



# IFSO

**MELBOURNE 2024**

XXVII IFSO World Congress  
Melbourne Convention and Exhibition Centre  
3 - 6 September 2024



INTEGRATE  
YOUR...



[www.ifso2024.org](http://www.ifso2024.org)

# 5 IFSO CHAPTERS: 76 national societies



EUROPEAN CHAPTER



MIDDLE EAST NORTH AFRICAN CHAPTER



ASIA PACIFIC CHAPTER



NORTH AMERICAN CHAPTER



LATIN AMERICAN CHAPTER

# NEW SOCIETIES IN 2023-2024



• GEORGIA



• BAHRAIN



• SERBIA

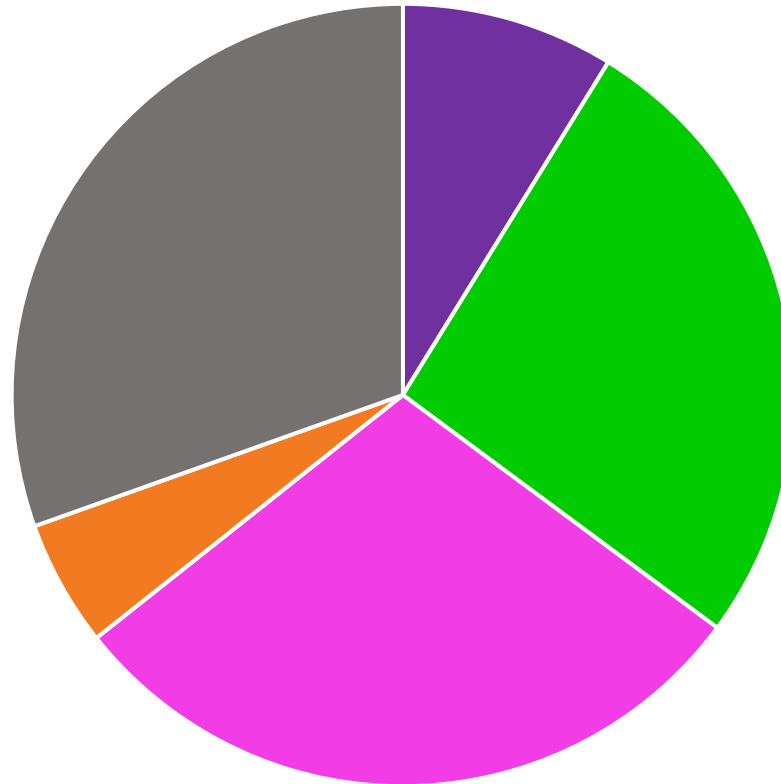


• TUNISIA



• MALAYSIA

# NUMBER OF IFSO MEMBERS PER CHAPTER IN 2024



■ APC = 987

■ EC = 2954

■ LAC = 3273

■ MENAC = 586

■ NAC = 3414

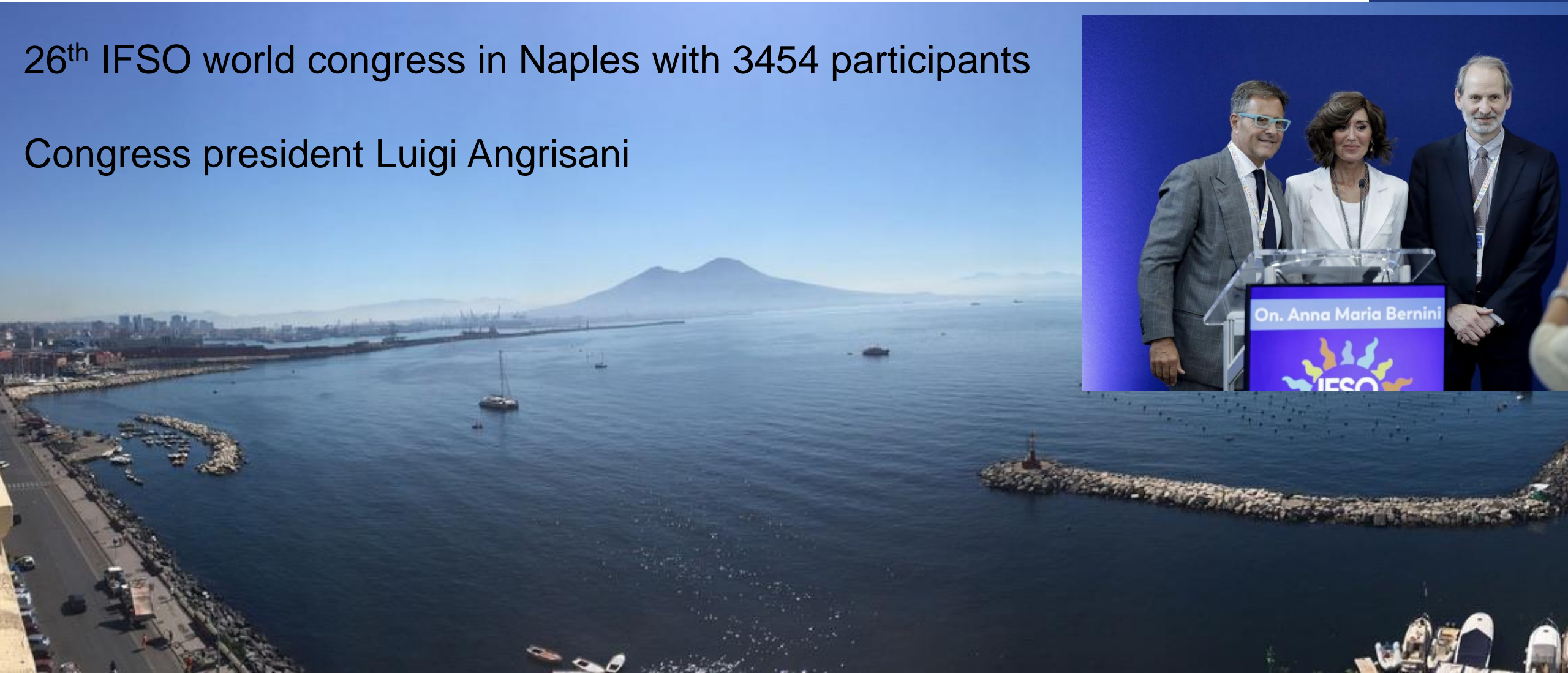


# XXVI World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)



26<sup>th</sup> IFSO world congress in Naples with 3454 participants

Congress president Luigi Angrisani





# XXVI World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)





IFSO  
NAPOLI  
2023

San Carlo Opera House, Presidential Dinner, August 31



IFSO  
NAPOLI

# 8th IFSO APC 2023 Shenzhen Nov.30<sup>th</sup>-Dec.1<sup>st</sup> 2023



## 8<sup>th</sup> IFSO-APC 2023 &







# IX CONGRESO IFSOLAC LIMA 2024

V CONGRESO NACIONAL  
**APCBEM**  
DE CIRUGÍA BARIÁTRICA  
Y METABÓLICA

20 AL 23  
FEBRERO 2024

swissôtel LIMA



[www.ifsolac2024.com](http://www.ifsolac2024.com)

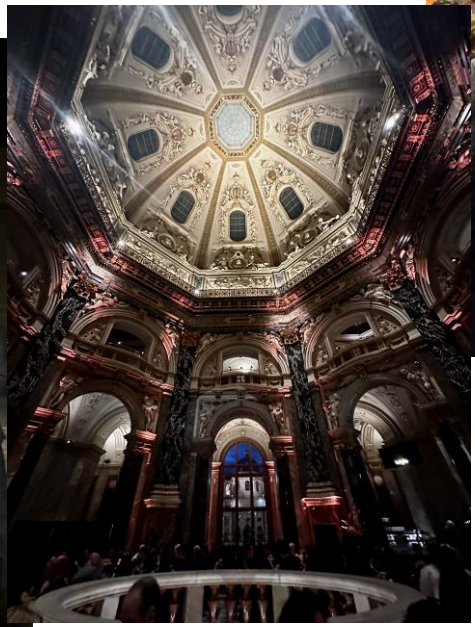


Dr. Dick Manrique  
Presidente del Congreso



Dr. Luis Poggi  
Presidente IFSO LAC







# Guidelines for creating a Position Statement for IFSO

## I. IFSO POSITION STATEMENT (PS) DEVELOPMENT PROCESS:

1. The Executive Board (EB) of IFSO decides *which* topic should be addressed.
2. The EB assigns a chair of the writing group for the position statement (PS) and *can* assign further members of the writing group.
3. Certain topics may need to pursue co-endorsement from other pertinent societies or organizations at the discretion of the EB.
4. The chair of the writing group designates further members – these should preferably be experienced in following GRADE, Joana Briggs Institute (JBI) -tools, PRISMA (or similar) methodology.
5. The literature search (and evaluation) should follow GRADE, JBI-tools, PRISMA (or similar) methodology. IFSO will support the writing group with a statistician early on in the process.
6. The format of structuring the PS is described separately below
7. The draft of the PS is reviewed by the entire writing group.
8. Thereafter the PS is reviewed and approved by the Scientific Committee
9. Before Publication in Obesity Surgery the PS needs approval by the EB.

