Ronald Liem, chair

IFSO Registry Committee 6 September 2024

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Recently retired committee members:

2018	Jaques Himpens	Belgium	EC	IFSO Past President
2018	Ricardo Cohen	Brazil	LAC	IFSO President-Elect
2018	Villy Våge	Norway	EC	SOReg
2019	Amir Ghaferi	USA	NAC	Michigan Registry
2019	Francois Pattou	France	EC	French Registry
2019	John Morton	USA	NAC	MBSAQIB
2019	Lilian Kow	Australia	APC	IFSO Past President
2021	Mario Musella	Italy	EC	Italian Registry

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2019	John Morton	USA	NAC	MBSAQIB
2019	Lilian Kow	Australia	APC	IFSO Past President
2021	Mario Musella	Italy	EC	Italian Registry

Thank you very much!

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New IFSO committee regulations; new composition:

2024	Mohamed Hany Ashour	Egypt	MENAC	
2024	Anthony T. Petrick	USA	NAC	
2024	Praveen Raj	India	APC	
2024	Benjamin Clapp	USA	NAC	
2024	Erik Stenberg	Sweden	EC	
2024	Ana Carolina Batista Dantas	Brazil	LAC	
2021	Camillo Boza	Chili	LAC	
2021	Nasser Sakran	Israel	EC	
2019	Mehran Anvari	Canada	NAC	Vice-Chair
2018	Salman Al Sabah	UAE	MENAC	
2018	Ronald Liem	Netherla	nds	Chair
2015	Wendy Brown	Australia	APC	Past Chair

MBSAQIP SOReg

Chilean Registry Israelian Registry Ontario Registry Kuwait Registry DATO AUS/NZ Registry

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Mission:

- Provide the most credible and transparent information available on metabolic bariatric surgery
- Provide descriptive data about caseload and penetrance of surgery for metabolic disease and obesity in various countries
- ✓ Real-world post approval surveillance of procedures and devices

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History

- ✓ The first IFSO Global registry report was produced in 2014
- ✓ Inclusion of individual level data created significant challenges for IFSO particularly with the rigorous standards required by General Data Protection Regulations (GDPR)



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2022: A new direction for the IFSO global registry report

- ✓ only aggregated data from established national or regional registries:
 - data is already analysed as a mean or a median, no individual data transfer required
- ✓ data dictionary focusing on demographic and descriptive data only
 - only including national or regional registries, properly representing the activity of that location
 - > outcome data is inconsistently collected by registries around the world

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Obesity Surgery (2023) 33:1463–1475 https://doi.org/10.1007/s11695-023-06545-y

ORIGINAL CONTRIBUTIONS





Development of a Bariatric Surgery Core Data Set for an International Registry

Karen D. Coulman^{1,2,3} · Katy Chalmers^{1,2} · Jane Blazeby^{1,2} · John Dixon⁴ · Lilian Kow⁵ · Ronald Liem⁶ · Dimitri J. Pournaras³ · Johan Ottosson⁷ · Richard Welbourn⁸ · Wendy Brown⁹ · Kerry Avery^{1,2}

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Key Points

- ✓ Consistency of data collected across bariatric surgery registries is needed
- ✓ This project developed a core set of data items for bariatric surgery registries
- ✓ Items prioritized include baseline information, effectiveness, and safety outcomes

Obes Surg 2023, Coulman et al.

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Table 4Delphi surveyrespondents

Specialty	Round 1 ¹		Round 2 ²		
	Total number of responses	Stakeholder repre- sentation (%)	Total number of responses	Stakeholder representation (%)	
Surgeon	156	57.3	68	55.3	
Bariatric physician	14	5.1	5	4.1	
Specialist nurse	16	5.9	7	5.7	
Dietitian	58	21.3	28	22.8	
Psychologist	11	4.0	7	5.7	
Other	16	5.9	8	6.5	
Total	272		123 (45.2%)		

Obes Surg 2023, Coulman et al.

