IFSO
MELBOURNE 2024

KELVIN HIGA

LIFE MEMBER 2024









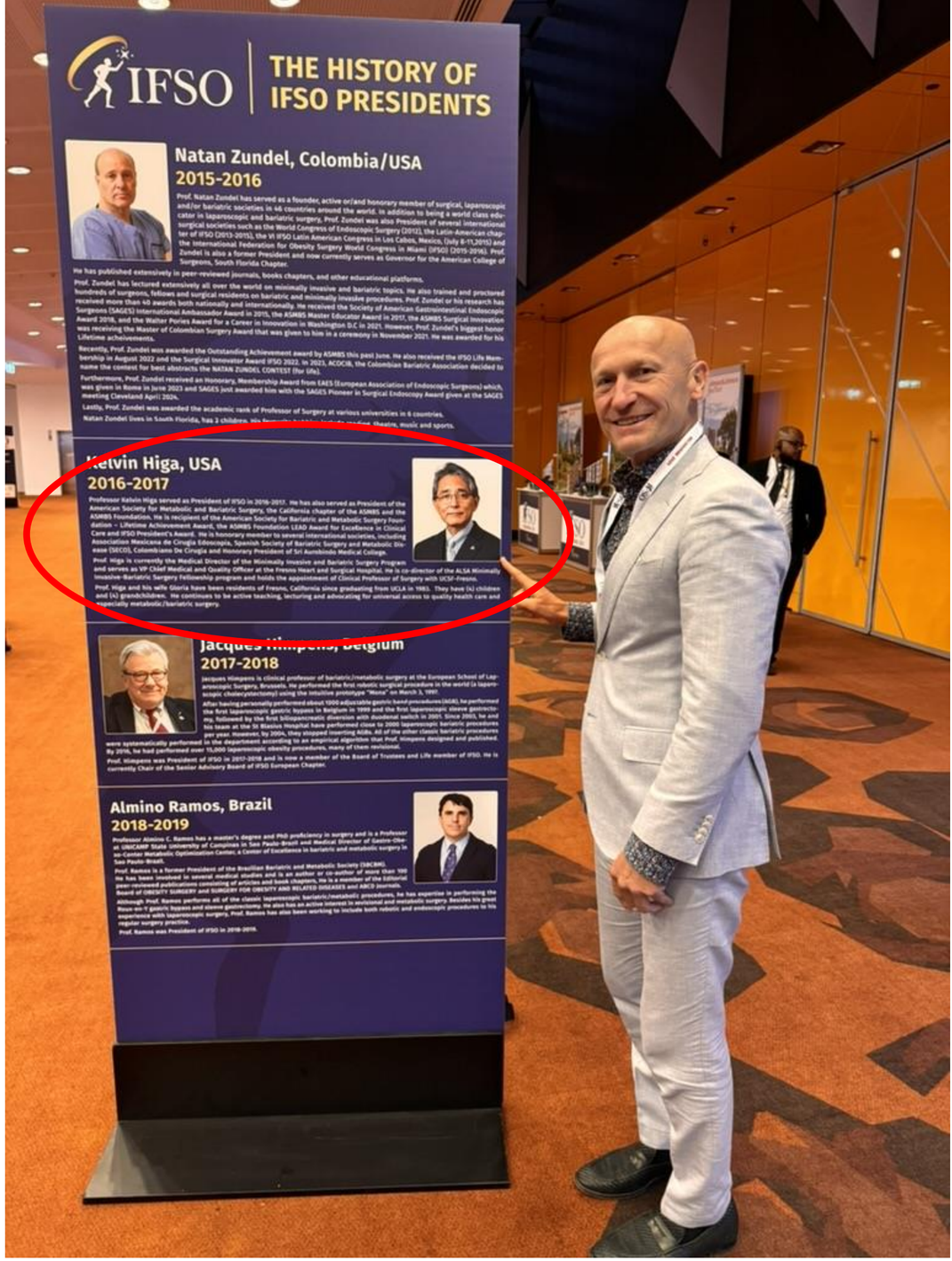


Professor Kelvin Higa

President of IFSO in 2016-2017.
President of ASMBS, the California chapter of the ASMBS and the ASMBS Foundation.
Recipient of the ASMBS Foundation - Lifetime Achievement Award, the ASMBS Foundation LEAD Award for Excellence in Clinical Care and IFSO President's Award.

Honorary member to several international societies, including
Association Mexicana de Cirugia Edoscopia,
Spanish Society of Bariatric Surgery and Metabolic Disease (SECO),
Colombiano De Cirugia and
Honorary President of Sri Aurobindo Medical College.

Medical Director of the Minimally Invasive and Bariatric Surgery Program and serves as VP Chief Medical and Quality Officer at the Fresno Heart and Surgical Hospital.
He is co-director of the ALSA Minimally Invasive-Bariatric Surgery Fellowship program and holds the appointment of Clinical Professor of Surgery with UCSF-Fresno.
Prof. Higa and his wife Gloria have been residents of Fresno, California since graduating from UCLA in 1983. They have (4) children and (4) grandchildren. He continues to be active teaching, lecturing and advocating for universal access to quality health care and especially metabolic/bariatric surgery.




Jacques Himpens

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JOHN DIXON

HONORARY MEMBER 2024

Dr John Dixon is one of the **leading clinical researchers into obesity**, creating impactful studies regarding the risks and complications of obesity in conjunction with weight loss treatments and their effect on our health.

Beginning his career as a country General Practitioner, Dr John Dixon became inspired to research and investigate the issue of obesity and the impact it has in Australia and globally.

The experienced clinician has produced **over 300 original research and review publications** in the obesity and weight gain area of health and is well-versed and experienced with all effective weight management therapies currently available.

Focused on seeing findings translated into clinical practice and on patient advocacy for patients with obesity, John is involved in a wide range of organizations both in Australia and internationally.

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WENDY BROWN

SCIENTIFIC EXCELLENCE AWARD 2024

Scientific Excellence Award

Professor Wendy Brown was the first woman to be appointed Chair of the Monash University Department of Surgery in 2015.
She is also the Director of the Centre for Obesity Research and Education (CORE) and Clinical Lead for the National Bariatric Surgery Registry and the Victorian Upper GI Cancer Registry.

Professor Brown's areas of expertise include bariatric and upper gastrointestinal surgery, including cancer and reflux disease. Her research focuses on optimally managing the chronic disease of obesity and measuring the effects of weight loss on health, quality of life and survival.

Wendy contributed as a leader to the establishment and success of the IFSO Global registry
She contributed to numerous IFSO position statements

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SILVIA LEITE

INTEGRATED HEALTH EXCELLENCE AWARD 2024

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Johnson & Johnson
MEDTECH

Sandeep Makkar

J&J MedTech

CORPORATE PARTNER AWARD 2024

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WORLD CONGRESS PRESIDENT 2023

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DICK MANRIQUE

LAC CONGRESS PRESIDENT

2024

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EC CONGRESS PRESIDENT 2024

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MORITZ FELSENREICH

EC CONGRESS 2024

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AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Sarfraz Khokhar
Khokhar@rasimo.com

XXVII IFSO World Congress

IFSO MELBOURNE 2024

Melbourne 2024

[ ] I have no potential conflict of interest to report

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

- Type of affiliation / financial interest: Research Scientist at Rasimo Systems

Presenting

Kevin Lee

An AI Program

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Background: Key points

AI-based Digital Platform

individualized approaches to weight loss and maintenance through lifestyle intervention.

Weight Maintenance

Challenge regardless of the weight loss methodology.

Psychosocial Conditions

Motivation, self efficacy, cognitive framing, accountability, social support, health literacy

Sustained Energy Balance

Energy intake ≤ Energy expenditure

Desirable resetting body weight

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Objective

To validate and quantify the efficacy of an AI-based lifestyle intervention digital platform for nonmedical weight loss maintenance implementing multidisciplinary approach.

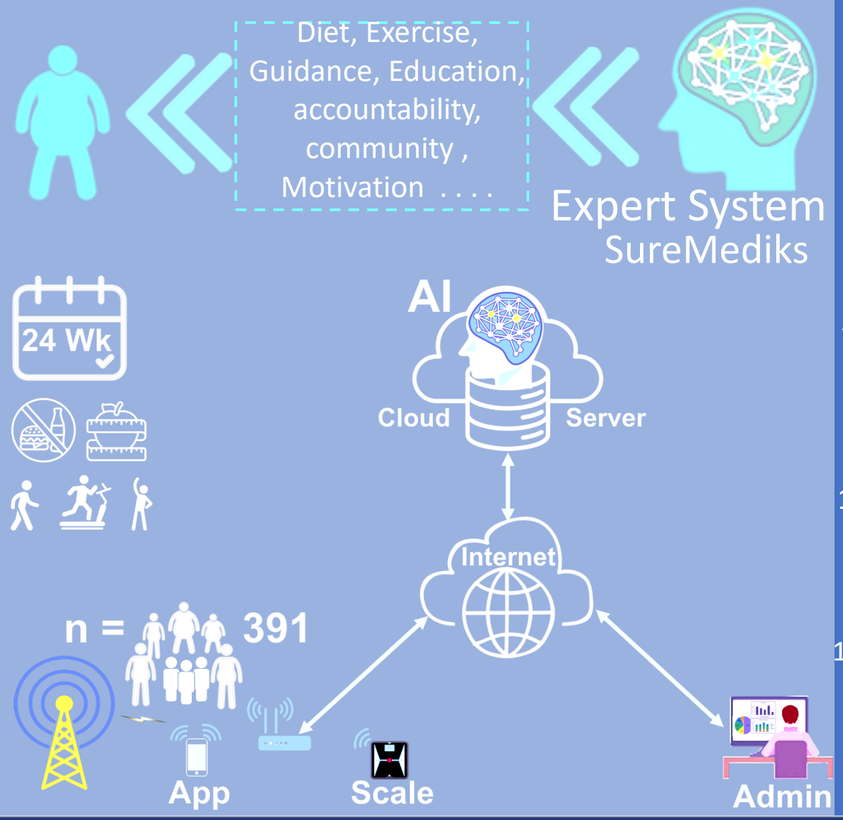
- This 24-week long study presented now, is the second phase focusing on weight maintenance.
- First phase focused on weight loss, achieved mean weight loss of 13.9% of initial weight for n =391. Results published on April 4, 2024 in Obesity Surgery Journal.