## II. Structuring a Position Statement (PS):

Creating a PS for IFSO, involves careful consideration of multiple factors. Here are some guidelines to help in developing an effective and well-structured PS:

1. **Define the Purpose:** Clearly articulate the purpose of the PS and stay focused on that purpose. State whether it aims to provide *guidance, recommendations, or opinions* on a specific issue or topic related to Metabolic/Bariatric Surgery (MBS). Alternatively to a PS, a narrative review might be appropriate according to the level of evidence of the published literature.
2. **Conduct Comprehensive Research:** Gather relevant and up-to-date scientific evidence, studies, and literature on the topic.

Preferably a recently published systematic review/meta-analysis should be existing. If there is no systematic review/meta-analysis IFSO encourages the writing group to create a systematic review/meta-analysis. The evaluation of the existing literature should be done using the GRADE, JBI (Joana Briggs Institute) tools (or similar) methodology. To help in this, IFSO will support the writing group with a statistician from the very beginning. The information and workflow within the writing group must be transparent, comprehensible and well documented. IFSO recommends the use of research assistants like Zotero (freeware).

3. **Identify Key Points:** Determine the key points that the position statement should address. These points should reflect the scientific society's stance on important aspects of MBS, such as patient selection, surgical technique(s), outcomes, safety measures, or ethical considerations. Aim to cover the most critical and current issues in the field.
4. **Organizational Structure:** Plan the organization and structure of your PS. Typically, it should include an introduction, background information, key points, supporting evidence, potential limitations, and a conclusion or summary. This structure will help ensure clarity and cohesiveness throughout the statement.
5. **Introduction:** Clearly state the objective and significance of the position statement, as well as the *context within* which the statement is being made.
6. **Background Information:** Provide relevant background information about the topic of the position statement, its purpose, prevalence, and importance.
7. **Key Points and Supporting Evidence:** Present each key point that will be addressed in the statement. For *each point*, provide a clear statement or recommendation,

followed by supporting scientific evidence, such as published studies, systematic reviews, or meta-analyses. Use citations to ensure transparency and credibility.

