

Centre for Obesity Research and Education (CORE) Annual Report 2007

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MISSION STATEMENT:

The mission of CORE is to understand the disease of obesity and to identify optimal methods for its long-term management that are safe and cost-effective, along with developing preventive strategies that can be implemented in the community, leading to improved health.

[Director's report](#)

Research centres survive because of their funding but they live or die on their research output. The CORE researchers study many different topics and publish numerous reports. Most of these make some ripples on the pond of knowledge about the disease of obesity and the health benefits of weight loss. A few reports disappear under the surface with barely a ripple. Occasionally there is a report that creates waves.

In 2006, the report of the randomised controlled trial comparing the outcomes of mild and moderately obese having surgical or non-surgical treatment for their disease (known within CORE as the "BMI 30-35 study") made waves and the effect of this report will continue to be felt for some time to come. In 2007, the "survival study" was the most significant paper produced from the research at CORE. It showed that those who are obese and lose weight have a major survival advantage over those who are obese and do not lose weight. Weight loss saves lives. This message will continue to have impact into the future. In 2008, undoubtedly the "diabetes study" will equal or exceed the impact of these earlier studies. More of that next year. A single paper that makes waves can exceed the value of ten papers that make ripples if the effect is ten times greater, if it makes that much more of a difference.

For research to be worthwhile, it has to make a difference. It only makes a difference when its findings are contributing new knowledge that counts, when others study the report, take in the findings and act on them in their clinical practices or develop new research studies which continue the process of unlocking better understanding that eventually will lead to improved clinical effectiveness. In a world that generates more than 20,000 journals each year, through the pages of which more than 2 million papers are published, it is not easy to be noticed.

The central research aim of CORE is to make a difference. We are committed to a program of research into one of the major health issues of this century. We are privileged to have access to a large group of people who suffer the disease of obesity and are most cooperative in allowing us to study their disease. We are privileged in having available to us a treatment for their disease so that they will predictably lose a substantial amount of weight. They are happy to have us study that process and its effects on their health and quality of life. We are privileged in being able to translate the findings of our research directly or almost directly into practice, whether it be the clinician treating the patient or the health care administrator designing an optimal setting for their care.

The mission of CORE is to understand the disease of obesity and to identify optimal methods for safe, cost-effective, long-term management, along with preventive strategies that can be implemented in the community, leading to improved health.

As CORE has now completed its fourth year of putting this mission into practice, a re-alignment of emphasis is occurring. During the first four years our research focussed on three areas - basic research into obesity and its treatment, the clinical care of the obese and the public health issues relevant to those activities. As we move into our fifth year, modifications to this approach are anticipated. Firstly, CORE will become a part of a new school within Monash University – the School of Public Health and Preventive Medicine. The establishment of this school reflects the outstanding leadership of John McNeil in being able to bring together in one school a broad range of expertise across all aspects of Public Health and its scientific underpinnings. Within this school, CORE will have available a comprehensive array of public health collaborators to optimize the strength and effectiveness of its research and to focus more on those aspects of obesity research where we can make a difference. We plan to

continue with our clinical research studies – these are truly the core of CORE – but will expand the public health aspects to include greater focus on clinical epidemiology, population health and health economics as we feel that our ability to contribute, our ability to make a difference, is greater than in the basic sciences where there are so many groups with expertise and resources greater than ours. Collaboration with these basic science groups will continue and be enhanced for those studies where we can truly add value.

This report reviews the activities of 2007. It shows our current strengths. As we look to the future, we expect that new strengths will arise to complement the existing ones. We are already making a difference. We expect to make even more of a difference.

Research matters

The key research event for the year was the completion and acceptance for publication of the randomised controlled trial of weight loss in the patients with recently diagnosed type 2 diabetes. This is the culmination of 4 years of work involving many of the CORE staff. Given the rapid rise in awareness of both obesity and diabetes, this report is likely to have a major impact. It shows the LAP-BAND to be highly effective. Three of every four in the trial (76% to be exact) were in remission at the completion of the two year follow up period. By remission we mean that the fasting blood sugar was normal, the other blood tests were normal and the person was not taking any tablets or insulin. To be able to take away such a malevolent disease as diabetes in 3 out of every four people is a truly outstanding outcome. With approximately one million people in Australia and 20 million people in the USA with type 2 diabetes, the potential public health benefit that could be derived from substantial weight loss in these people is huge.

In the meantime, a specific additional study of cost-effectiveness of the two treatment arms of the trial is occurring. This study should provide a fairly exact cost for achieving such a positive outcome. Healthcare administrators, insurers and government officials can then make a much more rational decision about allocation of resources. As the American Diabetes Association has estimated that the average cost of care for a type 2 diabetic to be in excess of \$13,000 per year, I believe we will be able to show that taking the disease into remission in 3 out of 4 patients is a very important cost saving exercise.

The “Survival” study is another paper of major importance which has been completed and published during this year. It has proven that substantial weight loss not only improves health and quality of life but also is associated with living longer. In a study of a group of nearly 1000 patients, all of whom were over 37 years of age and had been followed for many years after Lap-Band placement, we showed that, when compared to a group of obese individuals in the community, the LAP BAND patient had their risk of premature death reduced by 72%. This is an outstanding outcome. The study was particularly important as we had used true community controls rather than hospital based controls as in the RYGB studies by other researchers.

Studies of the pressures and motility of the distal oesophagus, the lower oesophageal sphincter and the gastric cardia beneath the band are now a major part of our activities as a young surgeon, Dr Paul Burton, commences studies of these topics for the degree of Doctor of Philosophy. He is supervised and strongly assisted by Wendy Brown and by Dr Geoff Hebbard, a new collaborator from Royal Melbourne Hospital, who is a world leader in video manometry of the oesophagus and the assessment and management of disordered oesophageal motility. These studies are likely to give a major boost to our understanding of mechanism of function of the Lap-Band and the nature of some of the challenges to reasonable eating which these patients may experience.

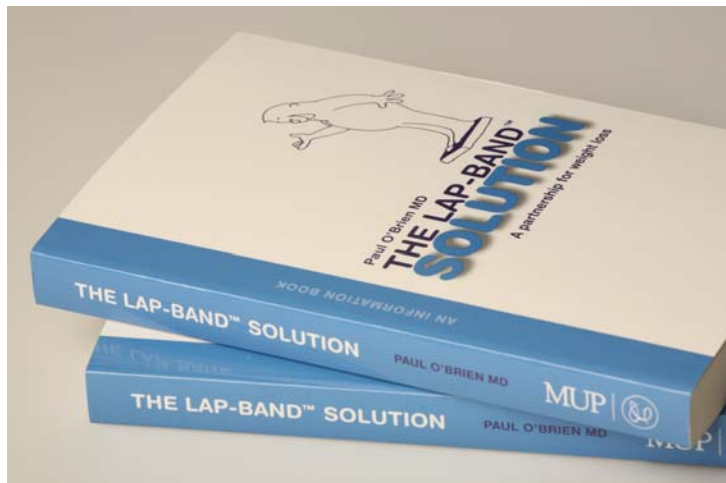
CORE has had 14 publications during 2007, made up of one book, eleven papers in peer-reviewed journals, one book chapter and one invited review.

Teaching and training

The teaching activities of CORE have been primarily directed to health professionals involved in caring for the patients having the Lap-Band procedure. This has been a traditional role for the senior members of CORE since the early 1990s and remains a most important task. During the year there were a total of 66 presentations to national or international meetings and we have contributed to 16 training courses in the various aspects of Lap Band placement and aftercare.

