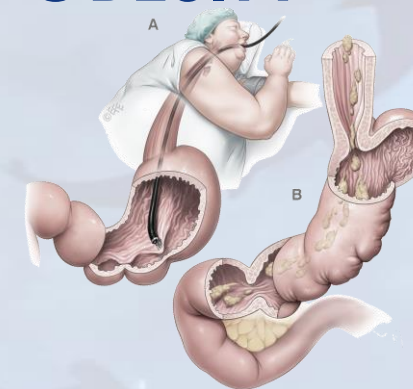


MIT
SMR
Mexico

ENDOSCOPY GASTROPLASTY WILL INCREASE AS A FIRST STEP TREATMENT OF OBESITY

CHRISTINE STIER
UNIVERSITY MEDICINE MANNHEIM, GERMANY



In accordance with «EACCME criteria for the Accreditation of Live Educational Events», please disclose whether you have or not any conflict of interest with the companies:

I have the following potential conflict(s) of interest to report:

Receipt of honoraria or consultation fees

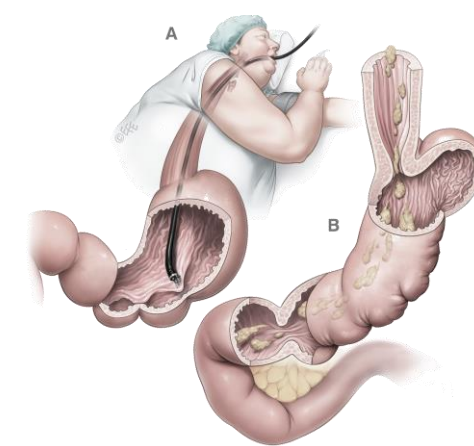
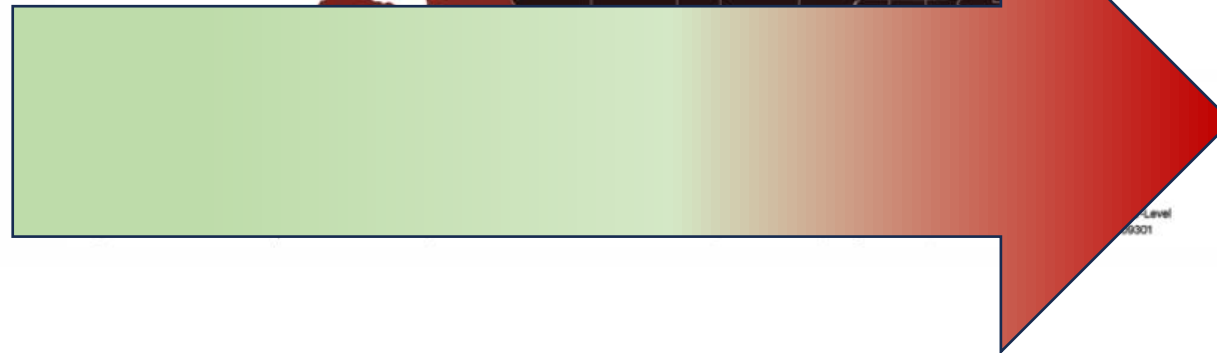
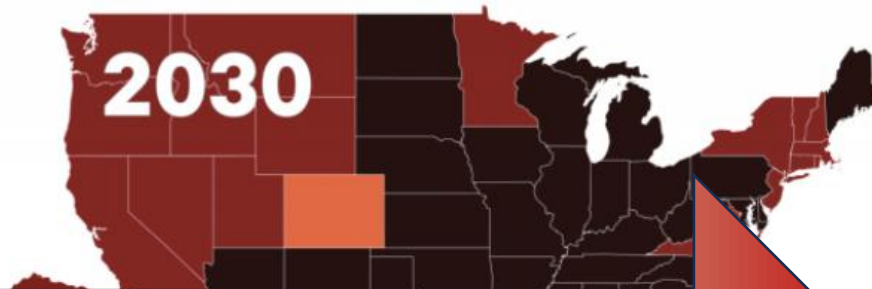
- USGI
- Boston Scientific
- NovoNordisc
- Cranax Medical Digestive
- Johnson & Johnson USA/Europe
- Lohmann & Rauscher
- Morphic Medical
- Trans.Duodenal.Concepts