8. **Address Potential Limitations:** Acknowledge the limitations or controversies associated with certain aspects of the topic of the PS. Discuss alternative perspectives or conflicting evidence, if applicable. This demonstrates that the PS considers different viewpoints and acknowledges potential challenges in the field.
9. **Conclusion:** Summarize the key points discussed in the statement.
10. **Review and Stakeholder Involvement:** The finalized document will be reviewed by the scientific committee and after its approval presented to IFSO Executive board. This process ensures accuracy, scientific validity, and clarity of the PS before publishing it.
11. **Dissemination/Publication:** The PS is published in Obesity Surgery and on IFSO's website. The maximum number of words should not exceed 3000. The number of references is limited up to 300.

Remember, a PS should reflect the collective expertise and knowledge of the scientific surgical society and be grounded in scientific evidence. By following these guidelines, a robust and informative PS that represents the society's stance on MBS can be created.

Preexisting PS on the same topic published by other societies (like ASMBS or other IFSO Chapters, EASO, TOS, WOF etc.) should be identified and considered.

Position statements or existing practice guidelines are not meant to offer rigid rules or mandatory practice requirements. They should not be used to define or establish legal standards of care at the local, regional, or national levels. In the end, there are multiple suitable treatment approaches for each patient, and surgeons must exercise their discretion in choosing from the available and feasible treatment options.

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**GRADE** (Grading of Recommendations Assessment, Development and Evaluation) is a method of assessing the certainty in evidence (also known as quality of evidence or confidence in effect estimates) and the strength of recommendation in health care. <https://gdt.grade.org/app/handbook/handbook.html>

**Joana Briggs Institute (JBI) tools**  
JBI's critical appraisal tools assist in assessing the trustworthiness, relevance and results of published papers. The JBI tools provide evaluation/grading tools for all types of studies (including case series, cohort studies, RCTs etc.) <https://jbi.global/critical-appraisal-tools>

**PRISMA** (Preferred Reporting Items for Systematic Reviews and Meta-Analyses): Evidence Based minimum set of items for reporting in systematic reviews and meta-analyses. [http://www.prisma-statement.org/documents/PRISMA\\_2020\\_expanded\\_checklist.pdf](http://www.prisma-statement.org/documents/PRISMA_2020_expanded_checklist.pdf)

# IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management

in press

## Executive Summary

### Introduction

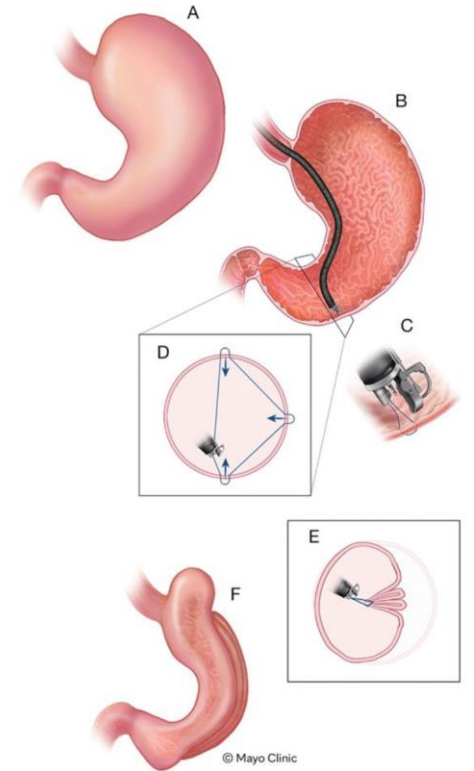
Obesity is a significant global health issue. Metabolic and bariatric surgery (MBS) is the gold standard in the treatment of obesity due to its proven effectiveness and safety in the short and long term. However, MBS is not suitable for all patients. Some individuals are at high surgical risk or refuse surgical treatment, while others do not meet the criteria for MBS despite having obesity-related comorbidities. This gap has driven the development of endoscopic solutions like Endoscopic Sleeve Gastroplasty (ESG), which offers a less invasive alternative that preserves anatomy and reduces risks.



Barham K. Abu Dayyeh, M.D., M.P.H.



Christine Stier, M.D.



# • Position Statement on revisional MBS – in press

## Therapeutic Options for Recurrence of Weight and Obesity related complications After Metabolic and Bariatric Surgery: An IFSO Position Statement

A. Haddad, B. M Suter, J.W. Greve, S. Shikora, Prager, G Abu Dayyeh, M. Galvao, , K. Grothe, M. Herrera, L. Kow, C. Le Roux, M. O’Kane, C. Parmar, G. Quadros, A. Ramos, J. Vidal, R V Cohen



Ashraf Haddad

- A. Introduction
- B. Methods
- C. Definitions
- D. What has changed since 1991
- E. How do we define success after MBS?
- F. Definition of suboptimal clinical response (SoCR)
- G. Definition of recurrent weight gain (RWG)?
  - Definition of RWG
  - The difference between Suboptimal Clinical Response (SoCR) and Recurrent Weight gain
- H. The Importance of preoperative nutritional and behavioral counseling prior to revisional surgery
  - Dietetic/nutritional assessments
  - Behavioral health assessments
  - Addressing patient’s expectations
  - Multidisciplinary discussion
- I. Surgical options and outcomes
  - Management for RWG after RYGB
    1. Endoscopic techniques
    2. Surgical revision options
  - Management for RWG after LSG
    1. Conversion to RYGB short and long BPL
    2. Conversion to OAGB
    3. Conversion to SADIS and DS
- J. Pharmacotherapy for RWG post Bariatric Surgery
  - Oral Medications
  - Injectable Medications (Glucagon-like peptide type 1 receptor agonists)