The early part of the year has been a productive period for generating teaching materials for patients, surgeons and supporting staff. A new DVD of the standard technique for Lap-Band placement, using the Lap-Band AP, has been completed as a teaching video for surgeons in Australia and the USA. Additional videos covering all the challenging aspects of LAP-BAND placement and the surgical treatment of the complications have also been completed. A set of 4 DVDs covering all aspects of patient management after Lap-Band placement have been completed. These DVDs provide a comprehensive cover of the aftercare process, including advice regarding eating and exercise, optimal adjustments, coping with the challenges and managing the complications. It ends with a description of the ideal bariatric practice.

A DVD dealing with the impact of Lap-Band placement on obesity in the workplace and the approaches to managing that problem, entitled "Obesity at Work", was prepared from a presentation given to the National Business Group on Health in Washington DC in late 2006. A major educational event has been the publication by Melbourne University Publishing of the patient information book "The LAP-BAND™ Solution: A Partnership for Weight Loss".



This book encapsulates the learning about informing and advising the patient accumulated over 14 years of being associated with the Lap-Band. The book is designed to be a comprehensive source of information. It provides the information that anyone should seek who has the problem of obesity and wondering what to do. It reviews the hazards of obesity and the benefits of weight loss to health, quality of life and survival. It provides a balanced view of the options currently available and it gives detail of what is good and what is bad about the LAP-BAND as an option. It then provides the detail the patient needs to know to be able to fulfill their part of the partnership – how they should eat, what they should eat, what are the bad eating practices, what exercise is needed, how to increase general activity through the day. It tells them about the adjustment process and how they can contribute to the adjustment decision making. It tells them what weight loss to expect and it answers their questions.

The book is rapidly becoming a “bible” for the Lap-Band patient. Already more than 30,000 copies have been distributed. The long term outcome after the Lap-Band is heavily dependent on good eating and exercise practices of the patient. Without the information such as is contained in the book the outcomes will be compromised and the long term growth of the Lap-Band as an effective and durable approach will be reduced.

The various teaching and training contributions of the CORE staff are easily taken for granted as we have now been active in providing teaching and training to surgeons and other health professionals for twelve years and have probably trained more around the world than any other group. We pride ourselves of the quality of these programs, with carefully developed content presented at a high level, accompanied by strong supporting materials, such as DVDs, CDs and books.

Staff Matters

There have been some major shifts in staff over the year.

John Dixon has moved on from CORE. He has been a highly productive member of CORE since it was formed in 2003. He came to us from a primary care background and was a PhD student from 1999, completing his studies in 2001. He has contributed greatly to the growth of activity in CORE in both its research and educational roles. He moved to a period of sabbatical leave to work in the Monash University Department of Primary Care and may take up a more senior position through this department during 2008. We are all delighted that John has been able to achieve this new direction and look forward to watching his research career in obesity and other areas develop further.

Our Strategic Development manager, Sonia Osborne, returned from maternity leave on a part-time basis and focussed on facilitating the growth of CORE. However, by the latter part of the year, she accepted that the combined task of optimizing the growth and development of her brand new twin boys and of CORE was excessive and retired to be a full-time mother.

Freya Troedel worked for most of the year as the Executive Officer on a part-time basis managing CORE’s events, training courses and marketing materials. She also commenced contributing to our research program, assisting Melissa Hayden with the psychological assessment study. She then moved in November to a one year secondment at the Central Administration offices of the University. We look forward to welcoming Freya back in late 2008.

Kristine Egberts has joined CORE from a position at the Australasian Cochrane Centre, as an expert in systematic reviews and will be involved in bringing together the growing mountain of literature in obesity and weight loss.

Kathryn Jones joined us as a full time administrative assistant while she finished her degree in psychology and is now the Office Manager for CORE and also assisting with the psychological assessment study.

Professor Paul O’Brien
Director

Our purpose

The Disease

Obesity and overweight now affects approximately 7 million Australians. More men than women are overweight (67% compared to 52%), however more women than men are obese (22% compared to 18%). It is anticipated that at the current rate of increase, by 2020 75% of the population will be overweight or obese

Obesity is the primary cause, or a major contributor to, a myriad of chronic conditions and diseases including:

- Diabetes
- High blood pressure
- Cardiovascular disease
- Stroke
- Cancer: especially of the colon, pancreas, stomach, breast and endometrium.
- Insulin resistance
- Polycystic ovarian syndrome
- Musculoskeletal problems such as osteoarthritis and back pain
- Stress incontinence
- Depression

According to Access Economics, in 2005 the direct and indirect costs of obesity in Australia amounts to approximately \$3.7 billion.

Our mission and strategy

The Centre for Obesity Research and Education (CORE) was established by Monash University in November 2003 to better understand the disease of obesity, obesity-related diseases and psychosocial conditions, and to identify optimal methods for the safe, cost-effective, long-term management of obesity, coupled with preventive strategies that can be implemented in the community leading to improved health.

CORE is unique in applying a multidisciplinary approach to the study of obesity which integrates a major clinical obesity management program with strengths in clinical research, clinical epidemiology, public health, basic sciences and professional and community education. Through this integration, CORE is able to measure the health consequences of obesity, along with the unique capacity to evaluate the health benefits of weight loss.

Operational overview for 2007

CORE continues to operate within the Monash University's Faculty of Medicine, Nursing and Health Sciences, whilst being administratively based within the Central and Eastern Clinical School, reporting directly to the Head of Department (Professor Napier Thomson). The centre is geographically based at the Monash Medical School at The Alfred Hospital, Melbourne.

The structure of CORE is based on two divisions – a Research Division and an Education Division. Each division is made up of selected programs that are headed by academic leaders in that field.

The Scientific Advisory Board

The centre is further supported by a Scientific Advisory Board which is chaired by the Dean of the Faculty of Medicine and constitutes the CORE Executive team, and several other professionals who work in the area of obesity. The board was established to assist the Director and Executive Board in the development and growth of the Centre.

The board members are as follows:

- Professor Napier Thomson (Chair): Head of the Department of Medicine at Monash University and Head of School for the Central and Eastern Clinical School at Monash University.
- Professor Paul Zimmet (member): Director - International Diabetes Institute. Professor of Biochemistry and Molecular Biology at Monash University.
- Professor Joseph Proietto (member): Professor of Medicine at the University of Melbourne.
- Professor John McNeil (member): Head of the Department of Epidemiology and Preventive Medicine at Monash University.
- Associate Professor Melissa Wake (member): Director of Research and Public Health at the Centre for Community Child Health

The Executive Team

The centre is lead by an Executive Team that integrates the essential scientific disciplines necessary for obesity research and education. The Director (Professor Paul O'Brien) along with each of the Program Heads and the Commercial Manager form the Executive Team.

Professor Paul O'Brien is Director of the Centre for Obesity Research and Education. His areas of expertise include: The morbidity of obesity and the health benefits of weight loss; laparoscopic adjustable gastric banding procedures; treatments for obesity and their relative effectiveness; effects of obesity and weight loss on survival.

Associate Professor John Dixon is Head and of Clinical Studies in the Centre for Obesity Research and Education, and Professorial Associate of Monash University. His areas of expertise include: health changes with weight loss and the problems of obesity-related disorders including; type 2 diabetes, insulin resistance, hypertension, infertility, polycystic ovary syndrome, problems with pregnancy, sleep disturbance, lung function, and asthma; quality of life; depression; body image; nutrition.