1%
MBS

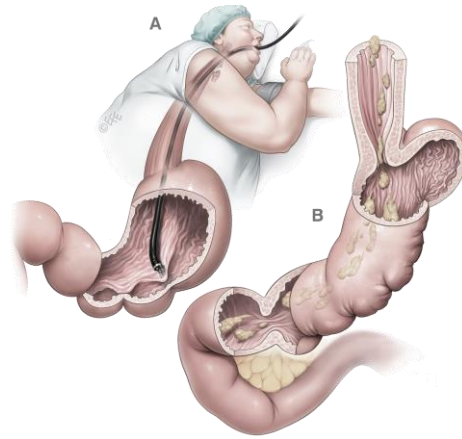
Nearly half of Americans will have obesity by 2030

U.S. Obesity rates,
1990-2030

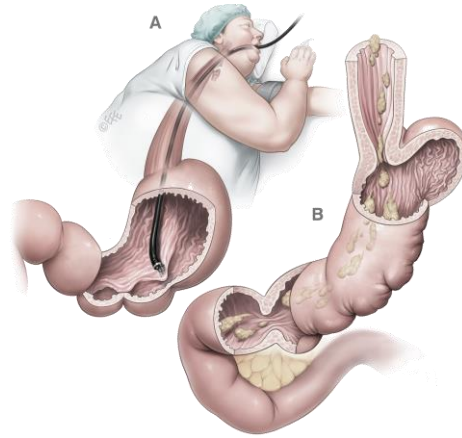
- <20%
- 20-29%
- 30-39%
- 40-49%
- 50-59%



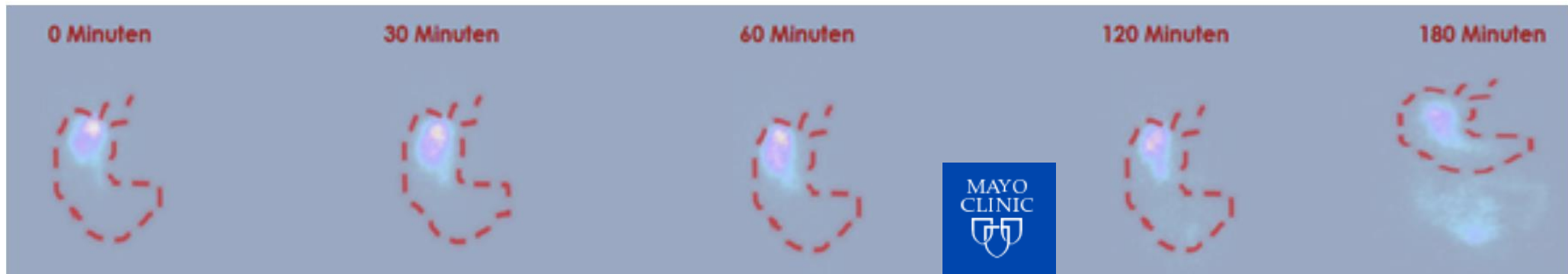
99%
UNMET
PATIENT
NEED



- **ESG**
- **ENDOLUMINAL GASTROPLASTY TECHNIQUE**
- **REDUCES GASTRIC VOLUME**

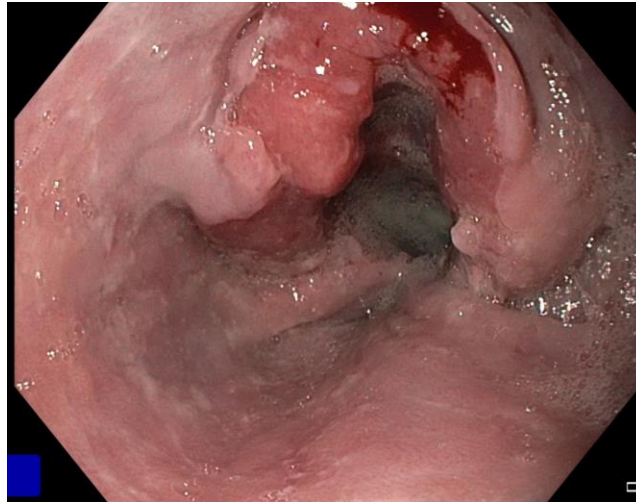


- **ESG IS**
- **MINIMAL INVASIVE ENDOLUMINAL APPROACH**
- **ORGAN-SPARING**
- **SAFE AND REPEATABLE**
- **COST-EFFECTIVE IN MOST COUNTRIES**
- **ALLOWING FOR ANY BARIATRIC PROCEDURES THAT MAY BE WARRANTED IN THE FUTURE**
- **IS NOT ASSOCIATED WITH LONG-TERM COMPLICATIONS**