# Update on SADI-S Position Statement

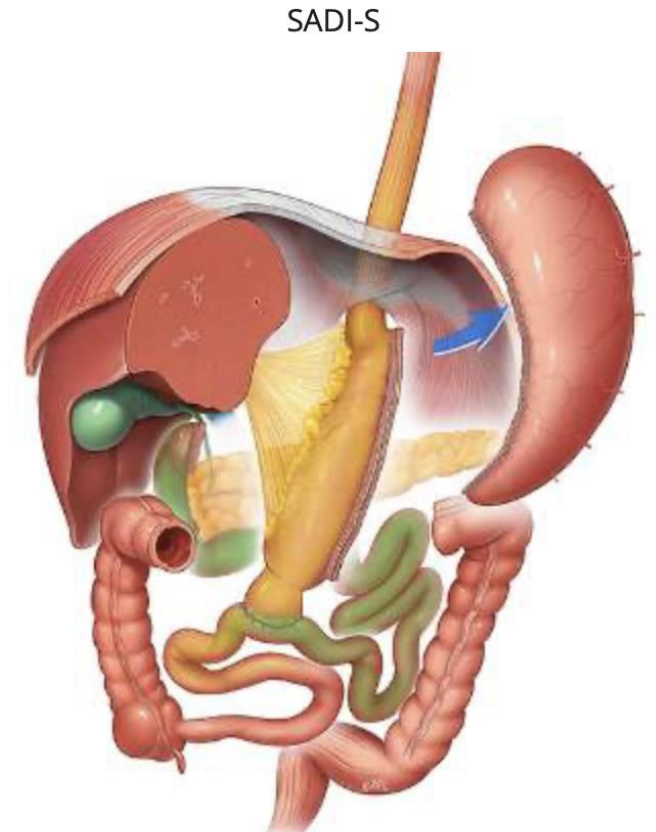
## Single Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy / Single Anastomosis Duodenal Switch (SADI-S/SADS) IFSO Position Statement - update 2023

Guillermo Ponce de Leon Ballesteros, Gustavo Romero Velez, Kelvin Higa, Jacques Himpens, Mary O'Kane, Antonio Torres, Gerhard Prager and Miguel F. Herrera

(On behalf of the IFSO appointed task force reviewing the literature on SADI-S/SOADS)



Guillermo Ponce de Leon Ballesteros



# 2022 ASMBS and IFSO Guidelines

## Indications for Metabolic and Bariatric Surgery

Obesity Surgery (2023) 33:3–14  
<https://doi.org/10.1007/s11695-022-06332-1>



ORIGINAL CONTRIBUTIONS



### 2022 American Society of Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Indications for Metabolic and Bariatric Surgery

Dan Eisenberg<sup>1</sup> • Scott A. Shikora<sup>2</sup> • Edo Aarts<sup>3</sup> • Ali Aminian<sup>4</sup> • Luigi Angrisani<sup>5</sup> • Ricardo V. Cohen<sup>6</sup> • Maurizio de Luca<sup>7</sup> • Silvia L. Faria<sup>8</sup> • Kasey P.S. Goodpaster<sup>4</sup> • Ashraf Haddad<sup>9</sup> • Jacques M. Himpens<sup>10</sup> • Lilian Kow<sup>11</sup> • Marina Kurian<sup>12</sup> • Ken Loi<sup>13</sup> • Kamal Mahawar<sup>14</sup> • Abdelrahman Nimeri<sup>15</sup> • Mary O’Kane<sup>16</sup> • Pavlos K. Papasavas<sup>17</sup> • Jaime Ponce<sup>18</sup> • Janey S. A. Pratt<sup>1,19</sup> • Ann M. Rogers<sup>20</sup> • Kimberley E. Steele<sup>21</sup> • Michel Suter<sup>22,23</sup> • Shanu N. Kothari<sup>24</sup>

Published online: 7 November 2022

© The Author(s). Published by Elsevier Inc on behalf of American Society for Metabolic & Bariatric Surgery (ASMBS) and Springer Nature on behalf of International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) 2022

#### Major updates to 1991 National Institutes of Health guidelines for bariatric surgery

Metabolic and bariatric surgery (MBS) is recommended for individuals with a body mass index (BMI)  $\geq 35$  kg/m<sup>2</sup>, regardless of presence, absence, or severity of co-morbidities.

MBS should be considered for individuals with metabolic disease and BMI of 30–34.9 kg/m<sup>2</sup>.

BMI thresholds should be adjusted in the Asian population such that a BMI  $\geq 25$  kg/m<sup>2</sup> suggests clinical obesity, and individuals with BMI  $\geq 27.5$  kg/m<sup>2</sup> should be offered MBS.



# Evidence for the Updated Guidelines on Indications for MBS (IFSO/ASMBS)



Maurizio de Luca

Systematic Review on different items according to PRISMA methodology

Delphi survey to address nine statements that did not have strong backing from the literature search

Level of Evidence  
Degree of recommendation

in press



## ORIGINAL CONTRIBUTIONS

### 2 Scientific Evidence for the Updated Guidelines on Indications for Metabolic and Bariatric Surgery (IFSO/ASMBS)

4 Maurizio De Luca<sup>1</sup> · Scott Shikora<sup>2</sup> · Dan Eisenberg<sup>3</sup> · Luigi Angrisani<sup>4</sup> · Chetan Parmar<sup>5</sup> · Aayed Alqahtani<sup>6</sup> ·  
5 Ali Aminian<sup>7</sup> · Edo Aarts<sup>8</sup> · Wendy Brown<sup>9</sup> · Ricardo V. Cohen<sup>10</sup> · Nicola Di Lorenzo<sup>11</sup> · Silvia L. Faria<sup>12</sup> ·  
6 Kasey P. S. Goodpaster<sup>13</sup> · Ashraf Haddad<sup>14</sup> · Miguel Herrera<sup>15</sup> · Raul Rosenthal<sup>16</sup> · Jacques Himpens<sup>17</sup> ·  
7 Angelo Iossa<sup>18</sup> · Mohammad Kermansaravi<sup>19</sup> · Lilian Kow<sup>20</sup> · Marina Kurian<sup>21</sup> · Sonja Chiappetta<sup>22</sup> ·  
8 Teresa LaMasters<sup>23</sup> · Kamal Mahawar<sup>24</sup> · Giovanni Merola<sup>25</sup> · Abdelrahman Nimeri<sup>26</sup> · Mary O’Kane<sup>26</sup> ·  
9 Pavlos Papasavas<sup>27</sup> · Giacomo Piatto<sup>28</sup> · Jaime Ponce<sup>29</sup> · Gerhard Prager<sup>30</sup> · Janey S. A. Pratt<sup>3</sup> · Ann M. Rogers<sup>31</sup> ·  
10 Paulina Salminen<sup>32</sup> · Kimberley E. Steele<sup>33</sup> · Michel Suter<sup>34</sup> · Salvatore Tolone<sup>35</sup> · Antonio Vitiello<sup>36</sup> · Marco Zappa<sup>37</sup> ·  
11 Shanu N. Kothari<sup>38</sup>