Dr Anna Peeters is Head of Public Health Studies in the Centre for Obesity Research and Education, and a VicHealth Research Fellow in the Department of Epidemiology and Preventive Medicine at Monash University. Her areas of expertise are chronic disease, aging and medical demography, with particular focus on the population implications of overweight and cardiovascular disease.

Professor Brian Oldfield is Head of Basic Research in the Centre for Obesity Research and Education, and a Professor of Physiology at Monash University and a NHMRC Principal Research Fellow. His areas of expertise include: the role of the brain in mediating energy balance with a focus on the control of energy expenditure; the use of neurotropic viruses in experimental animals to determine the brain pathways involved in either energy intake or expenditure and the nature of the neurochemicals that mediate either energy intake or expenditure.

Professor Leon Piterman is Head of Professional Education in the Centre for Obesity Research and Education, and the Head of the School of Primary Health Care at Monash University. His areas of

expertise include clinical and educational issues related to general practice. He has special interests in distance learning, cardiovascular disease and mental health.

Sonia Osborne is Commercial Manager in the Centre for Obesity Research and Education Monash University. Sonia has joined CORE after 12 years of marketing management experience in the corporate sector.

CORE Staff

The centre is further supported by a dedicated team of research and administrative staff.

Director

- Paul O'Brien

Strategic Development Manager

- Sonia Osborne

Executive Officer

- Freya Troedel

Office Manager

- Kathryn Jones

Senior Researchers

- Wendy Brown - Bariatric Surgeon
- Melissa Hayden - Research Fellow
- Catherine Keating - Health Economics

Research Assistants

- Cheryl Laurie
- Julie Playfair
- Chris Halket
- Kristine Egberts

Data Managers

- Margaret Anderson - Research Assistant
- Maureen Dixon

Research Dietitians/Exercise Consultants

- Susan Colles - PhD Candidate/Dietician
- Melanie McGrice - Dietician
- Meagan Walker - Dietician

PhD Students

- Susan Colles - Dietician
- Paul Burton - PhD student

Partnerships

A feature of CORE is its extensive collaborative links to experts in several relevant clinical, public health and basic medical science areas across Monash University, across Melbourne and around Australia and overseas. These ensure the optimal quality for our research studies. Establishing and nurturing these partnerships continues to remain a high priority and focus for the centre.

CORE has established formal collaborations with several groups which is most evident with our NHMRC project grants.

CORE is working in collaboration with Professor Susan Sawyer and Dr Friederike Veit from the Centre for Adolescent Health at the Royal Children's Hospital for NHMRC project grant investigating adolescent obesity. CORE is also working in collaboration with A/Prof Matthew Naughton from the Department of Allergy, Immunology and Respiratory Medicine at The Alfred Hospital, Dr Linda Schachter from the Department of Respiratory Medicine at Austin Health, and A/Prof Rob Carter and Dr Marj Moodie from the School of Population Health at the University of Melbourne for NHMRC project grant investigating obesity and obstructive sleep apnoea.

A/Prof John Dixon is also collaborating with A/Prof Flavia Cicuttini from the Department of Epidemiology and Preventive Medicine, Monash University and others on NHMRC project grant for: "The effect of weight loss on the risk of knee osteoarthritis and potential modification by biomechanical factors." A further notable collaboration that was established in 2006 was with the Howard Florey Institute for a research study looking at measuring and investigating satiety using images of the brain.

Collaborative working relationships

Monash University Associates

- Michael Bailey – Statistician – Department of Epidemiology and Preventive Medicine (DEPM)
- Anne Corbould – Endocrinologist – Prince Henry's Institute of Medical Research
- Maximilian De Courten – Clinical Epidemiologist – DEPM
- Andrew Dixon – Satiety – Department of Surgery
- Andrew Forbes – Statistician – DEPM
- Kay Jones – Project Manager – Department of General Practice
- Jayashri Kulkarni – Director: Alfred Psychiatry Research Centre
- Gavin Lambert – Satiety / Brain Imaging – Baker Heart Research Institute
- Sharon Marks – Nutrition – (Consultant Physician) Monash Medical Centre
- John McNeil – Clinical Epidemiologist – DEPM
- Matthew Naughton – Respiratory Physician – Department of Medicine
- Jeffrey Richardson – Health Economics – Monash University
- Boyd Strauss – Nutrition / Body Composition – Monash Medical Centre
- Helena Teede – Endocrinologist – Department of Medicine - Monash Medical Centre
- Ranjana Warrier – Cardiac Studies – Monash University
- Gisela Wilcox – Nutrition / Metabolism – Monash Medical Centre

External Associates

- Peter Angus – Liver studies – University of Melbourne – Austin Hospital
- Prithi Bhathal – Liver Pathology – University of Melbourne
- David Cameron-Smith – Skeletal muscle / Diabetes studies - Deakin University
- Robert Carter – Health Economics – Deakin University
- Marj Moody – Health Economics, Deakin University
- Leon Chapman – Diabetes – International Diabetes Institute
- Peter Clifton – Diet and Nutrition – CSIRO
- Derek Denton – Satiety / Brain Imaging – Howard Florey Institute
- Dawn DeWitt – School of Rural Health – University of Melbourne
- Gary Egan – Satiety / Brain Imaging – Howard Florey Institute

- Michael Farrell – Satiety / Brain Imaging – Howard Florey Institute
- Geoff Hebbard – Reflux studies – Royal Melbourne Hospital
- Rachael Knight – Polycystic ovary syndrome – Obstetrics – Royal Women's Hospital
- Gab Kovacs – Polycystic ovary syndrome – Obstetrics – Box Hill Hospital
- Carel Le Roux – Endocrinologist – Imperial College, London.
- Andrew McAinch - Skeletal muscle / Diabetes studies – Adelaide University
- Paul Marks – Radiological Imaging – Mayne Health Diagnostic Imaging
- Rajesh Nair – Cardiac studies - Baker Heart Research Institute
- Kerin O'Dea – Indigenous Studies – Baker Heart Research Institute
- Elizabeth Powell – Liver studies – University of Queensland – PA Hospital
- Joe Proietto – Diabetes – University of Melbourne
- Jaithri Rajakulendran – Health Economics – Deakin University
- Susan Sawyer – Adolescent Health – Royal Children's Hospital
- Kate Stern – Polycystic ovary syndrome – Obstetrics – Royal Women's Hospital
- John Tiller – Psychiatry, The Albert Road Clinic, University of Melbourne
- John Wentworth – Adipocyte Studies - Walter and Eliza Hall Institute
- Chiew Wong – Cardiac Studies - Baker Heart Research Institute

Centre for Bariatric Surgery

Clinical Associates

- Stewart Skinner – Bariatric Surgeon
- Stephen Blamey – Bariatric Surgeon
- Gary Crosthwaite – Bariatric Surgeon
- Andrew Smith – Bariatric Surgeon
- Linda Schachter – Specialist Physician
- Vikas Wadha - Specialist Physician
- Peter Baquie – Sports Medicine Physician
- Friederike Veit – Adolescent Physician
- Anna Korin – General bariatric physician
- Audrey Kotzander – General bariatric physician
- Kathryn De Garis – General bariatric physician
- Paul McCartney - General bariatric physician
- Caroline Lloyd – General bariatric physician
- Karina Stolyarsky - General bariatric physician
- Samantha Tweedale – Clinical psychologist
- Tony Burn – Anaesthetist
- Jenny Carden – Anaesthetist

Marketing initiatives

Talks at the Table

The “CORE Talks at the Table” was again a large success in 2007 with continued growth in popularity and attendance from a variety of research fields and institutions. “Talks at the Table” invites collaborative partners to join fellow researchers for an evening of short presentations, given by 3 guest speakers, each covering one of the obesity research programs (Basic Research, Clinical Studies or Public Health). The evening is held at a local restaurant and sponsored to include an evening meal and beverages which provide the opportunity to develop greater working relationships and research opportunities.