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Table 6 Final items proposedfor the bariatric surgery CoreRegistry Set

Core set 1: Baseline information only (4 items) History of any bariatric procedures Age of patient Height of patient Sex of patient **Core set 2: Effectiveness outcomes (4 items)** Weight Diagnosis of type 2 diabetes Medication for type 2 diabetes Long standing reflux, or use of medication (gastro-esophageal reflux or GERD) Core set 3a: Surgical procedure information (1 item) Name of surgical procedure e.g. sleeve gastrectomy, one-anastomosis gastric bypass **Core set 3b: Potential complications and side-effects of surgery (3 items)** Clinical malnutrition Whether a re-intervention occurred, including a classification of its severity, e.g., Clavien-Dindo or similar

Death from surgical complications whilst still in hospital (in-hospital mortality)

Obes Surg 2023, Coulman et al.

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Data collection

✓ REDCap

Data Label	Definition	Purpose
Record ID	A unique ID for the contributing member country	To ensure database records can be distinguished
Country	Country designation as per IFSO specifications	To distinguish between countries
Year of Patient Operations	The calendar year of the aggregate data being reported	To distinguish between reporting years
Primary	Primary surgery is a bariatric surgery on a stomach that has not yet had a completed bariatric procedure.	To identify the differences in Operation type between countries, sexes, and potential other factors
Revisional	Revisional surgery is a conversion bariatric procedure that is changing the bariatric procedure from one type to another. It excludes remedial and salvage procedures such as port revisions on gastric bands, dilitation of stenoses/ strictures, sub-total and total gastrectomies and reversals of gastric bands.	To identify the differences in Operation type between countries, sexes, and potential other factors
Sleeve Gastrectomy	The number of sleeve gastrectomies completed	To understand the different procedure types undertaken in primary vs revisional context by countr
One Anastomosis Gastric Bypass	The number of One Anastomosis Gastric Bypass completed (also none as Single Anastomosis Gastric Bypass or Mini Gastric Bypass)	To understand the different procedure types undertaken in primary vs revisional context by country
Roux-en-Y Gastric Bypass	The number of Roux-en-Y Gastric Bypass completed	To understand the different procedure types undertaken in primary vs revisional context by country
Gastric Band	The number of Gastric Band procedures completed	To understand the different procedure types undertaken in primary vs revisional context by countr
Other / Unknown	The number of all other bariatric procedures completed including (but not limited) to duodenal switch, bilio-pancreatic diversion, single anastomosis duodeno-lieostomy, stomach intestinal pylorus sparing surgery, gastric imbrication, gastroplasty or procedures with an unknown procedure type. Sleeve gastrectomy, OAGB, RYGB and gastric band procedures should be excluded from this category.	To understand the different procedure types undertaken in primary vs revisional context by countr

		Data Access Group:
Editing existing Record ID 25.		
Event: 2022		
Record ID		25 To rename the record, see the record action drop-down at top of the <u>Record Home Page</u> .
Country and	Year	
Country		
Year of Patient Operations		2022 Le. data in this form should be for all patients who had a barlatric operation in the specified year
Do the operations you are reporting cover all of calendar year 2022?		O Yes O No
* must provide value		resi

	Female	Male
Primary		
Revisional		

	Aut	to Calculated Totals
	Female	Male
l procedures	View equation	View equation

Total Procedures Other/Unknown Sex:

Sleeve gastrectomy One anastomosis gastric band (OAGB) Roux-en-Y gastric bypass (RYGB) Gastric band Other / Unknown Primary C

View equation

Please enter values as procedure counts where the primary procedure type was one of a primary/revisional/unspecified surgeries

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Melbourne 2024

IFSO Global Registry Data Submission Guide

February 2023 v1.1

National and respected regional registries

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National and respected regional registries

- ✓ Case finding in the different Chapters
 - what countries do not have a national registry (yet)?
 - > what countries have a national registry without IFSO registry participation
 - where and how can the committee support national initiatives?

✓ Suggestion:

chapter representatives in Registry Committee inventarise their own chapter and report back at next committee meeting

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9th IFSO Global Registry Report

- ✓ after receiving USA data, final analysis
- ✓ reporting as 2023
- \checkmark introduction and textual adjustments by chairs and IFSO president
- $\checkmark\,$ reviewing by committee before publication
- ✓ draft manuscript for Obesity Surgery

NEW for 9th report

- ✓ including trends
- ✓ ...???

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any other bussiness

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