- **ESG**
- **INCREASES GASTRIC ACCOMODATON => SATIETY**

BARRETT-CANCER



- **ESG**
- **SAVES THE SUSPENSION OF THE EGJ**
- **IS NON-REFLUX PROCEDURE**



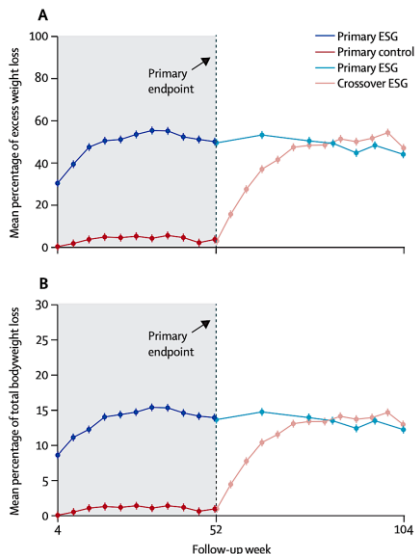
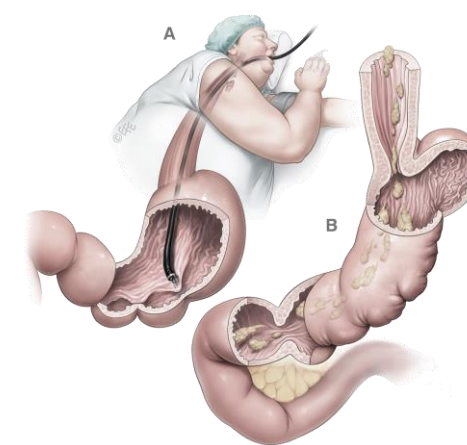
1B EVIDENCE

Randomized Controlled Trial > Lancet. 2022 Aug 6;400(10350):441-451.

doi: 10.1016/S0140-6736(22)01280-6. Epub 2022 Jul 28.

Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial

Barham K Abu Dayyeh¹, Fateh Bazerbachi², Eric J Vargas³, Reem Z Sharaiha⁴, Christopher C Thompson⁵, Bradley C Thamer⁶, Andre F Teixeira⁷, Christopher G Chapman⁸, Vivek Kumbhari⁹, Michael B Ujiki¹⁰, Jeanette Ahrens¹¹, Courtney Day¹²; MERIT Study Group; Manoel Galvao Neto¹³, Natan Zundel¹⁴, Erik B Wilson¹⁵



	ESG (primary)	Control	Rate difference*	p value†	ESG (primary and crossover)
Diabetes					
Improving	92% (12/13; 65 to 100)	15% (4/27; 5 to 33)	-77.5 (10.1; -91.4 to -47.4)	<0.0001	93% (25/27; 76 to 99)
Worsening	0% (0/13; 0 to 27)	44% (12/27; 28 to 63)	44.4 (9.6; 16.1 to 60.2)	0.0041	0% (0/27; 0 to 15)
Hyperlipidaemia					
Improving	40% (6/15; 20 to 64)	32% (8/25; 17 to 52)	8.0 (15.7; -37 to -22)	0.61	30% (7/23; 10 to 15)
Worsening	27% (4/15; 11 to 52)	28% (7/25; 14 to 48)	1.3 (14.9; -28 to 28)	0.93	30% (7/23; 10 to 15)
Hypertension					
Improving	67% (24/36; 50 to 80)	40% (19/48; 27 to 54)	-27.1 (10.6; -46.1 to 5.5)	0.014	60% (39/65; 48 to 71)
Worsening	6% (2/36; 1 to 19)	23% (11/48; 13 to 37)	17.4 (7.2; 1.5 to 30.7)	0.029	9% (6/65; 4 to 19)
Metabolic syndrome					
Improving	83% (24/29; 65 to 93)	35% (10/29; 20 to 53)	-48.3 (11.3; -67.0 to -23.3)	0.0002	83% (35/42; 69 to 92)
Worsening	0% (0/29; 0 to 14)	38% (11/29; 23 to 56)	37.9 (9.0; 17.2 to 53.7)	0.0002	5% (2/42; 1 to 17)
Effect on multiple comorbid conditions					
Improved at least 1 condition	41 (80%; n=51)	28 (45%; n=62)	70 (78%; n=90)
Worsened at least 1 condition	6 (12%; n=51)	31 (50%; n=62)	15 (17%; n=90)