29 March 2007:

Professor Elizabeth Waters

Chair in Public Health, Deakin University

[“Fun 'n' healthy in Moreland: developing community partnerships for long-term child health, wellbeing and obesity prevention services”](#)

John Wentworth

Senior Postdoctoral Fellow, Autoimmunity and Transplant Division, Walter and Eliza Hall Institute of Medical Research

[“Do macrophages cause insulin resistance”](#)

Ms Susan Colles

Dietician and PhD candidate, Centre for Obesity Research and Education (CORE), Monash University

[“Night eating syndrome and nocturnal snacking: association with obesity, binge eating and psychological distress”](#)

8 May 2007:

Dr Mathew Watt

NHMRC RD Wright Fellow, Head, Molecular and Cell Biology of Lipid Metabolism

[“CNTF targets multiple tissues to reverse obesity and associated disorders”](#)

Associate Professor John Dixon

Clinical Studies Head, Senior Research Officer, Centre for Obesity Research and Education (CORE) at Monash University

[“The effect of Bariatric Surgery on Type-2 Diabetes”](#)

Jane Martin

Senior Policy Advisor, Obesity Policy Coalition

[“Policy and Regulatory Opportunities in Obesity Prevention”](#)

26 July 2007:

Cameron Johnson

Dietician, Austin Health

[“Review of 12 month outcome of a VLED-based protocol for the management of obesity”](#)

Dr Andrea Sanigorski

Manager, Sentinel Site for Obesity Prevention, Research Fellow, School of Exercise and Nutrition Sciences, Deakin University

[“Be Active, Eat Well: A community-based intervention to prevent childhood obesity”](#)

Dr James Armitage

John Shaw Postdoctoral Research Fellow (Awarded by the National Heart Foundation) and Research Fellow, Department of Anatomy and Cell Biology, Monash University

[“The future of obesity and related disease: Should we be looking to the past?”](#)

2 October 2007:

Dr Linda Schacter

Respiratory and Sleep Technician, Centre for Bariatric Surgery

[“Obesity, sleep and the Obesity Hypoventilation Syndrome”](#)

Ms Juliane Kamp

PhD student with Prof Brian Oldfield, Metabolic Neurosciences Group, Physiology Department, Monash University

[“A rodent model of the Adjustable Gastric Band - preliminary studies of underlying mechanisms”](#)

Professor Tien.Y. Wong

Professor & Deputy Chair, Centre for Eye Research Australia, University of Melbourne

[“Obesity and Eye Diseases”](#)

Current Research

Basic Research

Program Head: Professor Brian Oldfield

Areas of Study

- Role of the brain in mediating feeding and body weight
- Control of energy expenditure
- Genes and neurochemicals involved in the mediation of either energy intake or expenditure
- Mechanisms underlying the effectiveness of bariatric surgery - animal models

Key activities in 2006

- Collaboration was established within Monash Faculty of Medicine between the members of Prof Brian Oldfield's Metabolic Neurosciences Group in the Department of Physiology and Prof Paul O'Brien and Associate Professor John Dixon. This collaboration aims to apply basic science approaches to develop an understanding of the mechanisms underlying bariatric surgery using animal models. This project forms the basis of a PhD project undertaken by Ms Juliane Kampe and involves other members of CORE including Miss Wendy Brown.
- CORE supported Juliane Kampe to attend the first workshop on the development of animal models of surgical approaches to weight loss in humans. This meeting was held in Boston and was a satellite of the North American Association for the Study of Obesity.

Clinical Research

Program Head: Associate Professor John Dixon

Areas of Study

- Randomised controlled trials
- Observational studies
- Optimizing therapy
- Measuring outcomes – health, QOL, survival

Key activities during 2006

- The Diabetes RCT was completed during 2006. This has been our most important study conducted over the last 5 years. Obese people who were recently diagnosed with type 2 diabetes were treated by optimal medical therapy with and without substantial weight loss through LAP-BAND placement
- The RCT of adolescent weight loss is now the most important of our ongoing clinical research studies. Recruitment for this study was completed in Nov 2006 and, with a 2 year follow up for all, the study will be complete in late 2008.
- A systematic review of the weight loss in the medium term after bariatric surgery was completed and published. This review provided an important synthesis of an extensive and often misunderstood literature on the relative effectiveness of the different surgical procedures.

Public Health

Program Head: Dr Anna Peeters

Areas of Study

- Population health
- Epidemiology
- Prevention of obesity - primary and secondary
- Health impact of weight loss
- Registries
- Epidemiological modelling
- Cost-effectiveness and health economic studies

Key activities in 2006

- We completed an analysis of the impact of substantial weight loss on survival, in the severely obese, comparing mortality in a group of patients undergoing weight loss surgery with a community sample. We found that weight loss surgery was associated with a substantial reduction in mortality in this group.
- We have established a strong collaboration with members of the University of Melbourne Health Economics group to analyse the cost-effectiveness of weight loss surgery in the obese. Key members of this collaboration are Jaithri Rajakulendran, Dr Marj Moodie and Prof Rob Carter.
- We have established a working group to progress an initiative aimed at establishing a registry for weight loss surgery in Australasia. Key members of this team include A/Prof Max De Courten and Dr Alice Owen, from the Monash University Department of Epidemiology and Preventive Medicine.

The core of CORE: Taking a unique opportunity

CORE has something rather unique, something that is not available to most other research groups studying obesity. It has ready access to a group of people who have the problem of obesity and who will lose a substantial amount of weight. One of our key strengths has been studying the effects of obesity on these people and monitoring the benefits that occur with weight loss.

The secret for achieving this weight loss has been Laparoscopic Adjustable Gastric Banding (LAGB). It is a surgical procedure. There are many ways of achieving weight loss and all of us can lose some weight; some of us can lose a great deal of weight but almost none of us can lose a great deal of weight and keep that weight off for years without a surgical procedure. In the past, surgical procedures have been too invasive, too permanent, too risky, too mutilating, too subject to side-effects to be broadly acceptable. LAGB has changed that. It is safe, effective and gentle. LAGB can achieve substantial weight loss without hurting people and the weight can be kept off without making the patient feel unwell, or different, or unduly limited.

The LAP-BAND[®], the first and most extensively studied laparoscopic adjustable gastric band, is used by the surgeons of the Centre for Bariatric Surgery. It is illustrated in the figures on this page. It consists of a ring of silicone with an inner balloon. It is placed at the very top of the stomach, just below the junction with the oesophagus. By sitting there it creates a sense of satiety, of not being hungry, of not being interested in food or eating. This is the primary effect of the band. Importantly, we can adjust how much effect it has on satiety by adding or removing fluid from the balloon. The balloon is connected to an access port which lies on the muscle layer of the abdominal wall. If we add saline to this port, the band tightens on the stomach and the person feels less interested in food. If we remove fluid, the opposite effect occurs.

The LAP-BAND[®] is placed laparoscopically – key-hole surgery. It can be done as a day procedure but an overnight stay is more common. For the adjustments, we pass a needle through the skin into the access port. The adjustments are a part of a clinical consultation and take just a few minutes to do. With a LAP-BAND[®] in place, we are able to exercise control over appetite with such an easy process. That is also unique.

The LAGB has been the facilitator of the research at CORE. We study the LAGB, for example how it works and its complications.