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

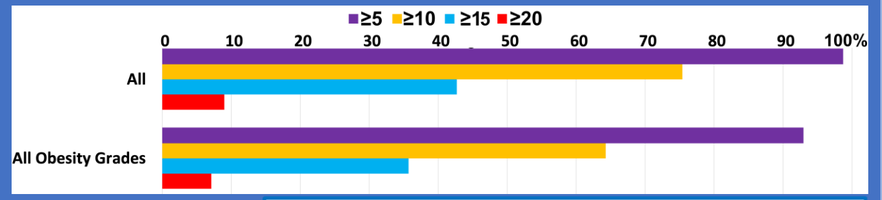
Weight loss with an AI-powered digital platform for lifestyle intervention

METHOD



RESULTS

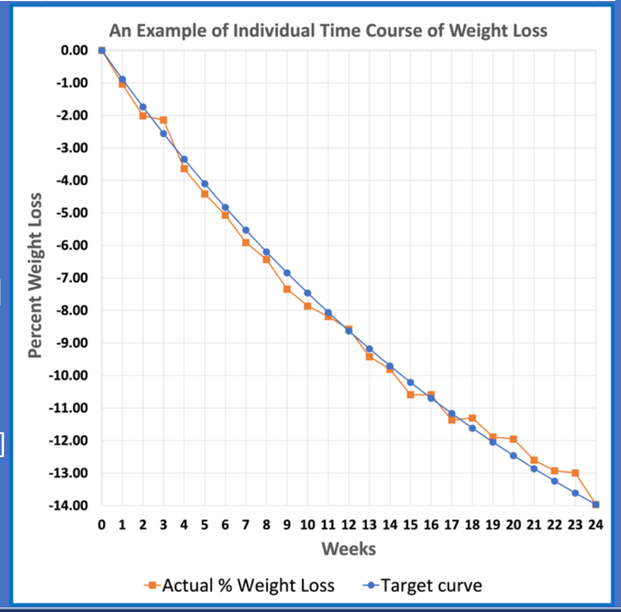
Weight Loss % ≥5, ≥10, ≥15, and ≥20 Population



Weight Loss

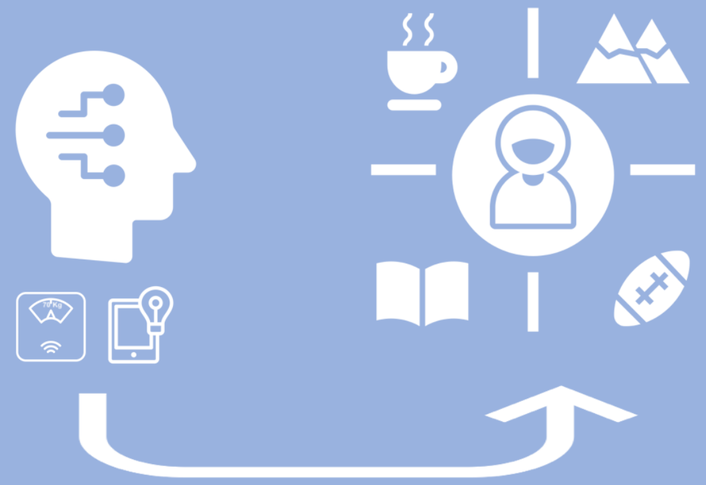
Percent
13.9 ± 4.4[3.8-22.0]

Kilograms
16.8 ± 7.11[3.5-37.2]



CONCLUSION

AI-assisted lifestyle intervention with user friendly personalized features has extensive benefit for obesity management



Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

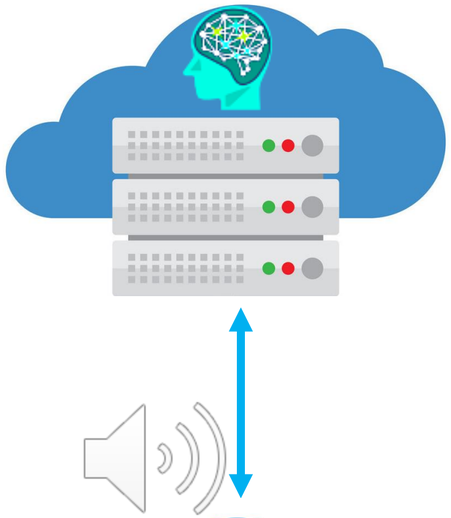
Method

- **n=357** (58.5% female, 41.5% male) : Control to treated ratio 1:2
- μ_{Age}= 43.56 , σ_{Age} =12.60 years, and range of 21-71 years
- 6 groups

Participants baseline weight (kg) and BMI

	Overweight 25 < BMI< 30		Obesity I 30 ≤ BMI < 35		Obesity II 35 ≤ BMI < 40		Obesity III 40 ≤ BMI < 50		Obesity IV 50 ≤ BMI < 60		Obesity V 60 ≤ BMI ≤ 70		Overall 25 < BMI ≤ 70	
	Treated	Control	Treated	Control	Treated	Control	Treated	Control	Treated	Control	Treated	Control	Treated	Control
No. of participants	21	10	33	17	31	16	72	37	43	22	37	18	237	120
Start weight mean, $\boldsymbol{\mu_{wt}}$	82.2	78.6	87.6	86.1	102.4	100.2	120.4	121.8	146.6	141.4	159.1	162.0	116.4	115
Start weight SD, $\boldsymbol{\sigma_{wt}}$	10.1	10.7	10.5	10.4	13.2	9.3	17.4	17.7	18.3	17.5	12.1	7.5	13.6	73.1
Start BMI mean, $\boldsymbol{\mu_{BMI}}$	27.9	28	32.6	32.6	37.3	37.9	44.9	44.9	54.4	54.4	64.5	64.6	43.6	43.7
Start BMI SD, $\boldsymbol{\sigma_{BMI}}$	1.5	1.6	1.5	1.6	1.6	1.5	2.8	2.9	2.8	3.0	2.9	2.8	2.2	2.2

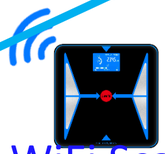
Calories intake based on Effective Metabolic rate and weight maintenance performance



Cellular Tower

Mobile App

WiFi Router



WiFi Scale

Field Trial Records

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

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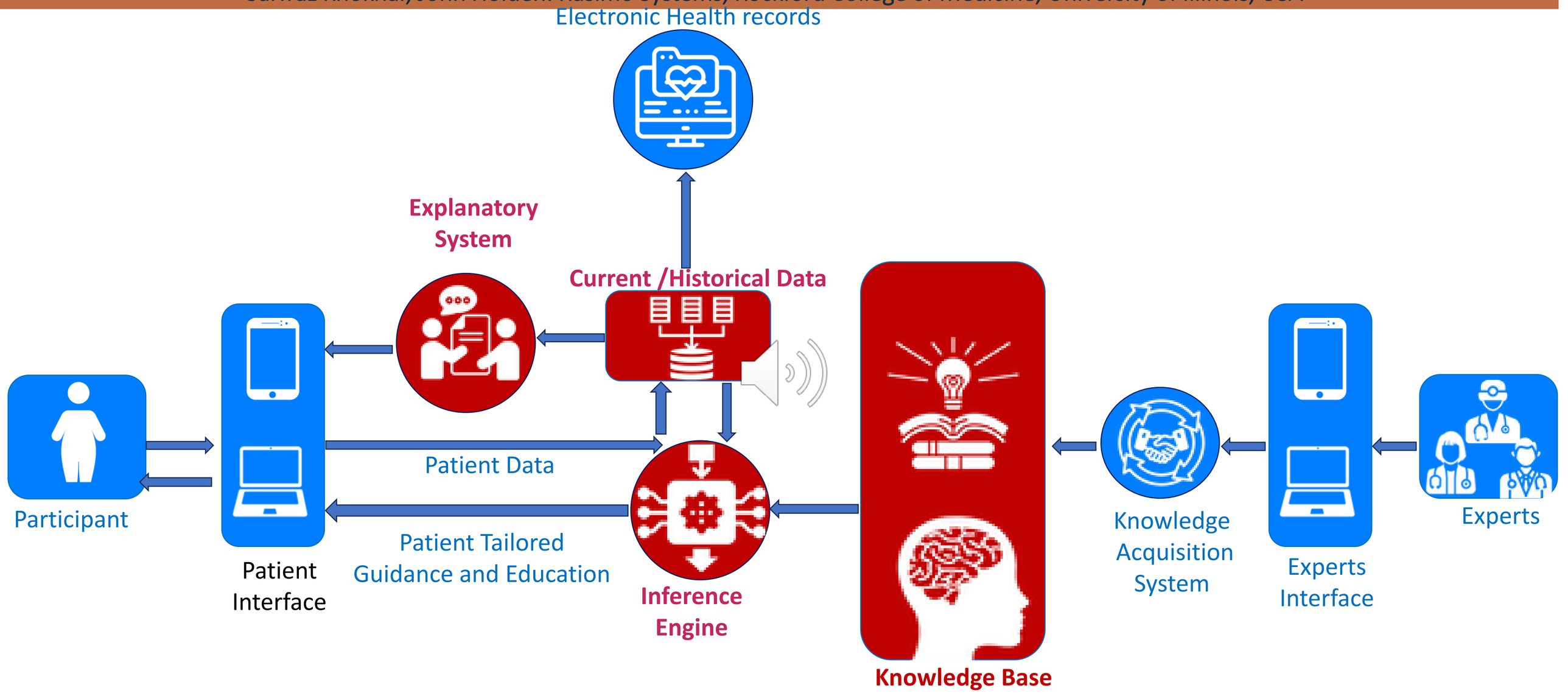