Data are rate (n/N; 95% CI), rate difference (SE; 95% CI) or n (%; N). ESG=endoscopic sleeve gastroplasty. A negative rate difference indicates that the ESG rate was greater than the control rate. *Mean difference was calculated as the difference between the rate for the control group minus ESG group. †The p value was determined with an independent samples proportions test to evaluate differences between two rates.

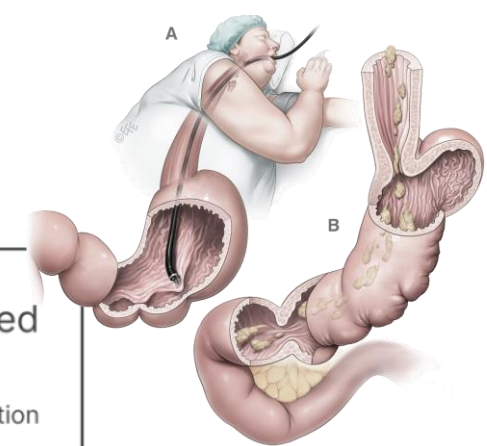
Table 2: Comorbidity 52-week change from baseline for randomly assigned participants

AFTER 52 WEEKS: **INTERVENTION ./. CONTROL**
ESG. ./. LIFESTYLE

EWL: 49.2% versus 3.2%
p<0.0001

TBWL 13.6% versus 0.8%
p<0.0001

SAE 2% (3/131) - No mortality
ESG-related



1. ESG combined with lifestyle intervention is preferable to lifestyle interventions alone, for the management of adults with **class I obesity**
2. ESG combined with lifestyle intervention is preferable to lifestyle interventions alone, for the management of adults with **class II obesity**
3. ESG combined with lifestyle is an acceptable management option for adults with **class III obesity who either do not qualify** (given medical or psychological comorbidities) **or do not wish to pursue MBS.**
4. ESG combined with lifestyle intervention is preferable to lifestyle interventions alone, for the management of **adolescents with class II obesity.**

The committee considered that this procedure may particularly benefit people:

- with class 3 obesity for whom invasive bariatric surgery would be considered high risk
- who decline bariatric surgery because of the associated risks and complications
- who have class 1 or class 2 obesity, for whom the procedure may prevent progression of obesity and associated comorbidities.

The committee suggested that a lower BMI threshold of 27.5 kg/m² or above should be used for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnicity.



EVIDENCE Meta-Analysis

Surgical Endoscopy (2023) 37:8166–8177
https://doi.org/10.1007/s00464-023-10390-6