12 Received: 14 May 2024 / Accepted: 21 May 2024  
13 © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2024

#### Abstract

The 2022 American Society of Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) updated the indications for Metabolic and Bariatric Surgery (MBS), replacing the previous guidelines established by the NIH over 30 years ago. The evidence supporting these updated guidelines has been strengthened to assist metabolic and bariatric surgeons, nutritionists, and other members of multidisciplinary teams, as well as patients. This study aims to assess the level of evidence and the strength of recommendations compared to the previously published criteria.

**Keywords** Obesity · Metabolic and bariatric surgery · IFSO · ASMBS · Guidelines · Indications

#### Abbreviations

AAHKS	American Association for Hip and Knee Surgeons	HTN	Hypertension	42
ACS-NSQIP	American College of Surgeons National Surgical Quality Improvement Program	IFSO	International Federation for the Surgery of Obesity and Metabolic Disorders	43
AGB	Adjustable gastric banding	LOS	Length of stay	44
ASMBS	American Society for Metabolic and Bariatric Surgery	LVAD	Left ventricular assist device	45
BMI	Body mass index	LVEF	Left ventricular ejection fraction	46
BPD	Bilio-pancreatic diversion	MACE	Major adverse cardiovascular event	47
EAES	European Association for Endoscopic Surgery	MAFDL	Metabolic dysfunction–associated liver disease	48
EASO	European Association for the Study of Obesity	MBS	Metabolic bariatric surgery	49
EBMIL	Excess of BMI loss	MBSAQIP	Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program	50
EWL	Excess weight loss	MDT	Multidisciplinary team	51
GI	Gastrointestinal	NIH	National Institute of Health	52
GRADE	Grading of Recommendations, Assessment, Development and Evaluations	OAGB	One anastomosis gastric bypass	53
HF	Heart failure	OSA	Obstructive sleep apnea	54
		PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses	55
		PWS	Prader Willi syndrome	56
		RCT	Randomized controlled trial	57
		RWG	Recurrent weight gain	58
		RYGB	Roux en Y gastric bypass	59

A1 Extended author information available on the last page of the article



## Requirements:

Applicant should:

1. be a Regular IFSO member in good standing for the last 3 years
2. have an active practice of Metabolic and Bariatric surgery in his/her Country documenting completion of a minimum of 25 approved Metabolic/Bariatric surgeries per year for the last 3 years as primary surgeon.

*Certificate has to be provided by the national society/hospital/clinic/university or other relevant institution.*

3. provide two letters of recommendation from IFSO Regular Members in good standing (with IFSO status preferably) who practice in the same Country of the Applicant including:
  - a. Length of time known the Applicant
  - b. Statement on the applicant's good standing practice in Metabolic/Bariatric Surgery

*Please note that letters of recommendation can be submitted only using this form.*

4. have attended either two IFSO World Congresses or one World and one Chapter Congress in the last 3 years

*Proof of attendance (certificate of attendance) has to be provided by the applicant*

5. have at least one accepted abstract as author or co-author (oral, poster or video) OR have been an invited speaker during the last 3 years

*Proof of invited presentation/abstract acceptance has to be provided by the applicant*

6. disclose not to be an Industry/Corporate executive, employee or doing active dedicated work with a single corporation

<https://www.ifso.com/standard-fifso/>

49 FIFSOs until now... please apply!



# OBSERVERSHIP PROGRAM IN METABOLIC BARIATRIC SURGERY 2024



Upgrade your skills in MBS  
Learn from the most experienced experts in the world

**APPLY NOW!**  
Deadline June 8, 2024

The Observership is meant to offer members in the **early phase of their career** the chance to visit the best MBS centres in the world for a period of **one to three weeks**, to do an amazing experience and bring back home knowledge and new skills

max amount of the grant: 2,500 USD\$  
20 observerships

**50.000 USD\$ in 2024**

**97 applications**

LAC 21  
MENAC 16  
NAC 2  
EC 38  
APC 20

16 Surgical Observerships  
(EC sponsored 1 extra)

5 IH: Criteria to be defined

# Educational Committee



**Chair – Natan Zundel**

**Vice-Chair:** Daye Rodriguez

## **Members:**

- ▶ Marcos Berry
- ▶ Shanu Khotari
- ▶ Farah Husain
- ▶ Raquel Sanchez
- ▶ Mario Musella
- ▶ Khaled Gawdat
- ▶ Mousa Khoursheed
- ▶ Muffazal Lakdawala
- ▶ CK Huang
- ▶ Julie Parrott

→ **IFSO Fellowship Program**



# Scopinaro Foundation Committee:



Uniquely equipped with **100.000 Euros**

Chair: Martin Fried

**Goals:** To help to develop Metabolic/Bariatric Surgery (MBS) in countries where there is a need. The intention is to support and promote preferably but not only **young surgeons and IH members (<45 years)** and national societies.

## supported activities:

- travel
- grants
- training courses
- help in establishing/developing national societies
- support in establishing national registries
- mentoring and tutoring.