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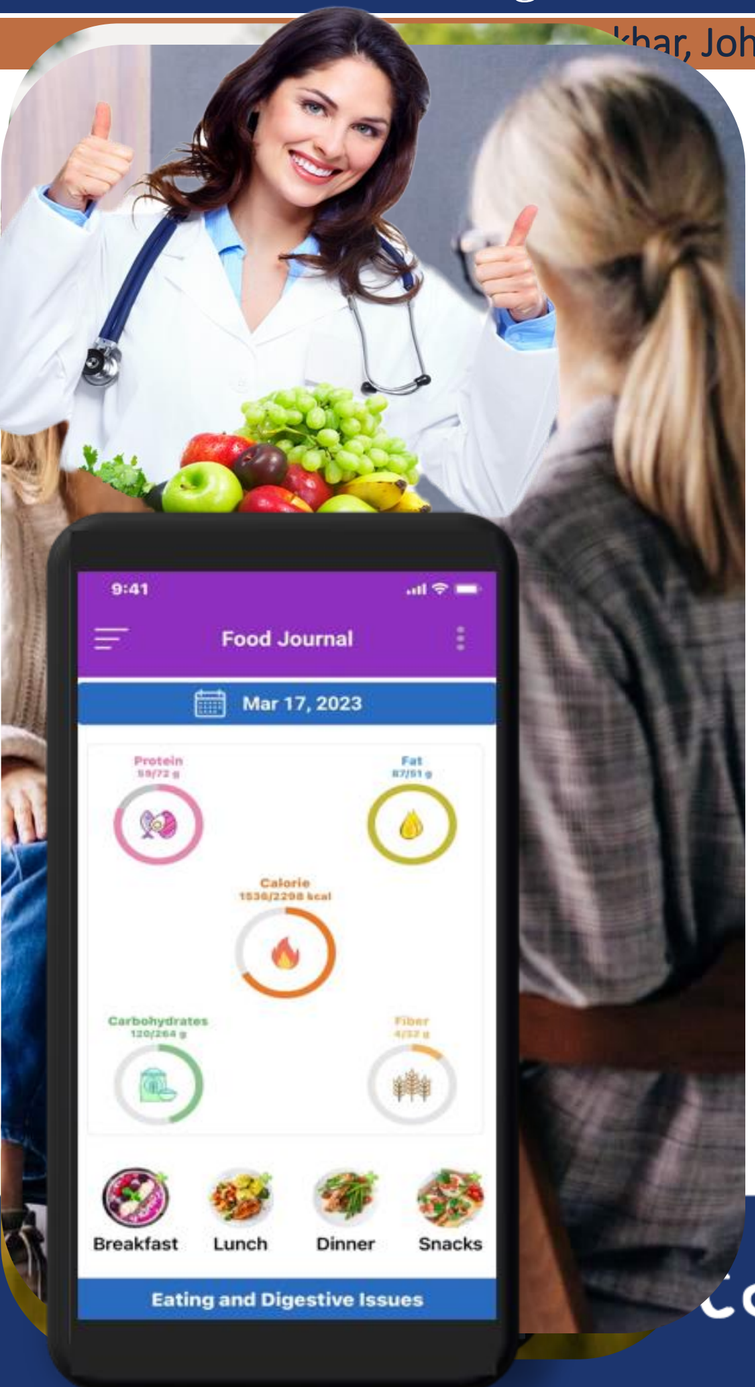

Multidisciplinary Support for the Participants

Complete Diet and Exercise, plans, journaling and tracking

Sticking to diet plans and physical activity, metabolic rate calories, and balanced macronutrients

05

Implied psychosocial coaching

Self-efficacy, stress management, cognitive framing, Health literacy, social support

01

04

Motivation

Daily motivational messages, implied motivation in AI feedback and short-term goals achievement

Weight maintenance algorithm to avoid weight regain

Weight maintenance to avoid weight regain, using an intelligent algorithm

02

03

Accountability and community support

Sharing progress with accountability circle members,, sharing experience, message board, positive influence, gamification

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

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Implied Psychosocial Coaching

Stress management
Guiding patient to mindful meditation, deep breathing, exercising and relaxing

Cognitive framing
Encouraging patient to change negative thoughts into positive ones, chores to opportunity for selfcare and enjoyment

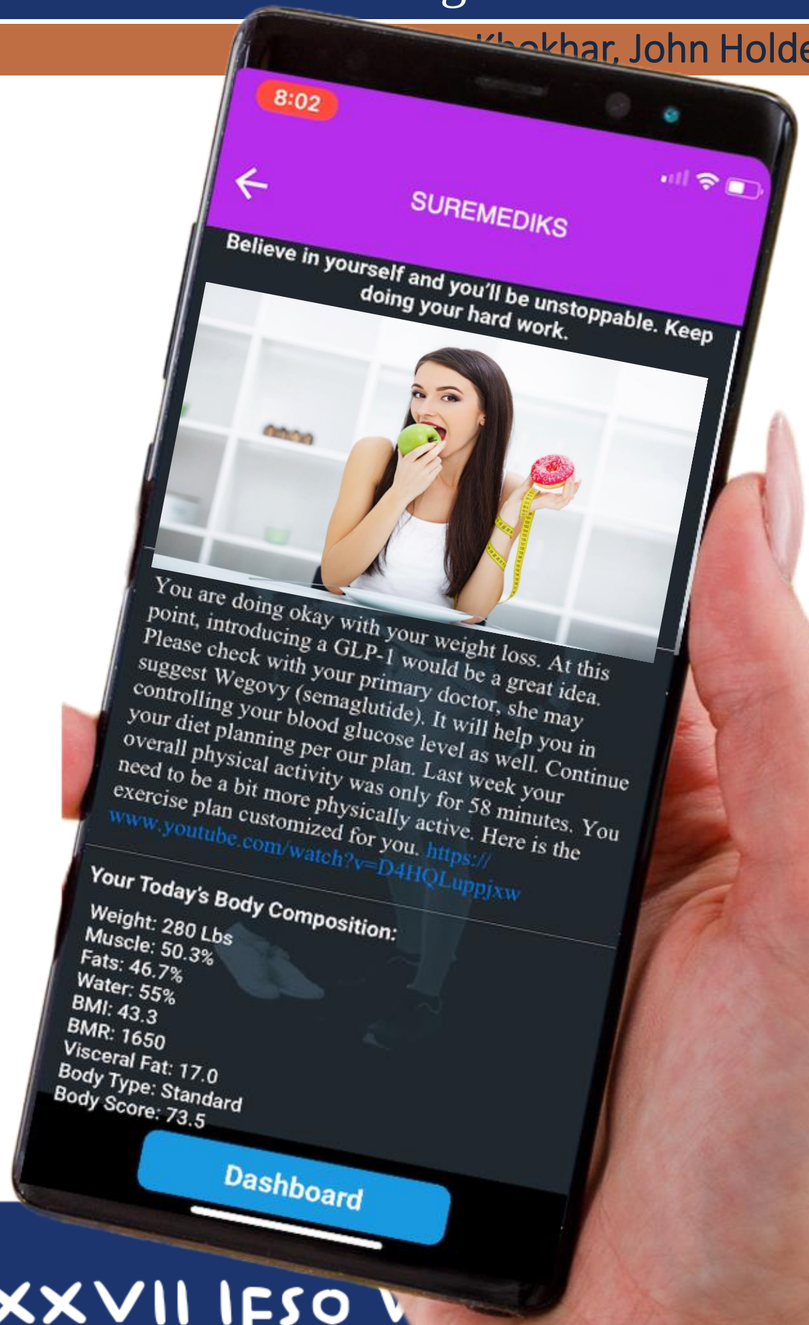
Self-efficacy
Making the patient believe in his/her ability to make and sustain positive health behavior