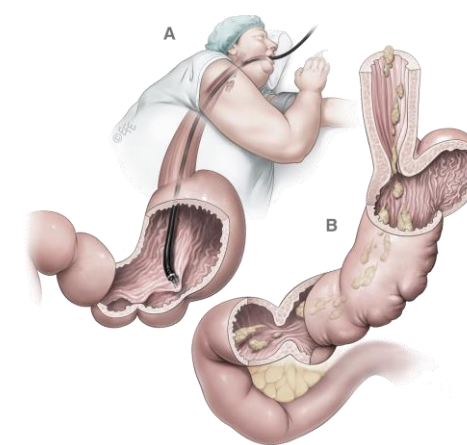
REVIEW ARTICLE



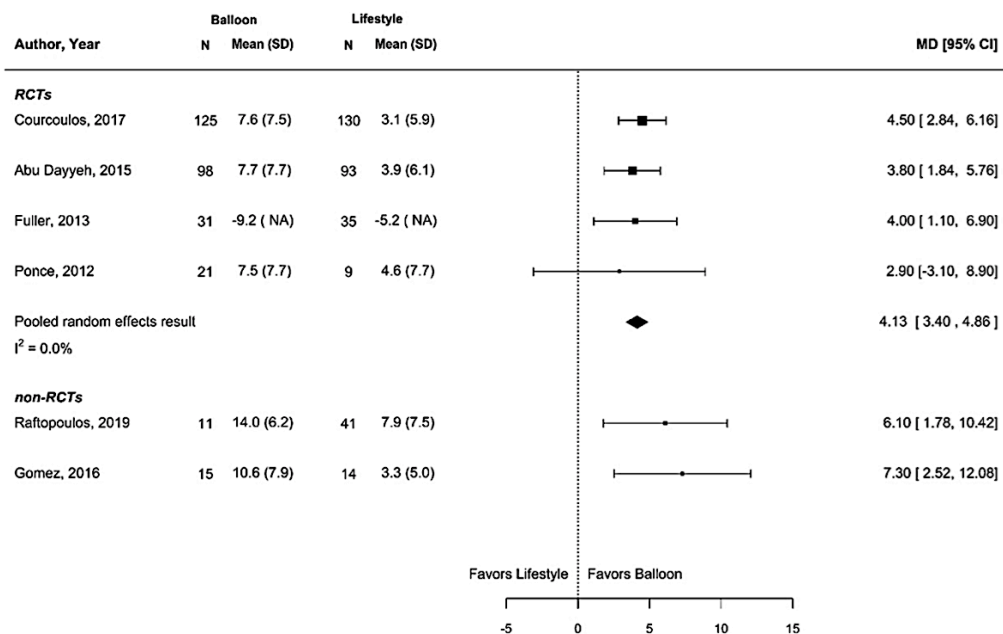
Endoscopic therapies for patients with obesity: a systematic review and meta-analysis

Zachary N. Weitzner¹ · Jennifer Phan² · Meron M. Begashaw³ · Selene S. Mak³ · Marika S. Booth⁴ · Paul G. Shekelle^{1,3} · Melinda Maggard-Gibbons^{1,3} · Mark D. Girgis^{1,3}