## **Foundation Committee composition:**

Chair: Martin Fried

Vice-Chair: Luigi Angrisani

4 members of the BOT including the chair of the BOT

5 members nominated by the Chapters

**Young IFSO president**

**IH president**



# IFSO Consensus on definitions and clinical practice guidelines

**March 9-10, 2023**  
**J&J Medical Institute**  
**Hamburg**

### Scientific Organizing Committee

- Scott Shikora
- Lilian Kow
- Gerhard Prager
- Estuardo Behrens
- Silvia Leite Faria
- Abdelrahman Nimeri
- Paulina Salminen



IFSO Consensus on definitions and clinical practice guidelines

### FACULTY

#### Bariatric Surgeons

- Aayed Alqahtani, *Saudi Arabia*
- Ali Aminian, *USA*
- Luigi Angrisani, *Italy*
- Ahmad Bashir, *Jordan*
- Estuardo Behrens, *Guatemala*
- Jean Marc Chevallier, *France*
- Ricardo Cohen, *WOF, Brazil*
- Pierre Garneau, *Canada*
- Khaled Gawdat, *Egypt*
- Ashraf Haddad, *Jordan*
- Jacques Himpens, *Belgium*
- Thomas Inge, *USA*
- Lilian Kow, *Australia*
- Marina Kurian, *USA*
- Abdelrahman Nimeri, *USA*
- Francois Pattou, *France*
- Luis Poggi, *Peru*
- Jaime Ponce, *USA*
- Gerhard Prager, *Austria*
- Almino Ramos, *Brazil*
- Francesco Rubino, *UK*
- Paulina Salminen, *Finland*
- Andres Sanchez Pernaute, *Spain*
- Scott Shikora, *USA*
- Cunchuan Wang, *China*

#### Physicians

- Nasreen Al Faris, *Saudi Arabia*
- Caroline Apovian, *USA*
- Rachel Batterham, *UK*
- Dror Dicker, *Israel*
- Claudia Fox, *USA*
- Lee Kaplan, *USA*
- Nabijisa Lalic, *IDF, Serbia*
- Guilherme Macedo, *WGO, Portugal*
- Alex Miras, *UK*
- Tarissa Petry, *Brazil*
- Arya Sharma, *Germany*
- Josep Vidal, *Spain*

#### Endoscopists

- Barham Abu Dayyeh, *USA*
- Mohit Bhandari, *India*
- Christine Stier, *Germany*
- Christopher Thompson, *USA*

#### Integrated Health Professionals

- Barbara Andersen, *Austria*
- Dale Bond, *USA*
- Silvia Leite Faria, *Brazil*
- Violeta Moizé Arcone, *Spain*
- David Sarwer, *USA*

#### Health Survey Design and Analysis

- Kevin White, *USA*


# IFSO Consensus on Definitions and Clinical Practice Guidelines

## Hamburg, March 9-10, 2023





## IFSO Consensus on Definitions and Clinical Practice Guidelines for Obesity Management—an International Delphi Study

Paulina Salminen<sup>1,2</sup>  · Lilian Kow<sup>3</sup> · Ali Aminian<sup>4</sup> · Lee M. Kaplan<sup>5</sup> · Abdelrahman Nimeri<sup>6</sup> · Gerhard Prager<sup>7</sup> · Estuardo Behrens<sup>8</sup> · Kevin P. White<sup>9</sup> · Scott Shikora<sup>6</sup> · IFSO Experts Panel

Received: 18 July 2023 / Revised: 13 October 2023 / Accepted: 18 October 2023  
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### 43-member expert panel

There were **26 bariatric surgeons** including 2 pediatric bariatric surgeons, among whom 11 also performed endoscopic bariatric procedures.

The remaining expert panel members were four endoscopists, eight endocrinologists, one internist, one pediatrician, two nutritionists, and two counsellors (psychology, exercise).



# IFSO Consensus Conference 2023

## Section 1. Definitions and Reporting Standards

### Former “~~non-responder~~”:

In general, a **suboptimal initial clinical response** to MBS is demonstrated either by **total body weight or BMI loss of less than 20%**

OR

by inadequate improvement in an **obesity complication** that was a significant indication for surgery.

# IFSO Consensus Conference 2023

## Section 1. Definitions and Reporting Standards

### Former “~~weight recurrence/failure~~”

In general, a **late post-operative clinical deterioration** after MBS is demonstrated **either** by a **recurrent weight gain** of more than **30%** of the initial surgical weight loss **OR** by **worsening of an obesity complication that was a significant indication for surgery** and that occurs after an initially adequate post-operative clinical response.

Given the different average effectiveness of different MBS procedures, and variable effects in different populations, these criteria should be applied to individual patients in the context of expert clinical judgement.



**IFSO ACCEPTED DEFINITIONS FOR PUBLICATIONS**

People’s first language/ IFSO accepted nomenclature:

- Eliminate "success/failure" "recidivism" "non-compliant" "gold-standard" "last-resort" sort of language
- Imagery (no headless, stereotypical/stigma = takeaway boxes, fast food, ill-fitting clothes, etc.)

**New reporting standards and nomenclature to use as Obesity Surgery Journal/ IFSO policy:**

Old and not accepted per Journal Policy	New replacement nomenclature
Morbid obesity	Severe obesity
Obese	Patient or individual with obesity
Subject/s	Patient/s or individual/s
Comorbidity/ies	Obesity complication/s. Comorbidity/ies can only still be used for medical problems that are seen in patients with obesity but not directly caused by obesity as defined by the medical community
Weight loss surgery	Bariatric & metabolic surgery
Super or super-super obesity	Please use Body Mass Index reference BMI>50 or BMI>60 to refer to this patient population respectively
Gold standard	Avoid using this term please
Revision procedure	‘Revision or modification’ for any procedure that does not encompass conversion to a new procedure with a new mechanism of action or reversal of the anatomy. Revision or

	encompasses correction or an enhancement of the same procedure (revision of a gastric pouch, <u>distalization</u> of gastric bypass)
Conversion procedure	‘Conversion’ entails converting one <u>procedure</u> to another with a <b>different mechanism of action</b> . Revision is not accepted as a substitution anymore
Reversal procedure	<b>Term can still be used to describe reversing a procedure to the normal standard anatomy</b>
Insufficient or inadequate weight loss	‘Suboptimal initial clinical response’ encompasses maximum total weight loss outcome (TWL%) <20%, while also covering no improvement or worsening of any obesity complication that was present preoperatively
Weight loss failure	Failure is not an acceptable term anymore. Use suboptimal initial clinical response if fits this criteria
Adequate weight loss	Optimal initial clinical response which follows the criteria of TWL% >20% and/or improvement of obesity complication/s
Success	Term is not acceptable anymore. Please use Optimal initial clinical response for primary procedures or optimal clinical response for



