Boston Scientific

Study Shows Endoscopic Duodenal Stenting Is Associated With Lower Costs and Shorter Hospital Stays Compared To Surgery for Relief of Malignant Gastric Outlet Obstruction

NATICK, Mass. and NEW ORLEANS, May 4 /PRNewswire-FirstCall/ -- Boston Scientific Corporation (NYSE: BSX) today announced results from a study demonstrating that endoscopic duodenal stenting is associated with lower costs and shorter hospital stays than surgical gastrojejunostomy (GJ) for the relief of malignant gastric outlet obstruction. Results of the study were presented at Digestive Disease Week® (DDW®) by Shyam Varadarajulu, M.D., Associate Professor of Medicine, Division of Gastroenterology & Hepatology, University of Alabama at Birmingham School of Medicine.

Endoscopic stenting is increasingly performed for the relief of malignant gastric outlet obstruction -- a late complication of duodenal, pancreatic, gallbladder, biliary tract and small intestine cancers. An analysis of the Medicare database was conducted to identify hospitalizations for endoscopic stenting and surgical GJ for malignant gastric outlet obstruction between 2006 and 2008. The database included 423 endoscopic stenting and 352 surgical GJ hospitalizations that met the study inclusion criteria. Results showed that the median cost per hospitalization ($15,279 vs. $27,790, $p<0.0001$) and the median length of hospital stay (LOS) (8 vs. 16 days, $p<0.0001$) were significantly less for endoscopic stenting than surgical GJ. In addition, endoscopic stenting was more commonly performed at urban vs. rural, and teaching vs. non-teaching, hospitals.

The study also evaluated clinical outcomes for 29 patients who underwent endoscopic stenting and 75 patients who underwent surgical GJ at the University of Alabama at Birmingham Hospital, and compared rates of technical and treatment success, post-procedure LOS and delayed complications. While both treatment methods were technically successful and relieved malignant gastric outlet obstruction, the median post-procedure LOS was significantly shorter for endoscopic stenting than surgical GJ (1.5 vs. 10.7 days, $p<0.0001$). There was no difference in rates of delayed complications.

"While the technical and clinical outcomes may be similar with the two methods of managing malignant gastric outlet obstruction, these results clearly demonstrate there are significant implications for patient care and resource utilization," said Dr. Varadarajulu. "In addition, it is important that endoscopic stenting extend beyond teaching hospitals located in urban areas."

Boston Scientific's WallFlex® Duodenal Stent was used in many of the stenting patients in the study. It is a large diameter, radiopaque, flexible, self-expanding metal stent designed to help maintain luminal patency in patients with gastroduodenal obstructions. The stent has looped ends and incorporates a flared design intended to reduce the risk of migration. The low profile, reconstrainable delivery system features a tapered tip to support access and radiopaque markers to aid in placement accuracy.

"Palliation of symptoms is the primary treatment goal for patients suffering from malignant gastric outlet obstruction, and this study shows that stenting provides a less-invasive treatment option that is as effective as surgery but offers lower hospital costs and shorter hospital stays," said Michael Phalen, Senior Vice President and President of Boston Scientific's Endoscopy Division. "Boston Scientific is committed to endoscopic stent innovation that supports improved patient outcomes and reduced health care costs. The WallFlex Duodenal Stent reflects this commitment by providing advanced features that enhance stent deliverability, deployment and luminal patency."

The WallFlex Duodenal Stent will be available for demonstration at DDW in Boston Scientific's booth (#935) and in its Simulated Clinical Endoscopy Suites.

About Digestive Disease Week

DDW is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery. Jointly sponsored by the American Association for the Study of Liver Diseases, the American Gastroenterological Association Institute, the American Society for Gastrointestinal Endoscopy and the Society for Surgery of the Alimentary Tract, DDW takes place May 1 – 5, at the Ernest N. Morial Convention Center, New Orleans. The meeting showcases approximately 5,000 abstracts and hundreds of lectures on the latest advances in gastrointestinal research, medicine and technology. For more information, please visit: www.ddw.org.

About Boston Scientific

Boston Scientific is a worldwide developer, manufacturer and marketer of medical devices whose products are used in a broad range of interventional medical specialties. For more information, please visit: www.bostonscientific.com.

About Boston Scientific's Endoscopy Division

Boston Scientific's Endoscopy Division develops innovative technologies for less invasive, more efficient gastrointestinal procedures.

Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. These forward-looking statements include, among other things our clinical trials, regulatory approvals, competitive offerings and product performance. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have affected and in the future (together with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this press release. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements.

Factors that may cause such differences include, among other things: future economic, competitive, reimbursement and regulatory conditions; new product introductions; demographic trends; intellectual property; litigation; financial market conditions; and future business decisions made by us and our competitors. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A – Risk Factors in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – Risk Factors in Quarterly Reports on Form 10-Q we have filed or will file hereafter. We disclaim any intention or obligation to publicly update or revise any forward-looking statements to reflect any change in our expectations or in events, conditions, or circumstances on which those expectations may be based, or that may affect the likelihood that actual results will differ from those contained in the forward-looking statements. This cautionary statement is applicable to all forward-looking statements contained in this document.

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