Social Support
Through accountability and community support, providing strong and meaningful connections

Health literacy
Guide patients to understand connection among lifestyle choices, metabolism, and cardiovascular health

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA



INSTANT AI GUIDANCE AND FEEDBACK

Guidance and education

Tailored and customized guidance and education

Effective treatment delivery

Effective, comprehensive, and automatic treatment delivery

Wide variety of media

All type of media options: video, webpage, PDF, text, audio

Additional Auidance supplements and medications

Excellent medium for new services, supplements, and medication

Instant feedback at every scale step in

Every time patent steps on scale, AI provides instant and tailored feedback

AI-based Weight Maintenance Digital Platform For Bariatric Patient: A Multidisciplinary Approach

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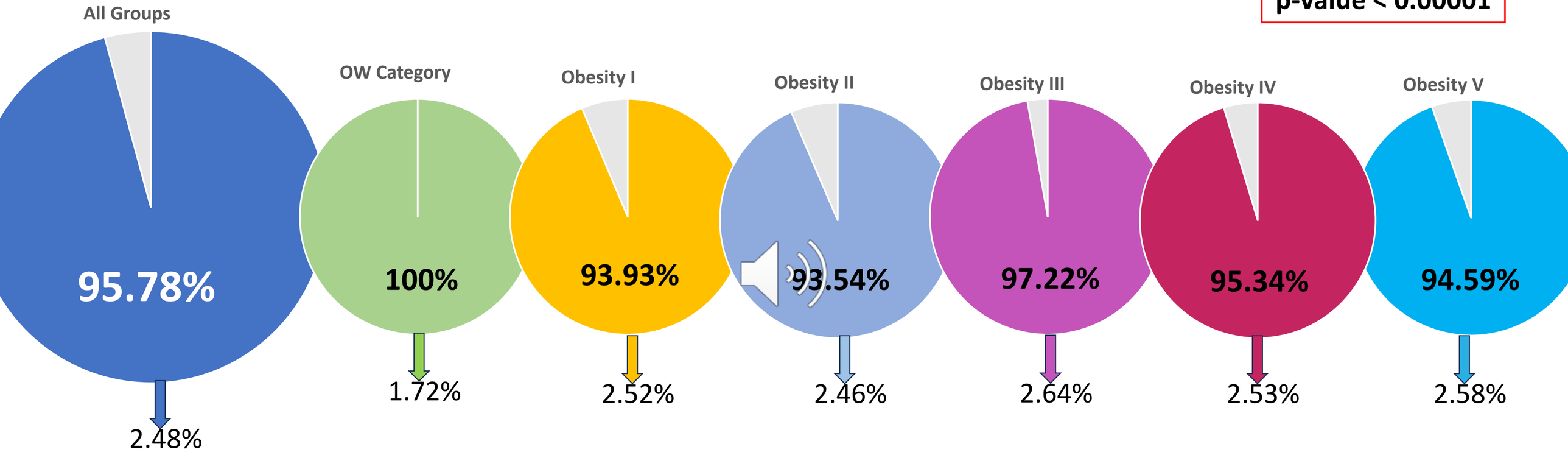
Results

Weight Maintenance along with Additional Weight Loss (AWL)

p-value < 0.00001



SD= 1.58, 95% confidence interval (CI): 2.27% - 2.68%

SD= 0.78, 95% CI: 1.6% -1.8%,

SD= 2.29, 95% CI: 1.71% -3.3%

SD = 1.50, 95% CI: 1.91% - 3.01%

SD = 1.42, 95% CI: 2.30% - 2.97%

SD = 1.44, 95% CI: 2.10% -3.00 %

SD = 1.60, 95% CI: 2.0% - 3.12%

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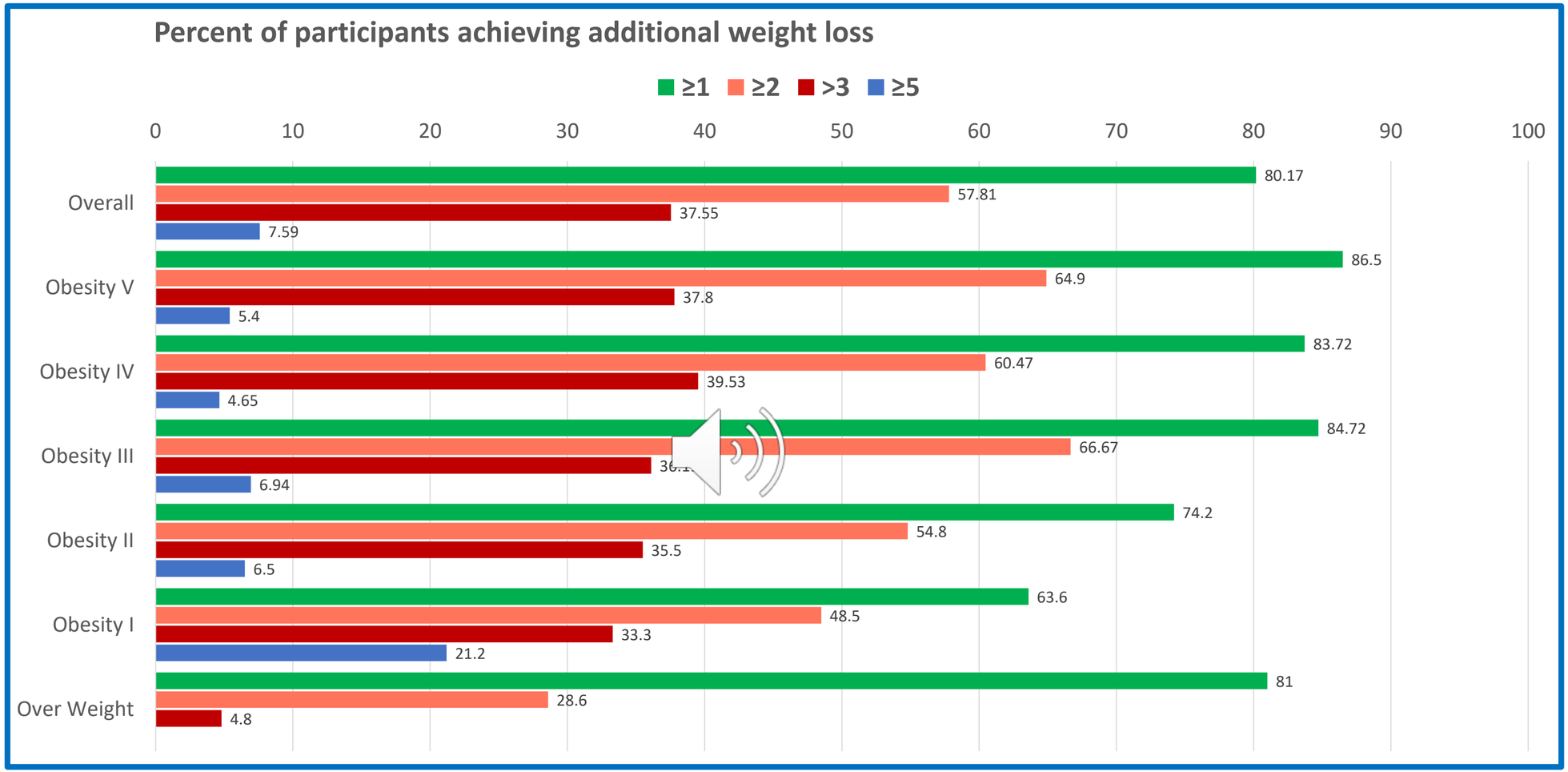
Results(2)



From control population (n= 120) 3% participants maintained their weight

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Results(4)

Features Correlation Matrix with p-values

	WL%	Gender	Age	BMI	Accountability circle members	Participation in gamification
WL%	1					
Gender	-0.0348242 0.59373007	1				
Age	-0.024826 0.70377485	0.02957402 0.65056446	1			
BMI	0.01118249 0.86402928	-0.0395937 0.54414829	-0.0671671 0.30314117	1		
Accountability circle size	0.78257761 2.836E-50	-0.0003332 0.99592894	-0.0640225 0.32639033	0.13149389 0.04313404	1	
Participation in gamification	0.66636133 8.5669E-32	-0.0258365 0.69231865	-0.0154766 0.81264597	0.1920321 0.00299411	0.72163621 2.09443E-39	1

Strong correlation with large significance

Significant correlation

AWL% ←→ Accountability, Gamification Accountability ←→ Gamification BMI ←→ Accountability, Gamification