**The Role of Obesity Management Medications (OMMs) in the Context of Metabolic/Bariatric Surgery (MBS)**

*An IFSO Consensus Conference*

**Vienna, Hotel Hilton Vienna Park**  
**30<sup>th</sup> of April - 1<sup>st</sup> of May 2024**



**Core Scientific Committee**  
Gerhard Prager, Ricardo Cohen, Luca Busetto

## Introduction

No top level evidence regarding efficacy of preoperative OMM treatment for reducing perioperative risks

Still scarce evidence for use of OMMs as adjunct therapy to MBS

Role in - suboptimal responders  
- recurrent weight gain  
unclear so far...

## Objectives:

Bringing together leading physicians, surgeons, researchers and thought leaders in the realm of obesity medicine and MBS

Explore latest developments in OMMs and their synergies with MBS

Active participation: ASMBS, WOF, EASO, IDF

Impact on advancing collective understanding of obesity management in the context of MBS

### **Core Scientific Committee**

Gerhard Prager, *Austria*  
Luca Busetto, *Italy*  
Ricardo Cohen, *Brazil*

### **Systematic Review Committee**

Mohammad Kermansaravi, *Iran*  
Chetan Parmar, *UK*

### **Delphi Expert**

Randy Levinson, *USA*

### **Invited Experts**

#### **METABOLIC BARIATRIC SURGEONS**

Ali Aminian, *USA*  
Ricardo Cohen, *Brazil*  
Nicola Di Lorenzo, *Italy*  
Khaled Gawdat, *Egypt*  
Mohammed Hadad, *UAE*  
Mohammad Kermansaravi, *Iran*  
Lilian Kow, *Australia*  
Marina Kurian, *USA*  
Muffazal Lakdawala, *India*  
Abdelrahman Nimeri, *USA*  
Chetan Parmar, *UK*  
Silvana Perretta, *France*  
Luis Poggi, *Peru*  
Jaime Ponce, *USA*  
Gerhard Prager, *Austria*  
Francesco Rubino, *UK*  
Paulina Salminen, *Finland*  
Phil Schauer, *USA*  
Scott Shikora, *USA*  
Michel Suter, *Switzerland*

### **OBESITY PHYSICIANS**

Nasreen Al Faris, *Saudi Arabia*  
Matthias Blüher, *Germany*  
Luca Busetto, *Italy*  
Lena Carlsson, *Sweden*  
David Cummings, *USA*  
Dror Dicker, *Israel*  
Linong Ji, *China*  
Lee Kaplan, *USA*  
Arya Sharma, *Germany*  
Sara Suliman, *UAE*  
Wei Tham, *Singapore*  
Josep Vidal, *Spain*  
Tarissa Zanata Petry, *Brazil*

### **INTEGRATED HEALTH EXPERTS**

Silvia Leite, *Brazil*  
Mary O'Kane, *UK*  
Andrea Schroeder, *New Zealand*

### **PARTNER SOCIETIES' REPRESENTATIVES**

Jason Halford  
EASO President, *UK*  
Carel Le Roux,  
WOF Clinical Care Committee  
*Ireland*

Peter Schwarz  
IDF President elect, *Germany*

### **PATIENTS' REPRESENTATIVES**

Vickey Mooney, *Ireland*  
Ximena Ramos Salas, *Sweden*

**41 experts: Endocrinology, diabetology, internal medicine, gastroenterology, allied health, surgery, and patients**



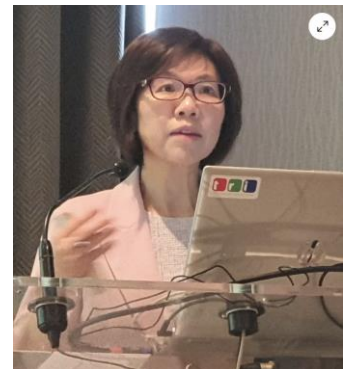
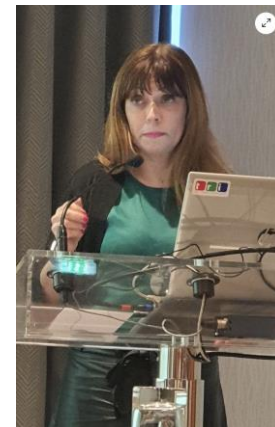
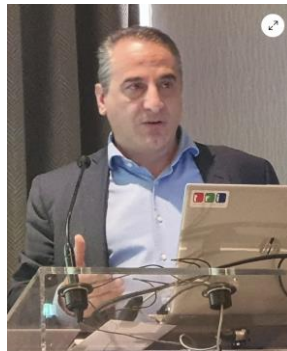
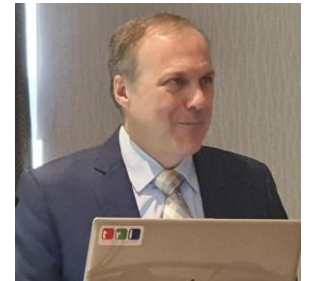
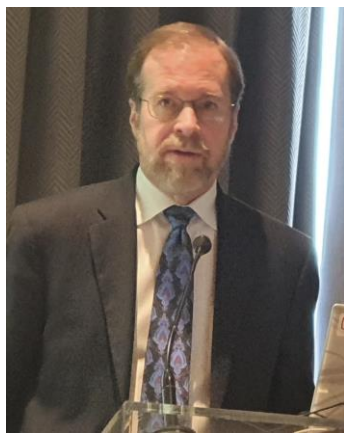
**The Role of Obesity Management Medications (OMMs) in the Context of Metabolic/Bariatric Surgery (MBS)**