Furthermore, the sustained weight loss, which is produced by placement of LAGB, enables us to study the effects of this weight loss on the comorbidities of obesity. Not only direct comorbidities, i.e. diabetes and hypertension, but psychological aspects of sustained weight loss, quality of life, the cost-effectiveness of weight loss and most importantly the effect on mortality.

CORE has a close working relationship with the Centre for Bariatric Surgery (CBS). The surgeons of CBS, with the support of a team of health professionals, have now treated over 3,500 patients over the past 12 years. Almost all of these patients have been followed up diligently, their health and quality of life have been monitored and their outcomes stored in an electronic database. The plentiful supply of patients and the availability of a detailed database on individual and group outcomes have enabled the development and completion of numerous studies that would not have been possible in a different setting.

The benefits of weight loss are quite exceptional. There is no other therapy in healthcare today which is as powerful as weight loss. So many diseases that are comorbidities of obesity either go into remission or are much easier to control. All aspects of quality of life are improved and people live longer. At the moment the only path to a substantial and durable weight loss is the surgical path and the LAP-BAND[®] is proving to be the most acceptable of the surgical solutions.

Current research studies

The following are a series of summaries of some of the research studies currently being undertaken by CORE. This overview highlights the most significant studies or groups of studies. A listing of all the individual studies is provided as Appendix 2.

Randomised Controlled Trials (RCTs)

Medical versus Surgical Therapy for Obesity

The primary paper for this study was published last year and the report on changes in body composition has now been published. We are now performing a study of the cost-effectiveness of medical versus surgical therapy. Further we have now completed the follow up at 6 years for the surgical group and a report of the medium term outcomes for this group is to be prepared.

Medical versus Surgical Therapy for the Obese Type 2 Diabetic

The primary report of this study has just been published in JAMA to wide acclaim. We have completed a study of the cost efficacy of the conventional and the surgical arms of the study over the two year period and that report will be completed during the 1st quarter 2008. We are in the process of developing a model of weight loss in diabetes so that the lifetime benefits can be expressed.

Medical versus Surgical Therapy for the Obese Adolescent.

7% of adolescents in Australia are obese. They may suffer serious health problems such as diabetes, hypertension, sleep apnoea and asthma. They may be compromised in their psychosocial and educational development and seriously compromise their futures. This trial commenced in early 2005 to identify the best option for them. Recruitment is complete. The follow up the study participants for 2 years is occurring smoothly and will be completed in October, 2008 and so we hope that the report of the trial will be published in the 1st quarter of 2009

Medical versus Surgical Therapy for Obstructive Sleep Apnoea

Obstructive sleep apnoea is one of the diseases which are linked to the metabolic syndrome. Observational studies suggest that substantial weight loss will cure this problem. This RCT is structured to test that option. Recruitment for this study has commenced and will continue through 2007. All participants will be followed for 2 years. At this moment the recruitment is about 50% complete and full enrolment should be complete by the end of 2008.

Other Randomised Controlled Trials or other Clinical Studies

The RCTs are arguably the most valuable contribution that CORE can make. We are in a somewhat unique position to undertake these trials and they provide best level evidence of effect. However there are limitations on even our ability to study all of the comorbidities of obesity. We are actively considering several RCTs but have not completed the protocols because some constraints have not yet been solved. The studies under active consideration include:

- Comparisons of medical versus surgical therapy for depression;
- RCT of non-alcoholic steatohepatitis;
- RCT – severe asthma – Lap Band versus optimal conventional therapy;
- Case control study – diabetes in indigenous Australians – Lap-Band versus optimal conventional therapy.

Observational Studies of Health Outcomes after Lap-Band® Placement

Long-term Survival after LAP-BAND® Placement

A key aim of treating obesity is to improve survival. In this study the late mortality of 1505 patients after LAP-BAND® placement is compared with a cohort of 2105 obese people drawn from the community in Melbourne who have not had significant weight loss. This paper has now been published and shows that overall there is a very strong survival advantage associated with weight loss.

However it would be helpful to do better subgroup analyses to identify which groups have the most advantage (e.g. male versus female, old versus young, etc). We have had so few deaths in the weight loss group that such analyses are not possible from our data alone. We are therefore joining with others who have also studied this question and hope that by pooling data we will achieve sufficient power to answer additional questions.

[Asthma](#)

Following an earlier study of the effect of LAP-BAND® placement on asthma, this study focuses on the incidence of acute exacerbations of asthma, needing hospital attendance or admission. A consecutive series of 40 moderate or severe asthmatics have been included and each has had clinical review, completion of a questionnaire and respiratory function tests. The study is complete and the manuscript is now complete and will be submitted soon.

[Knee Pain](#)

The weight bearing joints carry an added load in the severely obese and degenerative disease is common. This study involves a clinical and radiological evaluation of the knees of symptomatic patients before, and two years after LAP-BAND® placement. Approximately 60 subjects will be followed. The two year follow-up was completed during October 2007. The X-rays of the knees are now being evaluated blindly and a report of this study should be available during 2008.

[Technical studies of the LAP-BAND®: its mechanisms of action and optimal patient care](#)

We have now embarked on a group of studies characterizing the pressure profiles in the oesophagus, the lower oesophageal sphincter, the area under the band and the stomach beyond in association with study of adjustments of the band, optimal satiety and transit of food and fluid across the region. We are also repeating these groups of studies in the evaluation of patients who have symmetrical pouch dilatations. These studies will provide essential background data on the mechanisms of action of the LAP-BAND and thereby enable optimal planning of patient and health professional advice.

The importance and value of psychological assessment of the suitability of a patient for bariatric surgery has been assumed and is a part of routine assessment. Yet its value and best use has never been demonstrated. In 200 consecutive patients we are undertaking a very detailed psychological assessment, consisting of 18 questionnaires and a semi structured interview. Correlation of these data with outcomes will be sought at 1 and 2 years after Lap Band placement. This study will provide multiple spinoff data on the validity of several psychological instruments in the obese and provide a database for the multiple studies of depression which are in the construction phase.

The Intensive Care study is meshed in among these various studies. We are trying to understand why some patients do not lose enough weight to the point that we regard the exercise as having been a failure – less than 25% of excess weight at three years. The evaluations by video manometry and the psyche assessments will each contribute importantly to this question.

[Studies of Mechanisms of Obesity and its Co-morbidities and Therapies.](#)

[Satiety](#)

The key mechanism of the LAP-BAND® in generating weight loss is the inducement of satiety, the sense of lack of hunger. The pathways through which this is achieved, the time characteristics of the change in satiety with adjustment of the band and the central nervous system sites of action are being investigated by clinical, hormonal studies and by brain MRI during band adjustment.

[Metabolic syndrome, visceral obesity and insulin resistance](#)

We hypothesize that increased release of inflammatory mediators from visceral fat macrophages are a significant part of the pathogenesis of the metabolic syndrome and insulin resistance. Studies of samples of visceral fat, subcutaneous fat and blood are being undertaken to explore this hypothesis using flow cytometry, histology, immunohistochemistry and RNA microarray analysis. A total of 40 subjects will be studied and recruitment for this study is well underway

Androgens, anti-androgens, adipokines and the metabolic syndrome in women

The relationships between insulin signalling, androgens, inflammation and non-alcoholic fatty liver disease (NAFLD) are being studied in samples of liver, blood, visceral fat and subcutaneous fat from obese premenopausal women.

Non-alcoholic steatohepatitis

There has been a sequence of studies characterizing the effects of obesity on NAFLD and NASH and identifying the changes in these effects which occur with weight loss. These studies are continuing with increasing focus on the aetiology of the inflammatory and fibrotic changes and their relationship to visceral adipose tissue and its release of inflammatory mediators.