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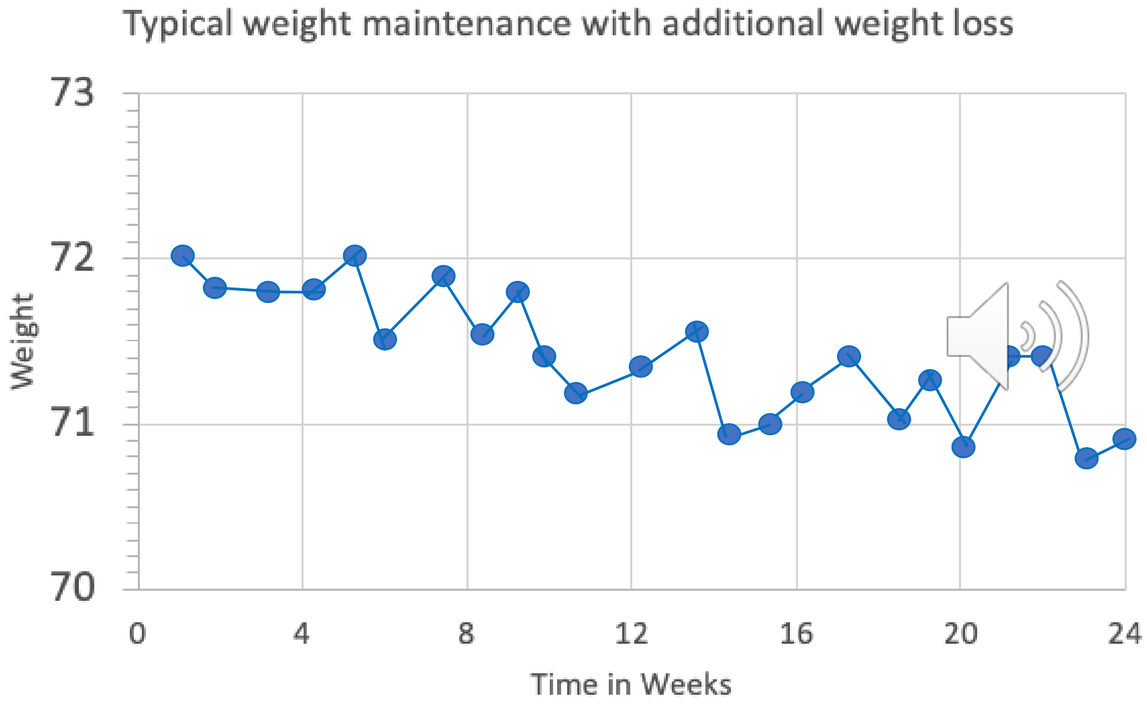
Results (5)



AI-based digital features brought down the rising weight gain trends

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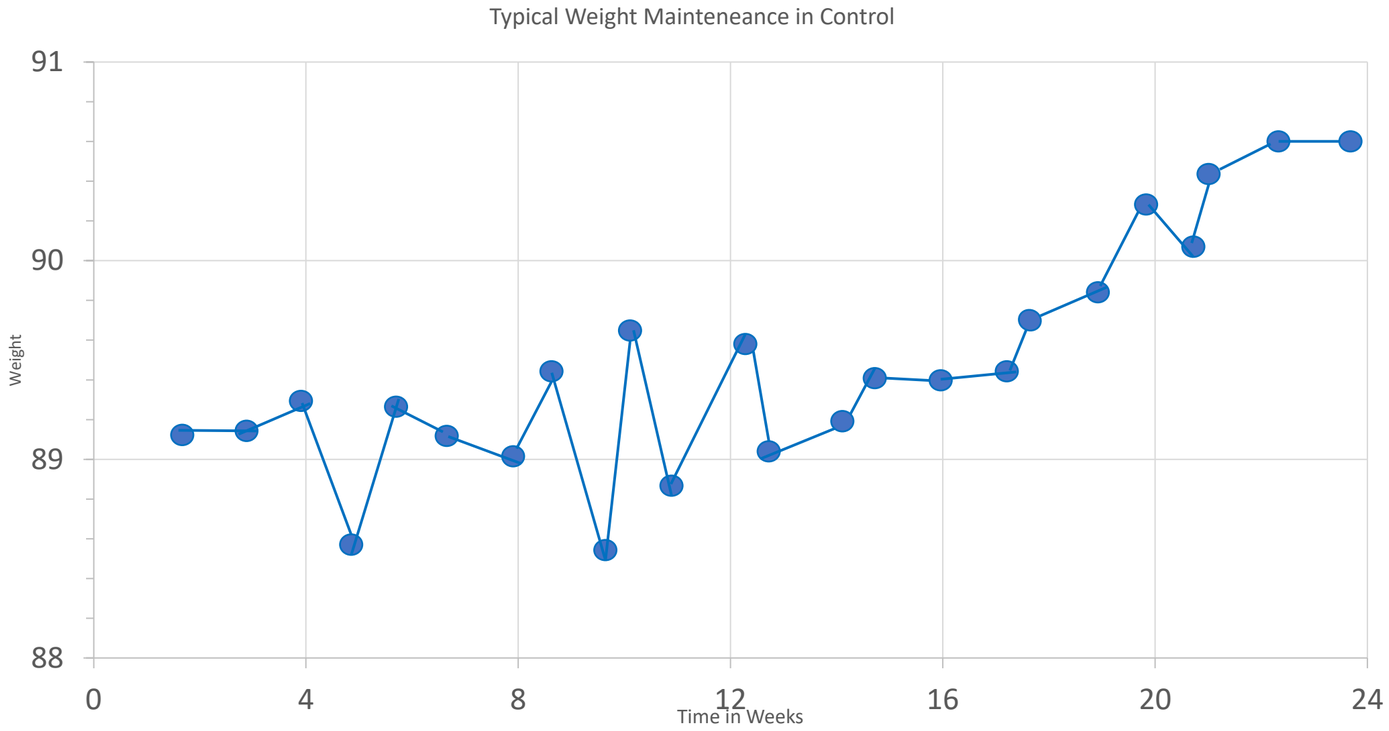
Results (11)



- Phase 1 study average weight loss of this control population =13.7%
- Phase 2 study average weight gain of this control population = 5.35%

From control population (n= 120) 3% participants maintained their weight

Sarfraz Khokhar, John Holden: Rasimo Systems, Rockford College of Medicine, University of Illinois, USA

Conclusion and Future Work

- Conclusion
  - Using an AI-assisted lifestyle intervention, with user-friendly and personalized features, people with all levels of obesity can maintain their weight loss. This type of intervention not only can help maintain the weight loss but also can contribute to additional weight drop.

- Future Work

- We are planning to use this very AI-based digital system platform, to run a field study to test, and validate, its efficacy in complementing GLP-1 weight loss and weight maintenance.
- Another future work in planning is to test the efficacy of the platform post-metabolic surgery, exclusively.

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Thank you!

Questions?

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Validation of the SF-BARI Score

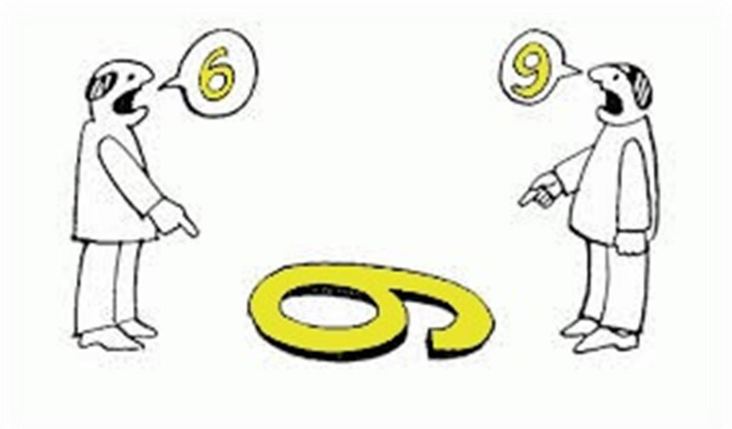
With registry data from Northern-Europe

F. Bruinsma, S. Hurme, R. Liem, S. Grönroos, S. Nienhuijs, V. Vage,
J. Ottosson, E. Stenberg, M. Bueter, R. Peterli, P. Salminen

Categorization of score

Response	SF-BARI Score	SF-BARI Score QOL
Excellent	≥ 135	≥ 150
Very good	110 to <135	125 to <150
Good	70 to < 110	75 to <125
Fair	35 to < 70	40 to <75
Suboptimal	< 35	< 40

No conflicts of interest



Background

- A need to compare results
- Many important outcomes after MBS
- High weight loss ≠ best procedure
- BAROS score?
  - Old (1998)
  - %EWL (categorized)
  - Unclear definitions

NOT FEASIBLE

BAROS Score

Weight Loss % of Excess Wt. or % of Excess BMI (POINTS)	Medical Conditions (POINTS)	Moorehead-Ardelt QUALITY OF LIFE QUESTIONNAIRE II
Weight Gain (-1)	Aggravated (-1)	MOOREHEAD - ARDELT QUALITY OF LIFE QUESTIONNAIRE SELF ESTEEM, AND ACTIVITY LEVELS *Please make a check in the box provided to show your answer.* 1. Usually I Feel... (Very Badly About Myself … Very Good About Myself) 2. I Enjoy Physical Activities... (Not At All … Very Much) 3. I Have Satisfactory Social Contacts... (None … Very Many) 4. I Am Able to Work... (Not At All … Very Much) 5. The Pleasure I get Out Of Sex Is... (Not At All … Very Much) 6. The Way I Approach Food Is... (I Live to Eat … I Eat to Live)
0 – 24 (0)	Unchanged (0)	
25 – 49 (1)	Improved (1)	
50 – 74 (2)	All major resolved Others improved (2)	
75 – 100 (3)	All major resolved Others improved (3)	
SUB TOTAL	SUB TOTAL	SUB TOTAL