*An IFSO Consensus Conference*

Vienna, Hotel Hilton Vienna Park  
30<sup>th</sup> of April - 1<sup>st</sup> of May 2024



Core Scientific Committee  
Gerhard Prager, Ricardo Cohen, Luca Busetto



## Core Group:

Gerhard Prager  
Luca Busetto

Ricardo Cohen  
Randy Levinson (Delphi Expert)

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Mohammad Kermansaravi  
Chetan Parmar

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Systematic Review



1. Systematic Review
2. Evidence Paper sent to all experts
3. Each Expert 3-4 Delphi statements
4. Delphi process:
  - a. 3 Delphi rounds BEFORE meeting  
(for B or less including feedback for each round)
  - b. Delphi process at the meeting

Consensus (%)	Level
100%	A+
90-99.9%	A
80-89.9%	B
70-79.9%	C
60-69.9	D
<60%	failure

# Day 1: Lectures - 3 Modules:

## 1. Use of OMMs **before** MBS

- a. How much weight loss do we need for health? **Carel Le Roux**
- b. Use and Choice of OMMs prior to MBS **Josep Vidal**
- c. Are there Subgroups with special Benefits from OMM Treatment prior to MBS? **Nasreen Al Faris**

## 2. Use of OMMs **after** MBS

- a. Evidence & Timing for Omms in case of recurrent weight gain or inadequate initial response **Lee Kaplan**
- b. Treatment with OMM due to recurrent weight gain/persistent metabolic disease **Dror Dicker**
- c. Evidence & Rationale for continuous or intermittent use of OMM after MBS **Dave Cummings**
- d. Endoscopic Procedures and OMM **Silvana Perretta**
- e. Comparison of the Efficacy of OMM with and without MBS **Kwang Wei Tham**

## 3. The **Future**

- a. A perspective on Cost-Effectiveness of OMM and MBS **Ricardo Cohen**
- b. What is in the pipeline? **Matthias Blüher**
- c. What will be the Role of Revisional Surgery with Modern Pharmacotherapy? **Phil Schauer**
- d. How to deal with the Challenges of MBS and lifelong OMM use **Arya Sharma**
- e. Potential Need for further Studies **Francesco Rubino**



# Day 2:

## Delphi Process & Discussion



# **The Role of Obesity Management Medications in the Context of Metabolic/Bariatric Surgery: An International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) Consensus**

## **Abstract**

### Introduction

Metabolic/bariatric surgery (MBS) remains an effective and durable treatment for obesity and its complications, but a small number of patients may have suboptimal outcomes. Obesity-management medications (OMMs) may have synergistic benefits in addition to MBS. This may result in more effective obesity treatments. However, more evidence of using OMMs before and after MBS is needed.



submitted

April 2024:



Including US data provided by ASMBS

The data were collected from **502.150 Metabolic and Bariatric Surgeries (MBS)** that were performed in **24 countries** and from **2 regional registries** representing **81.4% of known registries**. During the past year we welcomed new members including Azerbaijan, Iran, and South Korea.



Wendy Brown  
Past Chair  
IFSO Registry Committee



Ronald Liem  
Current Chair  
IFSO Registry Committee

# IFSO MBS trial collaboration group meeting

27 May 2024

Monash University, Prato

**Attendees:** Mehran Anvari, Johan Ottoson, Nasser Sakran, Wendy Brown, Ronald Liem, Amir Ghaferi, Villy Vage (zoom).

**Apologies:** Ricardo Cohen, Scott Shikora, Anthony Petick, Andrew Currie

## Overview

- There are currently 32 MBS registries known to IFSO
  - 28 contribute to IFSO Global Registry
- Of these registries, there are 10 registries that have “mature” data and well-established platforms
  - Ontario
  - Michigan
  - Sweden
  - Norway
  - Netherlands
  - Israel
  - Australia/New Zealand
  - USA – MBSAQIP
  - United Kingdom
  - Brazil



Wendy Brown

## In-Registry Trial Collaborative:

**in-registry cluster-randomised,  
crossover, registry-nested trials**

# IFSO EXECUTIVE BOARD



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BOT Chairman: Jan Willem Greve



European Chapter President: Nicola Di Lorenzo



North American Chapter Member at large: Pierre Garneau



President: Gerhard Prager



Integrated Health President: Silvia Leite Faria



European Chapter Member at large: Chetan Parmar



Middle East North African Chapter President: Khaled Gawdat



President Elect: Ricardo Cohen



Integrated Health President elect: Andrea Schroeder



Latin American Chapter President: Sergio Aparicio



Middle East North African Chapter Member at Large: Mohammed Al Hadad



Immediate Past President: Scott Shikora



Integrated Health Past President: Mary O'Kane



Latin American Chapter Member at large: Estuardo Behrens

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Obesity Surgery Editor in Chief: Scott Shikora



Senior Past President: Lilian Kow



Asia Pacific Chapter President: Asim Shabbir



North American Chapter President: Jaime Ponce



Historian: George Cowan



Secretary/Treasurer: Abdelrahman Nimeri



Asia Pacific Chapter Member at large & IFSO 2024 Melbourne Congress President: Manish Khaitan



North American Chapter Member at large: Pierre Garneau

# IFSO HEADQUARTERS

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