Cost Effectiveness Evaluations

The identification and characterization of safe and effective treatments are no longer sufficient. We must also evaluate the cost of the different options. The randomised controlled trials each have involved the collection of cost data and the cost-effectiveness of the two options for the general obese population (BMI 30-35 study), for diabetics and for adolescents is being measured. A detailed cost analysis has been built into the OSA RCT to enable a higher level of measure of cost-effectiveness for this study.

The Research Division of CORE functions in accordance with three principal areas of study: Basic Research, Clinical Studies and Public Health.

Research Funding

No Margin - No Mission. Without adequate funding we cannot function. Fortunately funding has not been a problem to date and our current level of funding is sufficient for us to complete our current program of research with security of funding until the end of 2009 at this stage.

Our principal supporter has been Allergan Health who have generously funded our studies through a series of unrestricted grants over the past four years. During 2006 we signed a new contract with Inamed to provide funding until mid 2009. The Inamed Corporation was purchased by Allergan during 2006 and we look forward to developing a similar strong relationship with the new owners through the period of the contract.

In establishing ourselves as an academic research institute, gaining the formalised support and funding of the NHMRC has been at the forefront of our priorities and focus.

In 2005, CORE was awarded its first NHMRC project grant for: "A randomised control trial of medical treatment versus the placement of the LAP-BAND® in severely obese adolescents". The \$473,100 funding for the grant runs for the period of 2006–2008.

Adolescent Obesity is a very important area of study for CORE. The study is assessing treatments for obese adolescents aged 14 to 18, and has already revealed disturbing levels of associated health problems including high blood pressure, abnormal liver tests and a greater tendency towards diabetes, in people as young as 14.

The study aims to assess the best treatment options for young people who are in the highest one to two per cent weight range for their age and who have made serious attempts at losing weight. Adolescents taking part in the study have been divided into two groups; group 1 have LAP-BAND® surgery combined with improved diet and exercise; and group 2 follow an intensive behavioural program with regular visits to a dietician and physician for tips on improved eating and physical activity habits. The study will follow participants for two years to assess the long-term impact of the treatments. In 2006, CORE was awarded a second NHMRC project grant for: "A randomised controlled trial of the effect of substantial weight loss on obstructive sleep apnoea. The funding is for \$387,475 over a 3 year period (2007 - 2009). Obstructive sleep apnoea is now commonly recognized as a major health problem and frequently occurs in overweight or obese individuals. Modern obesity surgery is the only reliable method of achieving and sustaining major weight loss in very obese individuals, and several studies have found that along with weight loss there are major improvements in sleep symptoms, and sleep apnoea following weight loss surgery. Despite these findings surgery is rarely advised and has never been formally tested as a therapy for sleep apnoea.

We propose to formally test, for the first time, the effectiveness of weight loss surgery, as an addition to best conventional therapy, in those individuals with the combination of problems; obesity and significant sleep apnoea. Further, that significant weight loss, following surgery, may indeed be the best therapy for those with these combined problems, and that weight loss may have additional benefits for other common problems related to obesity, including high blood pressure, poor body image and impaired quality of life.

Sixty appropriate patients who suffer these combined problems will be randomly allocated to either conventional therapy for their sleep apnoea and weight problems or to a similar program that includes placement of a Lap-Band, a minimally invasive form of obesity surgery. We will follow the patients for 2-years and serially measure a broad range of health and quality of life outcomes and compare the effects of each program.

CORE was also awarded an equipment grant by L.E.W Carty Charitable Fund in December 2006 for the purchase of a NuAire -86°C freezer for use on the research project: "Dietary fat intake and body composition: relationship to tissue inflammation and non-alcoholic fatty liver disease (NAFLD). Additional funds have been provided during 2006 and for 2007 from Applied Medical, Johnson and Johnson, sanofi-aventis Group, Novartis and Stryker Corporation.

Research Publications

Published:

Leptin stimulation of COXIV is impaired in obese skeletal muscle myotubes
McAinch AJ, Steinberg GR, Mollica J, O'Brien PE, Dixon JB, Kemp BE and Cameron-Smith D.
Obesity Research and Clinical Practice, 2007: 1(1): 53-60.

Single frequency bioelectrical impedance is a poor method for determining fat mass in moderately obese women
Veronica P. Alvarez, John B Dixon, Boyd JG Strauss, Cheryl P Laurie, Timothy B Chaston and Paul E O'Brien
Obesity Surgery, 2007: 16: 1-11.

Surgical Treatment for Obesity and Its Impact on Non-alcoholic Steatohepatitis.
Dixon JB.
Clinical Liver Diseases. Feb 2007; 11(1):141-154.

LAP-BAND – Technique of Placement
Paul E O'Brien Chapter 88, pg 990 - 94
In: Mastery of Surgery, Edited by Josef E Fisher, Quark Books, 2007

The Lap-Band AP™ system: The platform advances
Paul E O'Brien
Bariatric Times, June 2007, Volume 4(5): 8-11

Smaller hip circumference is associated with Dyslipidemia and the Metabolic Syndrome in obese women
John B Dixon, Boyd J G Strauss, Cheryl Laurie, and Paul E O'Brien
Obesity Surgery, 2007, 17: 770 -777

Family history of coronary heart disease is associated with a higher incidence of Non-alcoholic Fatty Liver Disease: Central obesity the likely link
Zhang L, Pu K, Chai Z and Dixon JB
Obesity Research and Clinical Practice, 2007(1): 125-131.

Eating behaviour as a prognostic factor for weight loss after gastric bypass.
Sallet PC, Sallet JA, Dixon JB, Collis E, Pisani CE, Levy A, Bonaldi FL and Cordas TA.
Obesity Surgery 2007;17:445-51.

Changes in body composition with weight loss: Obese subjects randomised to surgical and medical programs
Dixon JB, Strauss BJG, Laurie, C and O'Brien PE
Obesity, 2007, 15(5): 1187-1198

Changes in fat-free mass during significant weight loss: A systematic review
Chaston T, Dixon JB and O'Brien PE
International Journal of Obesity, 2007, Volume 31(5): 743-470

Substantial intentional weight loss and mortality in the severely obese
Peeters A, O'Brien PE, Dixon JB, Laurie CP, English D and Flum D
Annals of Surgery, 2007 (advance online publication)

Night eating syndrome and nocturnal snacking: association with obesity, binge eating and psychological distress
Colles S, Dixon JB, O'Brien PE
International Journal of Obesity, 2007 (advance online publication)

Daytime sleepiness in the obese: not as simple as obstructive sleep apnoea.
Dixon JB, Dixon ME, Anderson ML, Schachter L, and O'Brien P E.
Obesity (Silver Spring). Oct 2007;15(10):2504-2511.

[Book:](#)

The LAP-BAND Solution: A Partnership for Weight Loss.
Paul O'Brien, Melbourne University Publishing, 2007

[In Press:](#)

Adjustable gastric band and conventional therapy for type 2 diabetes
Dixon JB, O'Brien PE, Playfair J, Chapman L, Schachter LM, Skinner S, Proietto J, Bailey M, and
Anderson M.
JAMA - In Press

Loss of control is central to psychological disturbance associated with binge eating disorder.
Colles S, Dixon J, and O'Brien P.
Obesity - In Press.