COMPLICATIONS:
Minor: Deduct 0.2 point
Major: Deduct 1 point

REOPERATION:
Deduct 1 point

TOTAL SCORE

OUTCOMES GROUP SCORING

Failure	≤ 1
Fair	> 1 to 3 points
Good	> 3 to 5 points
Very Good	> 5 to 7 points
Excellent	> 7 to 9 points

Background

Research

JAMA Surgery | Original Investigation

Standardized Assessment of Metabolic Bariatric Surgery Outcomes
Secondary Analysis of 2 Randomized Clinical Trials

Ralph Peterli, MD; Saija Hurme, MSc; Marco Bueter, MD, PhD; Sofia Grönroos, MD; Mika Helmiö, MD, PhD; Paulina Salminen, MD, PhD

Background (SF-BARI Score)

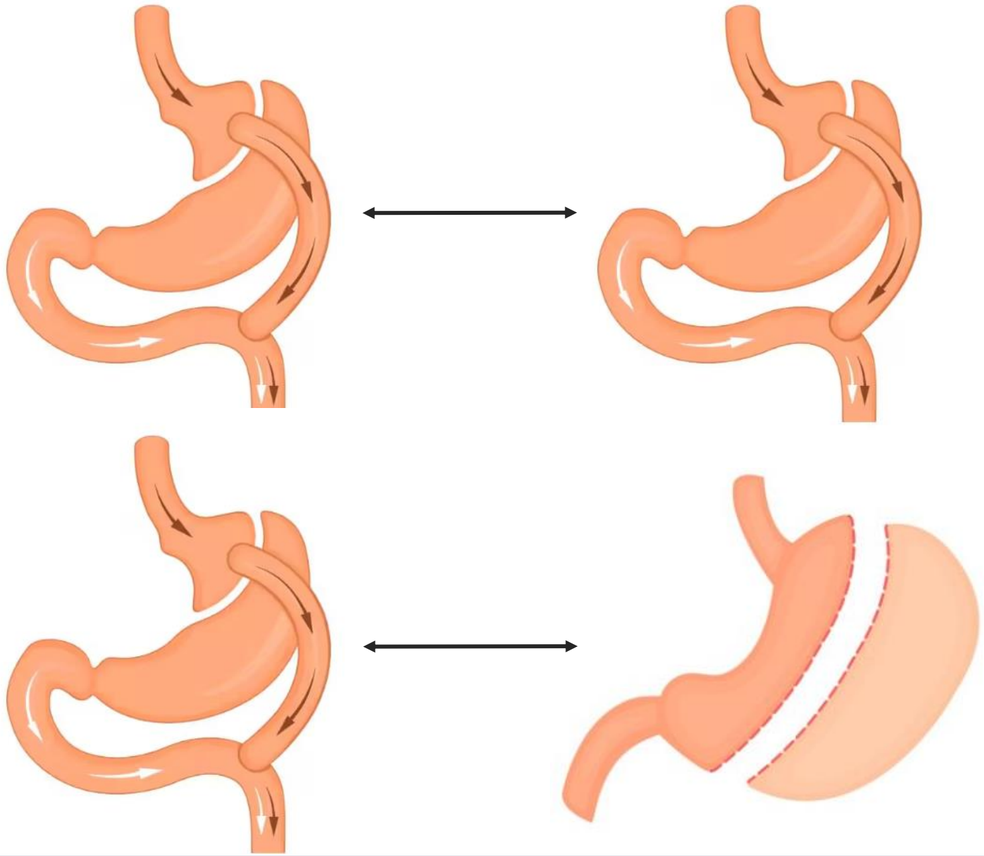
- **Composite Outcome measure**
  - %TWL
  - Comorbidity improvement
  - Complications
  - Quality of life (optional)
- Based on results from SLEEVEPASS and SM-BOSS

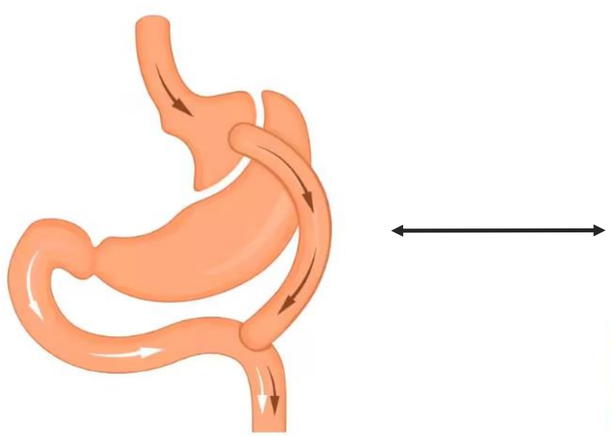
Table 2. Range of Scores by Main Outcome Areas and Categories of SF-BARI Score and SF-BARI Score QOL

Outcome	Score range
SF-BARI Score	
Weight loss	−20 to 130
Comorbidities	−30 to 70
Complications	−50 to 0
QOL	−30 to 30
Total score	−100 to 200
Response	
Excellent response	≥135
Very good response	110 to <135
Good response	70 to <110
Fair response	35 to <70
Suboptimal response	<35

Background

> Comparison between different treatment strategies





Patient selection

SOREG
SCANDINAVIAN OBESITY SURGERY REGISTRY

DICA DATO
Dutch Audit for Treatment of Obesity

Patient selection

- Primary surgery
- Registered weight at 1 and 5 years
- Availability of all baseline characteristics incl. comorbidity status
- Availability of comorbidity status during follow-up (1 and 5 years)

- **SOReg-S** (Sweden)
  - N = 10,662
- **SOReg-N** (Norway)
  - N = 3,834

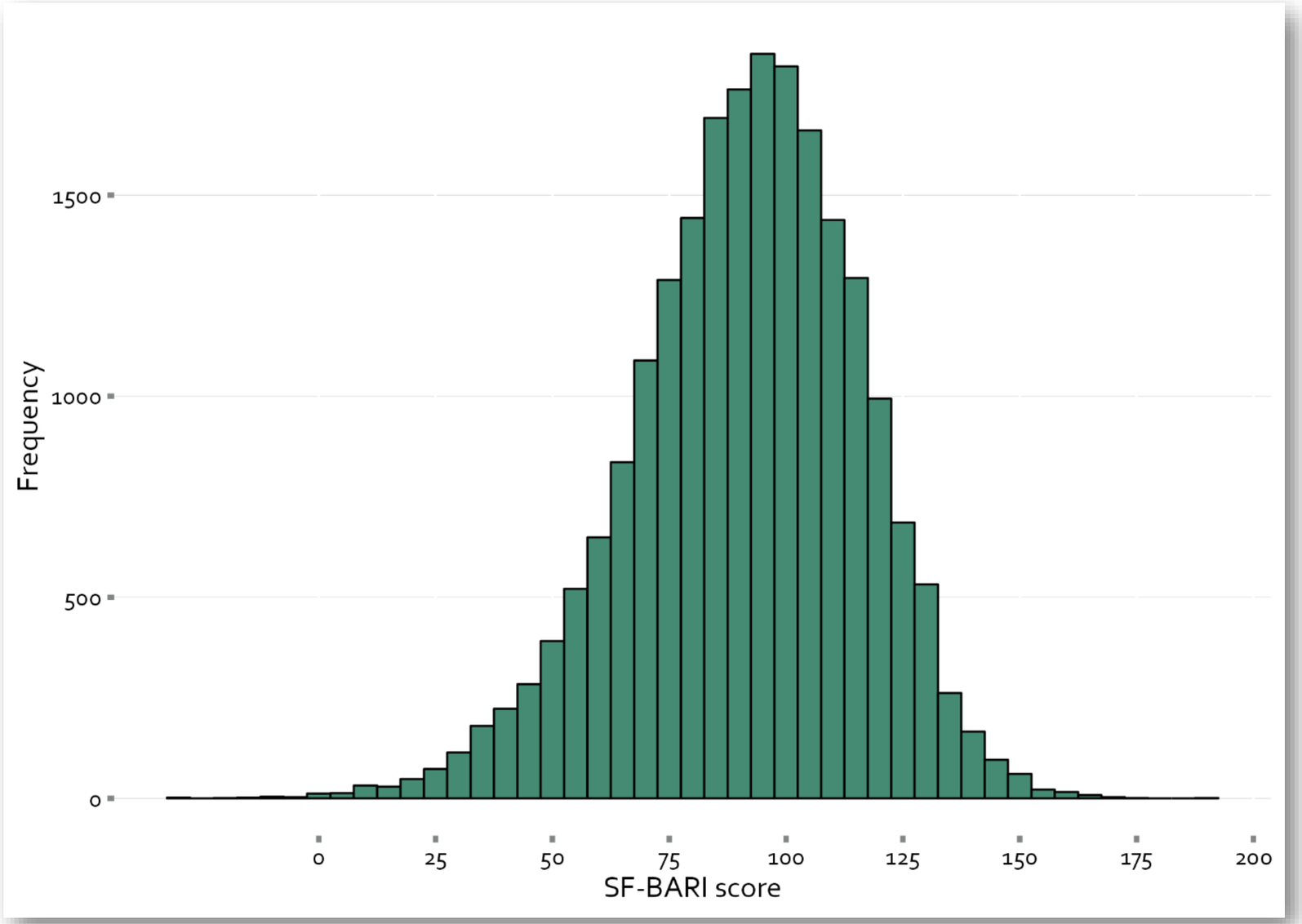
- **DATO** (the Netherlands)
  - N = 7,109