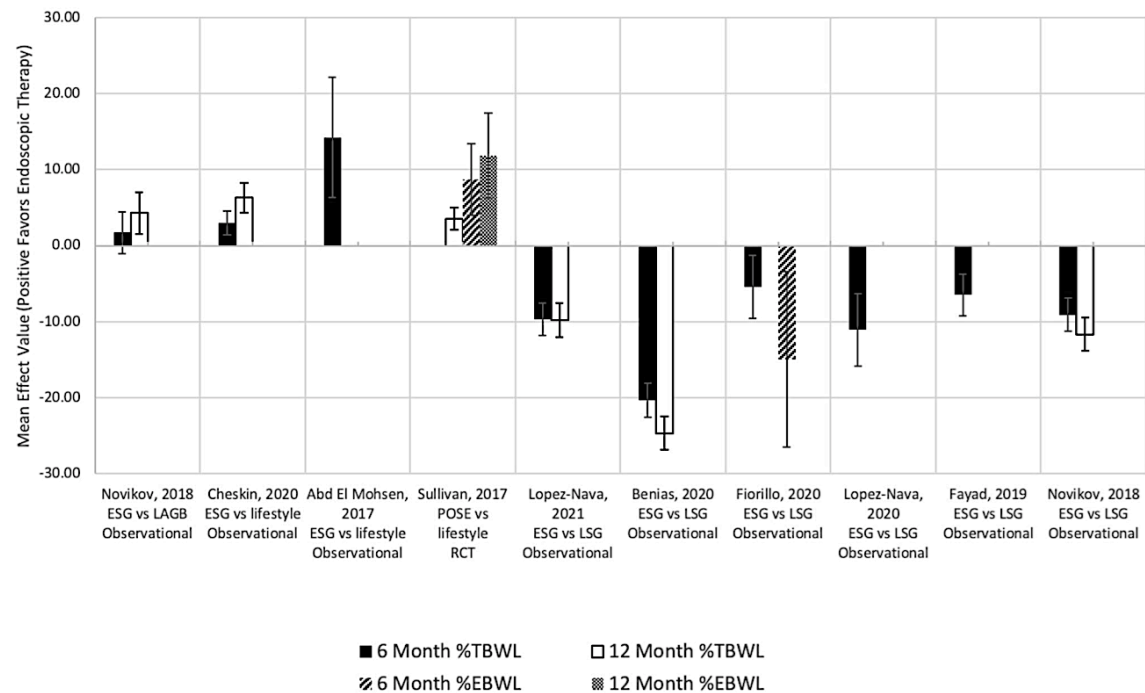
Received: 5 June 2023 / Accepted: 12 August 2023 / Published online: 20 September 2023
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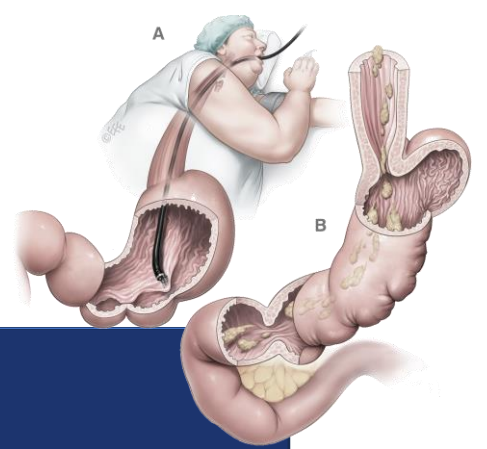
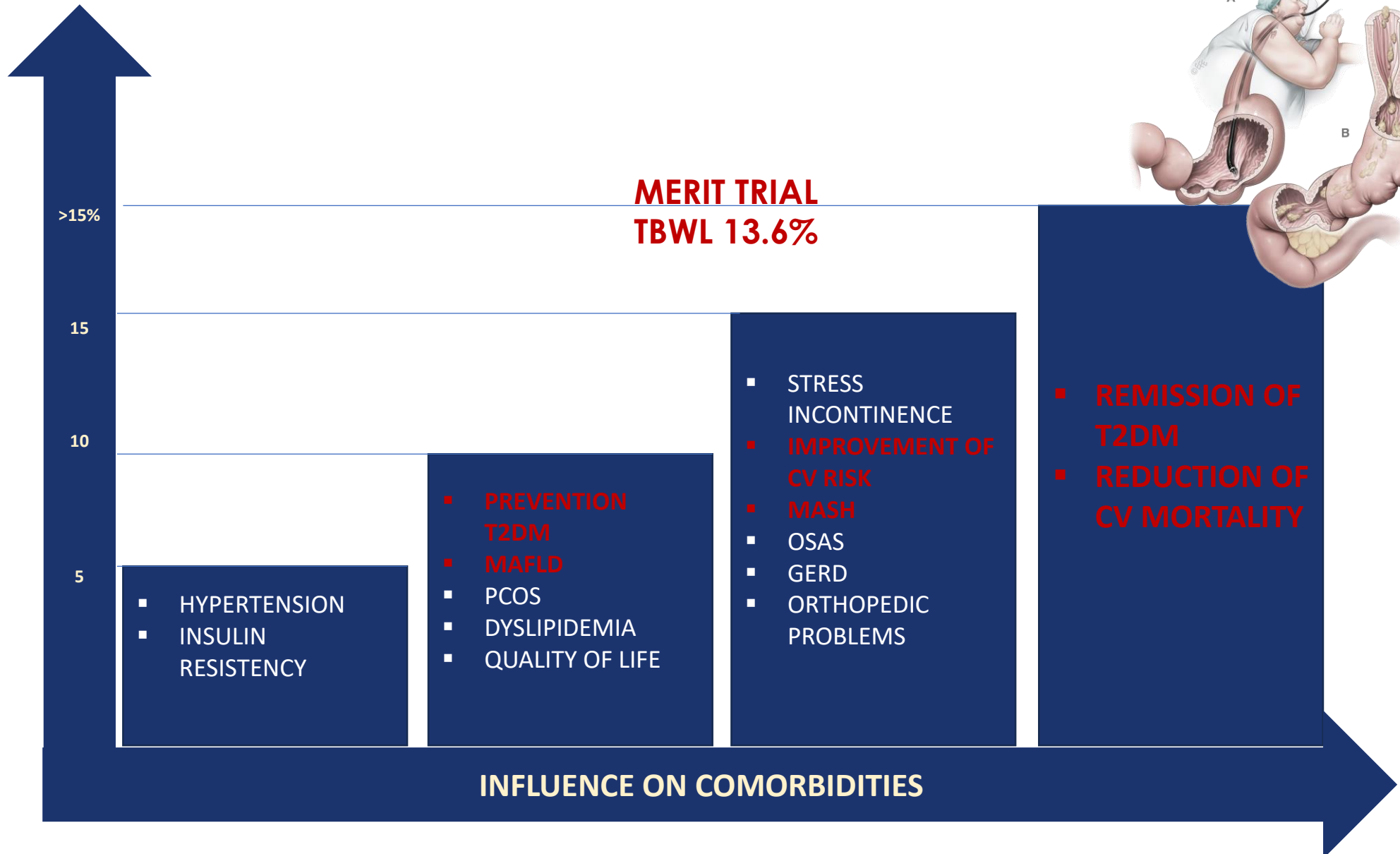