Hunger control and regular physical activity facilitate weight loss after laparoscopic adjustable gastric
banding.
Colles S, Dixon J, and O'Brien P.
Obesity Surgery - In Press

Grazing and feelings of loss of control over eating: two high risk factors following bariatric surgery.
Colles S, Dixon J, and O'Brien P.
Obesity - In Press

Factors associated with percent change in visceral versus subcutaneous abdominal fat during weight
loss: Findings from a systematic review.
Chaston TB and Dixon JB.
International Journal of Obesity (London) - In Press

The Divisions: The Education Division

The development of the Education Division continues to be a key priority.

Program Head: Professor Leon Piterman

Areas of Study:

1. Medical and Allied Health Professional Education
 - Conducting technical training programs globally
 - Conducting educational courses globally
 - Designing educational courses for implementation globally by third parties
2. Academic/Professional Community Education
 - “CORE Talks at the Table”
 - “Bariatric Grand Rounds”

CORE Education Division Focus

CORE continues to work towards addressing the gaps in obesity education, for both professionals and the community, that are significantly impacting upon the obesity epidemic. CORE has continued to provide training courses, clinical and research fellowships and our 'Talks at the Table' initiative to educate the professional community.

Key Activities for 2006:

- CORE has continued to develop a partnership with the Federal Department of Health and Ageing with the ultimate aim of the recognition of obesity as a disease. Our staff have attended several meetings and Government Forums to discuss the issue and highlight this need.
- CORE, in collaboration with the Monash University Department of General Practice has been developing a collaborative project to work with general practitioners and their primary care teams to improve the detection, assessment and treatment of obesity. It was recognised that there are a number of modifiable risk factors involving family practices and behaviours, nutrition and diet, physical activity, sedentary behaviours and the environment, that are associated with the development and maintenance of childhood obesity. The community must act, and general practice and primary care can play an integral role in identifying, assessing and treating childhood obesity. Therefore, the aim of this project is to work with general practitioners and their primary care teams to improve the detection, assessment and treatment of obesity. The project will use established obesity management guidelines and an expert reference panel with skills in obesity, population health, primary care obesity management and primary care education to develop and evaluate a new program. This innovative program will be compared with a traditional general practice up skilling program to determine its effectiveness in engaging general practice and improving the detection, assessment and management of obesity in children.
- CORE continues to provide quality information about the problem of obesity, and the options for treatment, available to the general community. Our staff have continued to provide a source of scientifically based information and advice to the community by providing numerous interviews, reports and articles to the general media. Furthermore we have provided information and advice on matters relating to obesity, its prevention and treatment to relevant government departments and statutory bodies.

Our ability to proceed with further work in this area continues to be determined by the availability of resources and collaborations.

In summary, CORE continues to work towards addressing the broad aims of:

- Significantly improving the treatment and outcomes of obese individuals
- Reducing the social and economic impact of obesity and its related co-morbidities
- Working towards the recognition of obesity as a disease

National and International Training Courses

The courses

Training of health and medical professionals at both national and international levels continues to be high priority and responsibility for CORE. Professor Paul O'Brien and Associate Professor John Dixon represent CORE in running training programs that broaden the professional community's knowledge base regarding best care and treatment of the bariatric patient.

CORE runs three types of training courses:

Basic Course in Laparoscopic Adjustable Gastric Banding (2 Days)

Aim: To provide the laparoscopically skilled surgeon with the knowledge and resources needed to establish a safe and effective bariatric practice utilizing the Lap-Band® procedure as the primary approach.

Target: Surgeons – general, or with a special interest in upper gastrointestinal or endocrine surgery.

Advanced Course in Laparoscopic Adjustable Gastric Banding (2 Days)

Aim: To provide the surgeon who has preliminary experience with Lap-Band® placement and care of the Lap-Band® patient with new information on techniques, prevention and treatment of complications, recent published outcome data and detail on management of the challenges presented by these patients.

Target: Surgeons in bariatric surgical practice utilizing the Lap-Band® procedure.

Lap-Band®: Patient Management Workshop – Training for Health Professionals (1 Day)

Aim: To provide a comprehensive base of knowledge and techniques for those health professionals, other than surgeons, who are involved in the care of the bariatric patient.

Target: Bariatric physicians, General physicians, Dieticians, Registered nurses, all other health professionals involved in bariatric patient care.

2007 activities

Over 2007, CORE conducted the following training programs:

March: LAP-BAND®: Patient Management Workshop. London, UK.

Course Director – John Dixon

March: LAP-BAND®: Patient Management Workshop. Birmingham, UK.

Course Director – John Dixon

April 14th: LAP-BAND®: Patient Management Workshop. Brisbane, Australia.

Course Director – John Dixon

April 28th: LAP-BAND®: Patient Management Workshop. Chicago, IL, USA.

Course Director – John Dixon

April 27th to 28th: LAP-BAND®: Basic Training Workshop. Chicago, IL, USA.

Faculty: John Dixon

April 30th: LAP-BAND®: Patient Management Workshop. Montreal, Canada.

Course Director – John Dixon

June 7th: LAP-BAND®: Patient Management Workshop. Sydney, Australia.

Course Director – John Dixon

June 9th to 10th: LAP-BAND®: Basic Training Workshop. Santiago, CA, USA.

Faculty: Paul O'Brien, John Dixon

June 10th: LAP-BAND®: Patient Management Workshop. Santiago, CA, USA.

Course Director – John Dixon

July 20th to 21st: LAP-BAND®: Advanced Training Workshop. Melbourne, Australia.

Course Director: Paul O'Brien

Faculty: Wendy Brown, John Dixon, Linda Schachter, Tony Burn, Paul Burton and Samantha Tweedale

July 27th to 28th: LAP-BAND®: Basic Training Workshop. Auckland, New Zealand.

Faculty: John Dixon

August 23rd: LAP-BAND®: Patient Management Workshop. Melbourne, Australia.

Course Director: John Dixon

August 24th: LAP-BAND®: Patient Management Workshop. Dallas, Texas.

Course Director: Paul O'Brien

August 29th: LAP-BAND®: GP Information Night. Bowral, NSW, Australia.

Course Director: John Dixon

October 5th: Patient Management Workshop. Chicago, USA.

Course Director: John Dixon

October 19th to 20th: LAP-BAND®: Basic Training Workshop. Melbourne,

Course Director: Paul O'Brien

Faculty: Wendy Brown, Paul Burton and Sonia Osborne

National and International Presentations

Professor Paul O'Brien

Allergan National Sales Meeting
Hollywood CA, USA. January 24th
"The LAP-BAND® AP system – Outcomes to Date"

The 7th Annual Minimally Invasive Surgical Symposium.
Snowbird, Utah, USA. February 19th - 24th.
"Survival benefits of gastric banding."
"Reoperation techniques – gastric banding"
"New LAP-BANDs in the USA"

Royal Australian College of Physicians Symposium. Affluenza: The epidemic of 'diabesity'. Melbourne, Australia. May 8th
"Bariatric Surgery: outcomes and comparisons with other anti-obesity treatment"

The Obesity Alliance Group at University of Texas South Western Medical Centre
Texas, USA. May 10th
"Diabetes and weight loss: An approach to a solution"

Department of Surgery at University of Texas South Western Medical Centre. Texas, USA. May 16th
"Lap-Band outcomes: effects on health and survival"

Central Bayside General Practice Association. Melbourne, Australia. May 1st
"Obesity, Weight Loss and the Lap Band"

Allergan Health. Irvine, CA, USA. May 18th
"The obesity epidemic in USA: The Lap Band solution"

Department of Surgery at University of Texas South Western Medical Centre. Texas, USA. May 16th
"Lap-Band outcomes: effects on health and survival"