Baseline characteristics

		Merged registries	Merged RCTs
n		21,605	457
Age (mean (SD))		43.7 (11.1)	45.6 (10.7)
Sex (n, %)	Male	4,514 (20.9)	134 (29.3)
	Female	17,091 (79.1)	323 (70.7)
Operation (n, %)	Sleeve gastrectomy	4,528 (21.0)	228 (49.9)
	Roux-en-Y GB	16,071 (74.4)	229 (50.1)
	Other	1,006 (4.7)	na
Weight (mean (SD))		121.1 (19.7)	131.6 (23.5)
BMI (mean (SD))		42.3 (5.2)	46.0 (6.6)
Diabetes baseline (n, %)		3,604 (16.7)	155 (33.9)
Hypertension baseline (n, %)		6,577 (30.4)	293 (64.1)
Dyslipidemia baseline (n, %)		2,962 (13.7)	208 (45.5)
OSAS baseline (n, %)		2,599 (12.0)	161 (35.2)

x2!!

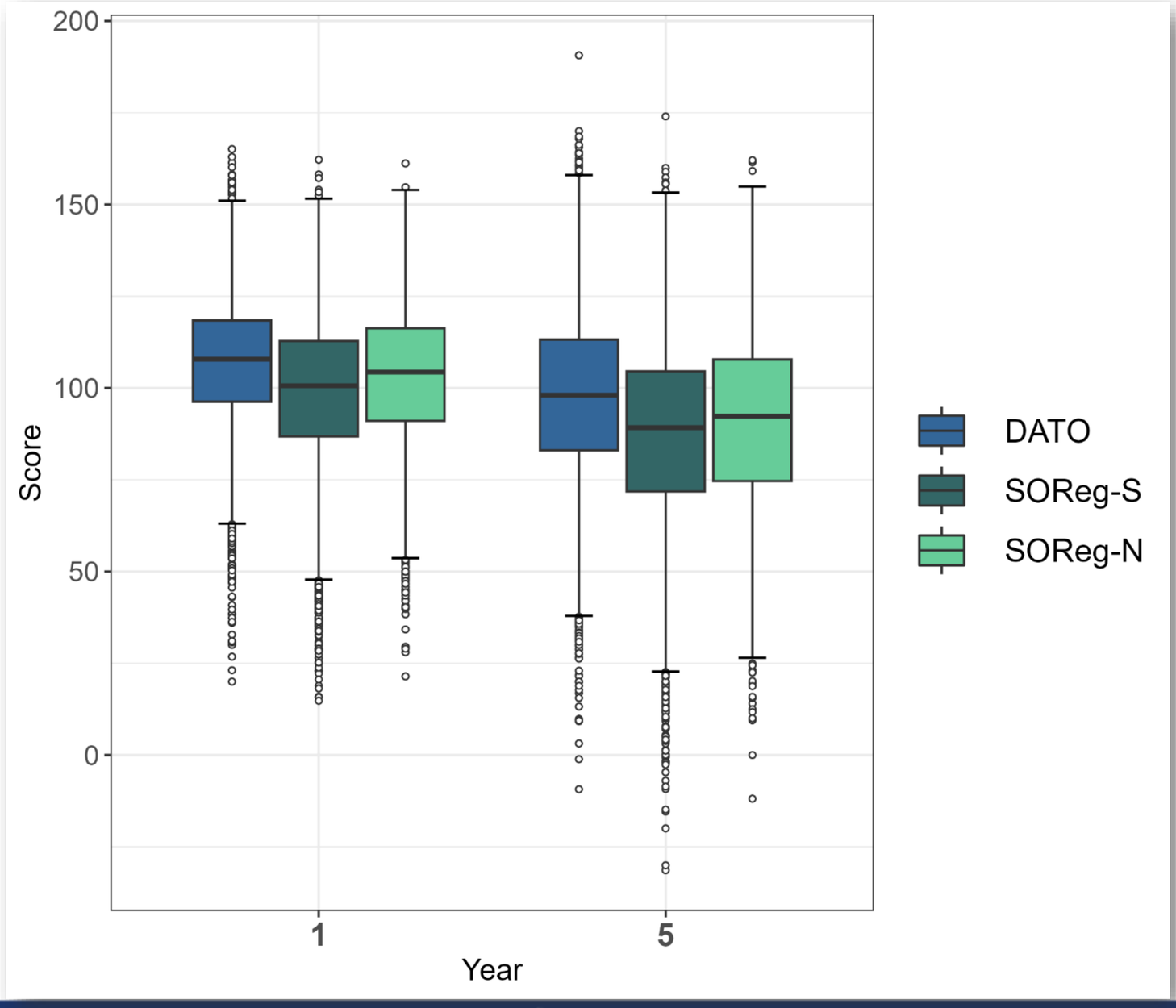
Results


1500
1000
500
0
Frequency
0
25
50
75
100
125
150
175
200
SF-BARI score

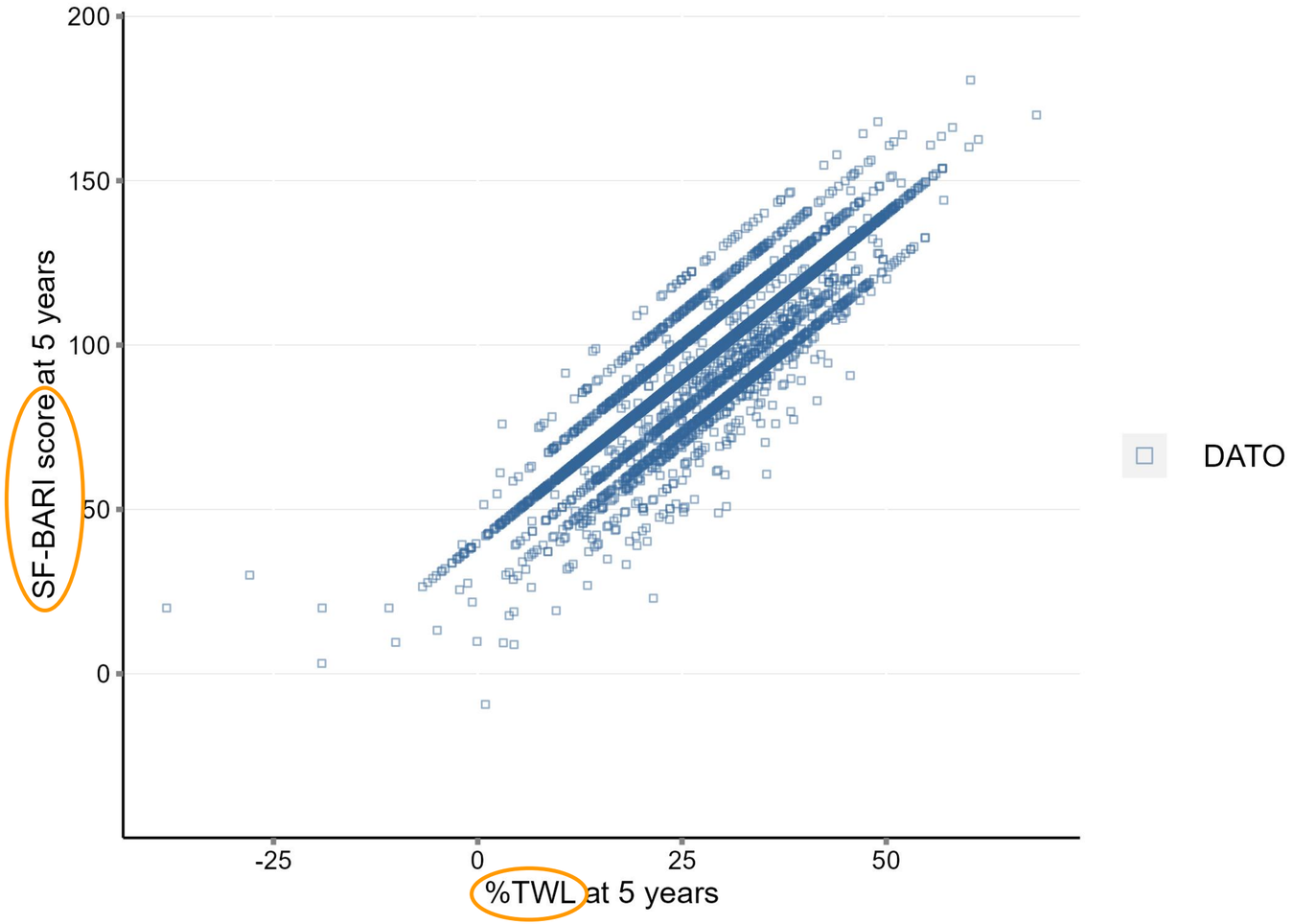
Results

	Merged registries		Merged RCTs	
	1 year	5 years	1 year	5 years
n	21,605	21,605	435	398
SF-BARI Score (mean (SD))	101.9 (19.1)	90.9 (24.1)	93.0 (21.9)	89.1 (29.0)
Category (n, %)				
Suboptimal (<35)	54 (0.2)	415 (1.9)	6 (1.4)	20 (5.0)
Fair (35 to <70)	1,215 (5.6)	3,529 (16.3)	58 (13.3)	81 (20.4)
Good (70 to <110)	12,569 (58.2)	12,965 (60.0)	276 (63.5)	194 (48.7)
Very good (110 to <135)	7,229 (33.5)	4,253 (19.7)	85 (19.5)	84 (21.1)
Excellent (≥135)	538 (2.5)	443 (2.1)	10 (2.3)	19 (4.8)
Percentiles (%)				
5th	67.8	48.3	55.1	35.0
25th	90.6	76.0	79.0	69.9
75th	115.2	107.6	107.0	110.6
95th	130.0	127.5	127.0	134.8
%TWL (mean (SD))	32.0 (7.7)	27.7 (9.9)	29.7 (8.0)	25.8 (10.7)

