Medicare and Medicaid Services. Under this estimate, which was part of the first annual actuarial report on the financial outlook of Medicaid, the program’s expenditures for medical assistance are projected to grow on average 7.9% per year for the next 10 years, outpacing the 4.8% growth in the U.S. gross domestic product.

“This report should serve as an urgent reminder that the current path of Medicaid spending is unsustainable for both federal and state governments,” said Dr. Tan of Louisiana State University in New Orleans, who presented results on behalf of the Obesity Society. “If nothing is done to rein in these costs, access to health care for the nation’s most vulnerable citizens could be threatened.”

Medicaid spending for fiscal 2007 was about $333 billion, with the federal government paying 74% of the cost and the states picking up 45%. The average per-person spending for medical services was $6,120 in fiscal year 2007, with more spent on older and disabled enrollees and less on children. The average per-person spending was $2,435 for nondisabled children and $3,586 for nondisabled adults, compared with $14,078 for older adults and $14,878 for disabled beneficiaries.

Average Medicaid enrollment also is expected to increase over the next decade, according to the report, from 49.1 million in FY 2007 to 55.1 million by FY 2017. The projections are no surprise given the rising cost of health care overall, said Judith Solomon, senior fellow at the Center on Budget and Policy Priorities, a research organization that analyzes state and federal budget issues. For states, which pay a significant share of Medicaid costs, the 10-year projections are likely to be mainly academic, she said, as they struggle to balance this year’s budgets in a worsening economy.

The report, issued in October, offers an analysis of past trends in Medicaid and a 10-year projection of expenditures and enrollment. Data and assumptions are based largely on data submitted to CMS from the states, the boards of trustees of the Social Security and Medicare programs, and the National Health Expenditure historical data and projections.

The full report is available online at http://www.cms.hhs.gov/ActuarialStudies/03_MedicaidReport.asp.
**SYNTAX Sheds Light on Risks of Surgery vs. PCI**

**Event Rates 1 Year After Coronary Stenting and Surgery**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>CABG (n = 897)</th>
<th>PCI (n = 903)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>3.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Nonfatal MI</td>
<td>7.2%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Nonfatal myocardial infarction</td>
<td>4.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Combined rate of death, stroke, and MI</td>
<td>7.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Repeat revascularization</td>
<td>9.9%</td>
<td>12.5%*</td>
</tr>
<tr>
<td>Combined rate of death, stroke, MI, and repeat revascularization</td>
<td>12.1%</td>
<td>17.8%*</td>
</tr>
</tbody>
</table>

*Statistically significant difference between groups

Source: Dr. Serruys

**The risk of death, stroke, and MI is identical between coronary stenting and surgery 1 year after intervention.

**Dr. Serruys**

**The biggest referrers of patients to surgeons are the biggest referrers of patients to PCI and CABG based on the diabetes status related to this study.**

**Future analyses from SYNTAX will examine the relative safety and efficacy of PCI and CABG based on the diabetes status of patients, and based on illness severity using a measure called the SYNTAX score, Dr. Serruys said.**

**Salvage Surgery Aids Survival in Head and Neck Cancer**

**BY ROBERT FINN**

**San Francisco — Aggressive salvage surgery should be offered as a potentially curative treatment for resectable patients with recurrent squamous cell carcinoma of the head and neck, Christina S. T. Wilhoit, said at the Seventh International Conference on Head and Neck Cancer.**

In a retrospective study of 61 patients who underwent salvage surgery from 1999 to 2005, their average survival was 27 months, reported Ms. Wilhoit, a certified clinical researcher at the Medical University of South Carolina, Charleston. In contrast, she noted, other studies have suggested that average survival is 12 months following reirradiation and just 6 months following chemotherapy.

Ms. Wilhoit displayed a Kaplan-Meier curve comparing survival in stages IV disease and extending out 84 months. At 1 year, survival rates in the single-institution study ranged from 100% in stage I to about 50% in stage IV at 2 years the range was about 80% for stage I to 40% for stage IV, and at 5 years about 60% to 20%, respectively.

The patients’ most common overall stage showed the most correlation with survival outcomes in these cancer patients, stated the researchers.

Some recent studies have called salvage surgery into question, and at some institutions chemotherapy and reirradiation protocols now are more common for recurrent head and neck squamous cell carcinoma. But aggressive salvage surgery has long been the practice at the Medical University of South Carolina, Ms. Wilhoit said.

None of the patients studied died in the immediate postoperative period. Ten patients (16%) experienced major complications, and another 5 (8%) experienced minor complications. One case of pulmonary embolism was the only major systemic complication. There were two other minor systemic complications: fever and supraventricular tachycardia, both of which resolved.

The most common major local complications reported by Ms. Wilhoit and her coauthors were dysphagia, fistula, and hematoma; there were also cases of parotid flap necrosis, flap loss, wound breakdown, and wound hematoma.

Ms. Wilhoit concluded that salvage surgical resection for recurrent squamous cell carcinoma of the head and neck has acceptable complication rates and superior overall survival rates, compared with other treatments.

She said salvage surgery should be offered as a potentially curative treatment for resectable patients.

Ms. Wilhoit declared no conflict of interest related to this study.