

ENDO CINCH™ SUTURING SYSTEM FOUND EFFECTIVE FOR AT LEAST 24 MONTHS

Gastroesophageal Reflux Disease (GERD) patients who underwent a minimally invasive procedure using the EndoCinch™ Suturing System significantly reduced their symptoms of heartburn and regurgitation, dependence on medications and money spent on medications to help them get symptom relief for at least two years, according to the first long-term outcomes study of endoscopic gastroplication patients released today



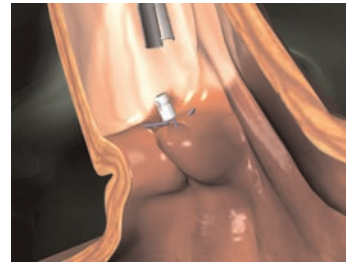
EndoCinch™ Suturing System

“Long-term Outcomes of Endoluminal Gastroplication: A U.S. Multi-Center Trial,” was published in the May 2005 edition of *Gastrointestinal Endoscopy*. The Bard supported study was conducted on more than 80 patients and measured heartburn frequency and severity, incidence of regurgitation, and level of medication use at 12 and 24 months post-procedure. The study showed a reduction in median medication costs of 88 percent at two

years. In addition, the study showed that at 12 and 24 months: 70 percent and 66 percent of patients, respectively, had no or minimal regurgitation 50 and 43 percent, respectively, had no or minimal heartburn 73 and 69 percent, respectively, had either stopped taking their GERD medications (proton pump inhibitors) or had reduced them by at least half.

“This study reveals that endoscopic gastroplication is safe and effective and reduces symptoms of severe heartburn for at least two years,” said Yang K. Chen, MD, the study’s lead investigator. “This procedure is a less invasive, less expensive, and less risky procedure than the traditional alternative.”

Research shows that as many as 44 percent of Americans experience heartburn at least once per month, 20 percent once per week. GERD is the most common esophageal disorder and one of the costliest digestive disorders. In 1998, the cost of drugs to treat GERD surpassed \$9 billion, and accounted for more than 60 percent of all direct costs for GERD in the US.



Created Plication

Until the late 1990s, the only non-pharmacologic treatment for GERD was fundoplication, an open or laparoscopic surgical treatment. In this procedure, surgeons wrap and sew the part of the stom-

ach closest to the esophagus around the lower end of the esophagus, including the esophageal sphincter which, because it is not working properly, allows the stomach acid to flow back up the esophagus. Few patients choose this procedure because of its associated risks.

The EndoCinch™ Suturing System provides patients a minimally invasive option. It is a suturing device that is passed down the throat through a flexible endoscope. There, it places stitches just below the esophagus to create a pleat, which helps prevent acid from flowing from the stomach back up the esophagus. The procedure is normally performed in one hour or less. It only requires moderate sedation in most patients and does not limit further treatment options.

The long-term multi-center study included patients with such difficult-to-treat conditions as hiatal hernia and esophagitis, who were excluded from studies of some competing minimally invasive procedures. These patients, however, are more typical among the patient population that suffers from GERD.

C. R. Bard, Inc., (NYSE:BCR) (www.crbard.com) headquartered in Murray Hill, N.J., is a leading multi-national developer, manufacturer and marketer of healthcare products in the fields of vascular, urology, oncology and surgical specialty products.



For more information on “Long-term Outcomes of Endoluminal Gastroplication: A U.S. Multi-Center Trial,” or the EndoCinch Suturing System, visit www.endocinch.com.