Allergan Lap-Band Adjustable Gastric Banding Workshop. Santiago, CA, USA. June 10th
"Lap-Band outcomes: effects on health and quality of life"
"Lap-Band AP system: the current experience"
"Managing the data: tracking the patients"
"Lap-band outcomes: effects on survival"

Allergan AP Band Launch. Santiago, CA, USA. June 14th
"Lap-Band AP system: the Australian experience"

Allergan Health Booth presentation. Santiago, CA, USA. June 14th - 15th
"The Lap-Band^{AP} : The Australian experience"

Australian Medical Aid Foundation Symposium on Morbid Obesity and the Metabolic Syndrome.
Melbourne, Australia. August 11th
"Morbid Obesity: Is surgery the answer"

Primary Care Physicians Obesity Symposium. Dallas, Texas, USA. August 22nd
"Morbid obesity, weight loss and the effectiveness of Lap-Band placement"

Charing Cross Hospital, London, UK.. September 26th
"Diabetes, the Metabolic Syndrome and the Lap-Band system"

International Federation for the Surgery of Obesity (IFSO) International Symposium. Porto, Portugal. September 5th – 8th
Symposium: Surgical Treatment and the Metabolic Syndrome
“Gastric banding and the Metabolic Syndrome”

Obesity Surgery Society of Australia and New Zealand (OSSANZ) Annual Scientific Meeting, Bunker Bay WA, 14th-16th November
“Failure after gastric banding”
“Bariatric surgery and survival: Does weight loss save lives?”

New Zealand Society of Gastroenterology Christchurch NZ 21st – 23rd November
“Obesity, weight loss and gastrointestinal disease”
“Outcomes after surgery for obesity”

[Associate Professor John Dixon](#)

The 7th Annual Minimally Invasive Surgery Symposium
Snowbird, Utah, USA. February 19th – 24th
Course Co-Director
“Morbid Obesity Surgery”

Diabetes Surgery Summit
Rome, ITALY. March 29th – 31st.
“Effect of laparoscopic adjustable gastric banding on T2DM: Summary of clinical studies and RCTs”
“LAGB vs conventional medical treatment: a RCT”
“Current and future clinical trials – Panel Discussion”

Royal Australian College of Surgeons
Melbourne, Australia. March 17th
Invited presentation

Lap Band in Lap Land
Rovaniemi, Finland, March
Invited Presentations

General Practice Continuing Education Meeting. Sydney, Australia. April 19th
Invited Presentation
“Use of Very Low Calorie Diet in General Practice”

Surgeons Expert Round Table Discussion. Montreal, Canada. April 29th
Chair: John Dixon

Stockholm Obesity Days. Stockholm, Sweden. May 3rd – 5th
Invited International Guest
“Australian experience with Laparoscopic Adjustable Gastric Banding”
Conference keynote address: Metabolic Syndrome

Royal Australian College of Surgeons. Christchurch, New Zealand. May 7th – 11th
Invited presentations:
“Bariatric Surgery: How does it work and where are we going?”
“Bariatric Surgery: Is there a place for treating adolescents?”

Bariatric Surgical CME Symposium. University of Pittsburg. Pittsburg, PA, USA. June 12th
Invited Presentations
“The key to surgical success – resolving comorbidities”

American Society of Bariatric Surgery (ASBS) Annual Meeting. San Diego, CA, USA. June 11th – 16th
Invited Presentations: Primary Clinicians Tract
“Band adjustments: how, when, where and why”
“Laparoscopic Adjustable Gastric Banding complications”

American Diabetes Association (ADA) Annual Meeting. Chicago, IL, USA. June 22nd – 26th
Poster Presentation
“Randomized trial of surgically induced weight loss for obese subjects with Type 2 Diabetes”

Severe Obesity: Critical strategies for cutting comorbidity CME Symposium. University of Pittsburg.
Pittsburg, PA, USA. June 25th
“The critical role of after care: A collaborative effort”

Talks at the Table. Melbourne, Australia. May 8th
“The effect of bariatric surgery on Type 2 Diabetes”

General Practice Continuing Education Forum. Sydney, Australia. August 11th
Invited Presentation
“Obesity – role of short term dietary treatments”

Australasian Society for the Study of Obesity (ASSO) Annual Scientific Meeting. Canberra, Australia.
August 31st – September 2nd
Oral Presentation:
“Surgically induced loss of weight for management of type-2 diabetes: Randomised Trial”
“Symptoms of depression are associated with high CRP concentrations in obese subjects”
“Delayed introduction of solid feeding reduces child overweight and obesity at 10 years” (for Kelly Seach)
“A systematic review of the percentage change in visceral versus subcutaneous abdominal fat during weight loss”

Metabolic Surgery for Diabetes and Morbid Obesity Workshop. Porto, Portugal. September 4th
Invited Presentation
“The effect of weight loss on diabetes - LAGB”

International Federation for the Surgery of Obesity (IFSO) International Symposium. Porto, Portugal.
September 5th – 8th
Invited Presentations: Allied Health Course Lectures
“Weight loss and type 2 diabetes”
“Centres of excellence”

American Academy of Family Physicians meeting – Chicago, 4th October
The management of severe obesity – “Durable weight loss the need for a collaborative effort”.
(University of Pittsburg CME activity).

NAASO meeting – New Orleans, 21st-24th November
Which intervention for which patient? (University of Pittsburg CME activity)
“Durable weight loss the need for a collaborative effort”.

OSSANZ meeting, Bunker Bay WA, 14th-16th November
"The Metabolic Syndrome, How does fat cause the metabolic syndrome?"
"Depression is independently associated with raised CRP levels in severely obese patients"
"Type 2 Diabetes RCT, Lap-Band vs. Conventional Therapy"

Total Care Meeting – Huntington Beach Ca, 17th-18th November
"Lap-Band System adjustments"

WebED – USA, 20th November
"Bariatric Advantage: Nutrition – Severe Obesity and Bariatric Surgery"

WebED - USA, 13th December
"Bariatric Advantage: Pregnancy following Bariatric Surgery"

[Ms Susan Colles](#)

Talks at the Table.

Melbourne, Australia. March 29th

"Night eating syndrome and nocturnal snacking: association with obesity, binge eating and psychological distress. "

The 15th European Congress on Obesity. Budapest, Hungary. April 22nd – 25th

Poster presentations:

"Rapid weight loss and NASH: Changes in liver histology in high risk individuals"

"Binge eating and binge eating disorder: Measures of psychological distress are graded according to binge volume and loss of eating control, but not binge frequency"

Australasian Society for the Study of Obesity (ASSO) Annual Scientific Meeting. Canberra, Australia. August 31st – September 2nd

Poster presentations:

"Grazing and feelings of loss of control over eating: two high risk factors following bariatric surgery"

"Loss of control is central to psychological disturbance associated with binge eating disorder"

"Subjective hunger and leisure time physical activity predict weight loss 12 months after LAGB"

NAASO: The Obesity Society Annual Scientific Meeting, New Orleans, October.

Poster Presentations:

"Loss of control is central to psychological disturbance associated with binge eating disorder"

"Subjective hunger and leisure time physical activity predict weight loss 12 months after laparoscopic adjustable gastric banding"

"Grazing and feelings of loss of control over eating: two high risk factors following bariatric surgery"

21st Annual Scientific Meeting of the Obesity Surgery Society of Australia and NZ, Margaret River, November.

"Variations in adopted behaviours affect energy balance & weight loss success"

"Disordered" and "non-normative" eating and bariatric surgery: which behaviours are high risk?"

Contact us

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