B TBWL at 12 Months



ESG Versus Control Weight Loss



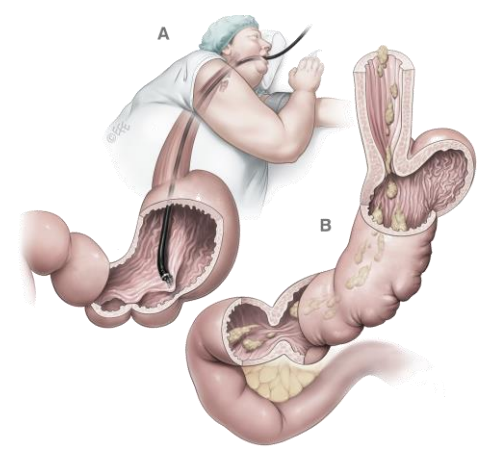




EVIDENCE Meta-Analysis

Medium-Term Weight Loss and Remission of Comorbidities Following Endoscopic Sleeve Gastroplasty: a Systematic Review and Meta-analysis

Matyas Fehervari^{1,2,3} · Michael G Fadel¹ · Laith Omar Khalaf Alghazawi¹ · Bibek Das¹ ·
María Rita Rodríguez-Luna^{4,5} · Silvana Perretta^{4,6,3} · Andrew Wan² · Hutan Ashrafian¹



Data from **7525** patients.

Pooled short-term TWL

16.2% (95% CI 13.1–19.4%) n = 5659.

Pooled medium-term TWL s

15.4% (95% CI 13.7–17.2%) n = 4040.

Diabetes Resolution

55.4% (95% CI 46–64%),

Hypertension Resolution

62.8% (95% CI 43–82%),

Dyslipidaemia Resolution

56.3% (95% CI 49–63%),

OSAS Resolution

51.7% (95% CI 16.2–87.3%)

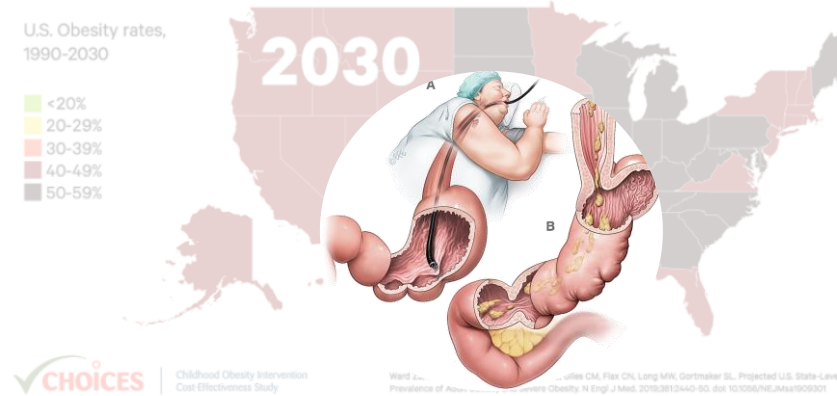
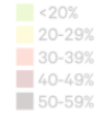
This pooled analysis demonstrates that ESG can induce durable weight loss and resolution of obesity-associated comorbidities in patients with moderate obesity.

ESG

- **IS HERE TO STAY**
- **IT IS NOT A COMPETITOR, IT IS AN INDISPENSIBLE ADJUNCT TO OBESITY TREATMENT.**
- **AS IT STANDS, IT SERVES TO MEET 99% OF THE UNMET NEEDS OF PATIENTS.**

Nearly half of Americans will have obesity by 2030

U.S. Obesity rates,
1990-2030



PLEASE DON'T FEED ME TO THE SHARKS AS YOU SAID YOU WOULD.



XXVII Ifso World Congress



Melbourne 2024