



# University of Pittsburgh

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Dear BARI 2D Participant,

It is hard to believe that BARI 2D has been completed and we are beginning to see the results of the study. We are pleased to have the opportunity to provide you with our perspective on the outcomes of the trial. These results were presented at the annual meeting of the American Diabetes Association on June 7th to great interest. You may have seen reports about BARI 2D on the news or in newspapers.

When you first entered BARI 2D, your doctor decided whether it was better for you to have coronary artery bypass surgery or angioplasty (which opens blocked arteries by inserting metal stents or balloons through the arteries), based on your level of heart disease and your individual situation. Each of the 2368 people in BARI 2D had heart disease that could be treated with medical therapy at the beginning of the study. 763 were in the bypass surgery group and were randomly assigned to bypass surgery or medical therapy; 1065 were in the angioplasty group and were randomly assigned to angioplasty or medical therapy. To control your diabetes, you were also randomly assigned to receive insulin and/or drugs that stimulate the pancreas to provide insulin (insulin providing), or to receive drugs that make insulin work better by reducing insulin resistance (insulin sensitizing).

Here are our main findings:

- 1) Among those patients selected for the bypass surgery group, bypass surgery was better than medical therapy at reducing the chance of suffering a heart attack, stroke or death. This is the first time that bypass surgery has been shown to cut down on future heart attacks.
- 2) This benefit of bypass surgery was even greater for those randomly assigned to control their blood sugars with metformin or rosiglitazone (Avandia) or both. Also,

we found no evidence of bad effects of rosiglitazone on patients' health but note that patients were followed very closely so changes in the drugs could be made quickly, if needed.

- 3) Among those in the angioplasty group, no heart disease benefit was seen from inserting stents into the obstructed coronary arteries compared to starting with medical therapy alone.
- 4) The two methods of treating diabetes, providing insulin or making insulin work better, were equally beneficial.

These findings are just the first from BARI 2D. In the future, we will look more closely at other information we collected and will have other results. If you are interested in reading more about BARI 2D, check the web site (listed below). If you would like to discuss how these results may impact your individual situation, contact your BARI 2D physician or nurse clinician or take this letter to your current doctor.

We want you to know that your willingness to become a part of BARI 2D is appreciated and admired as it reflects a commitment to help the process of improving medical care. Your service will be helpful to the future management of millions of people with type 2 diabetes and heart disease.

Moreover, because we now have so much valuable information about your health status, it will be of further benefit to health science if we can contact you once a year as part of the BARI 2D POST to learn how your health is in the future. Some still unrecognized effects of your BARI 2D treatments may emerge in the next few years and these will be important to discover. We have reached one milestone in BARI 2D but our research journey together is not over.

All the BARI 2D investigators and staff, along with our sponsors at the National Heart Lung and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases, join together in thanking you for what you have done for diabetes and cardiovascular health worldwide. You should be very proud of your BARI 2D participation. We wish you health and happiness in the coming years.

BARI 2D Study Leadership

**For more information:**

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