Results



Results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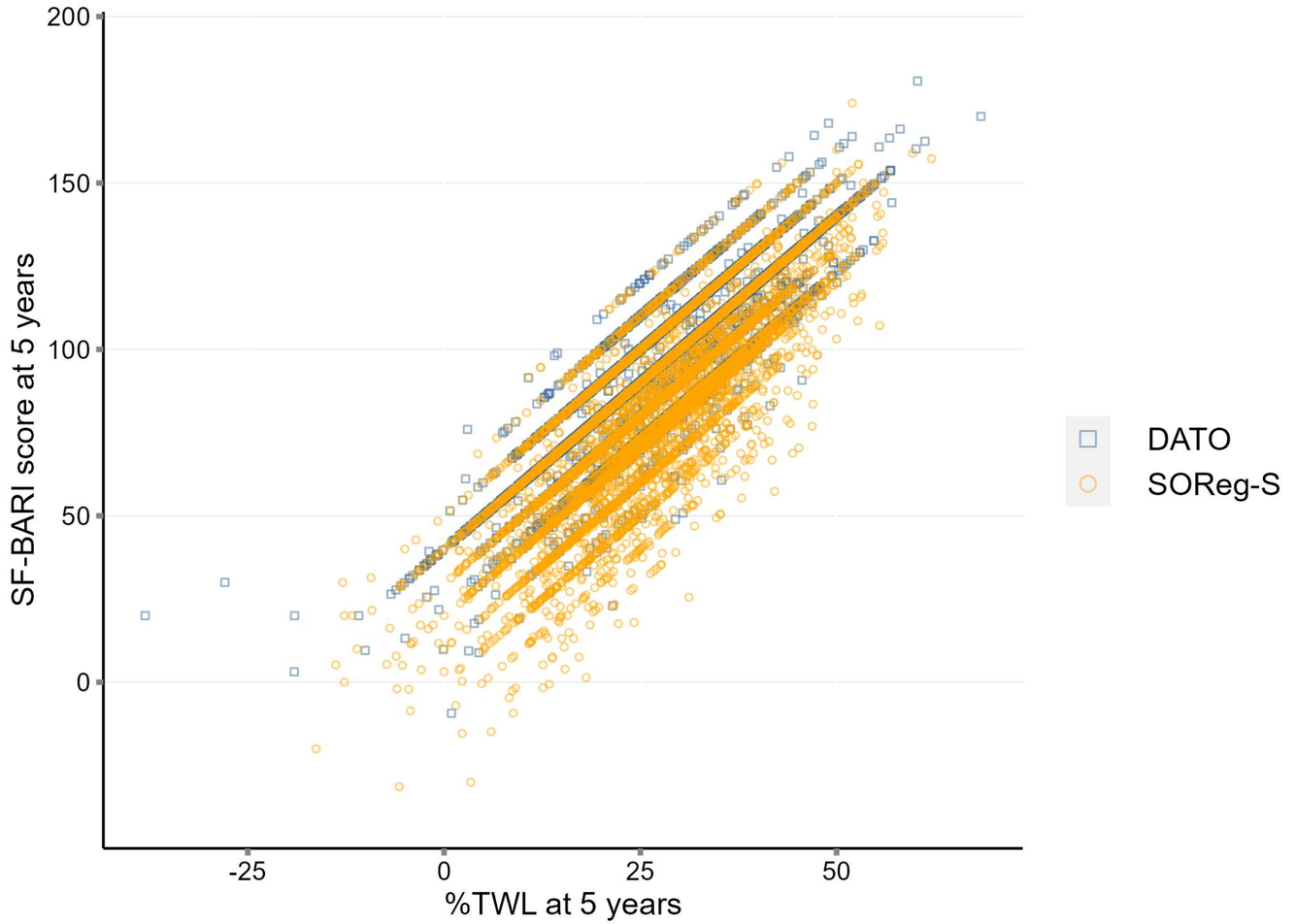
SF-BARI score at 5 years
-25
0
25
50
%TWL at 5 years
DATO

Results


200
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SF-BARI score at 5 years
-25
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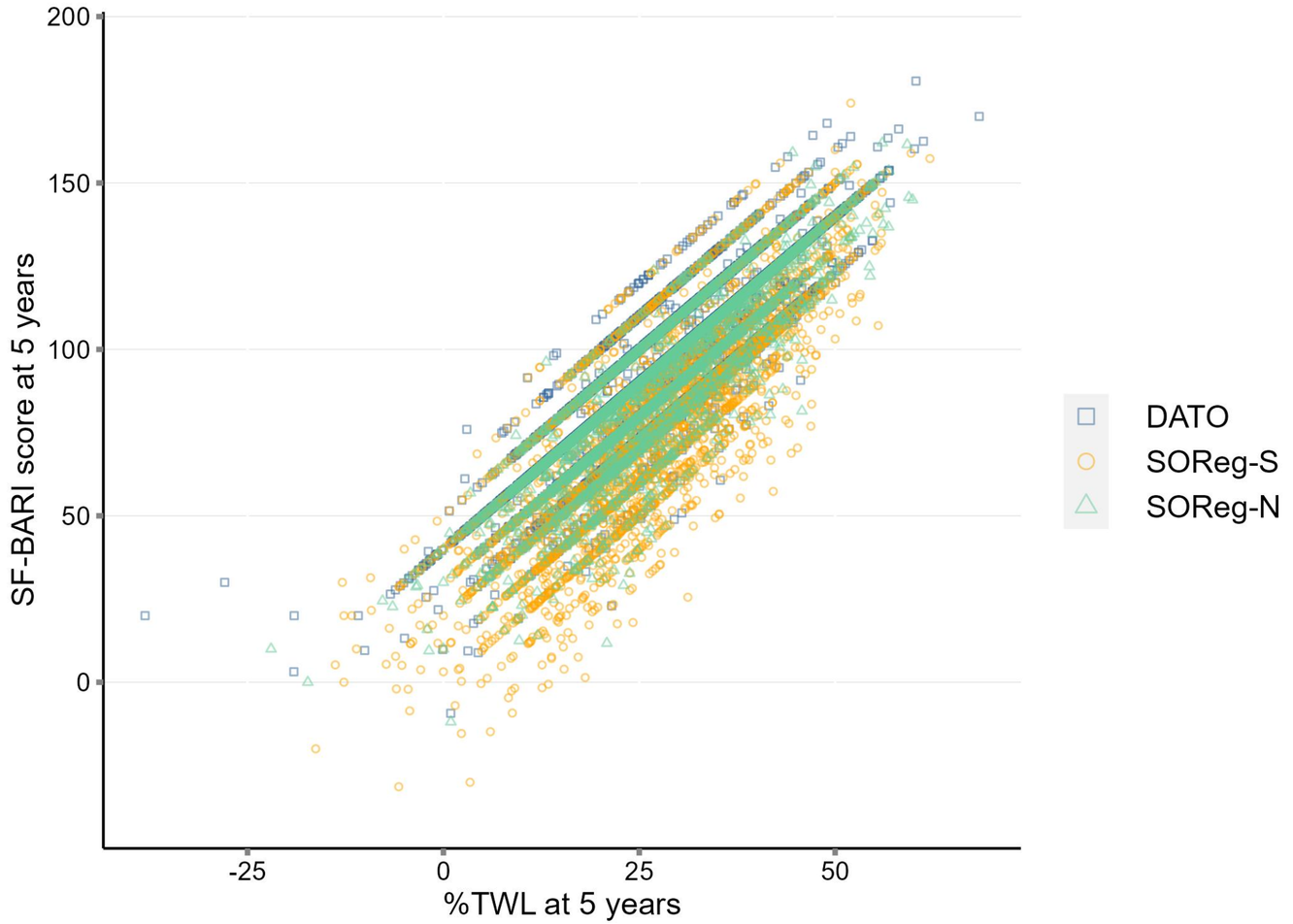
%TWL at 5 years
DATO
SOReg-S

Results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SF-BARI score at 5 years
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DATO
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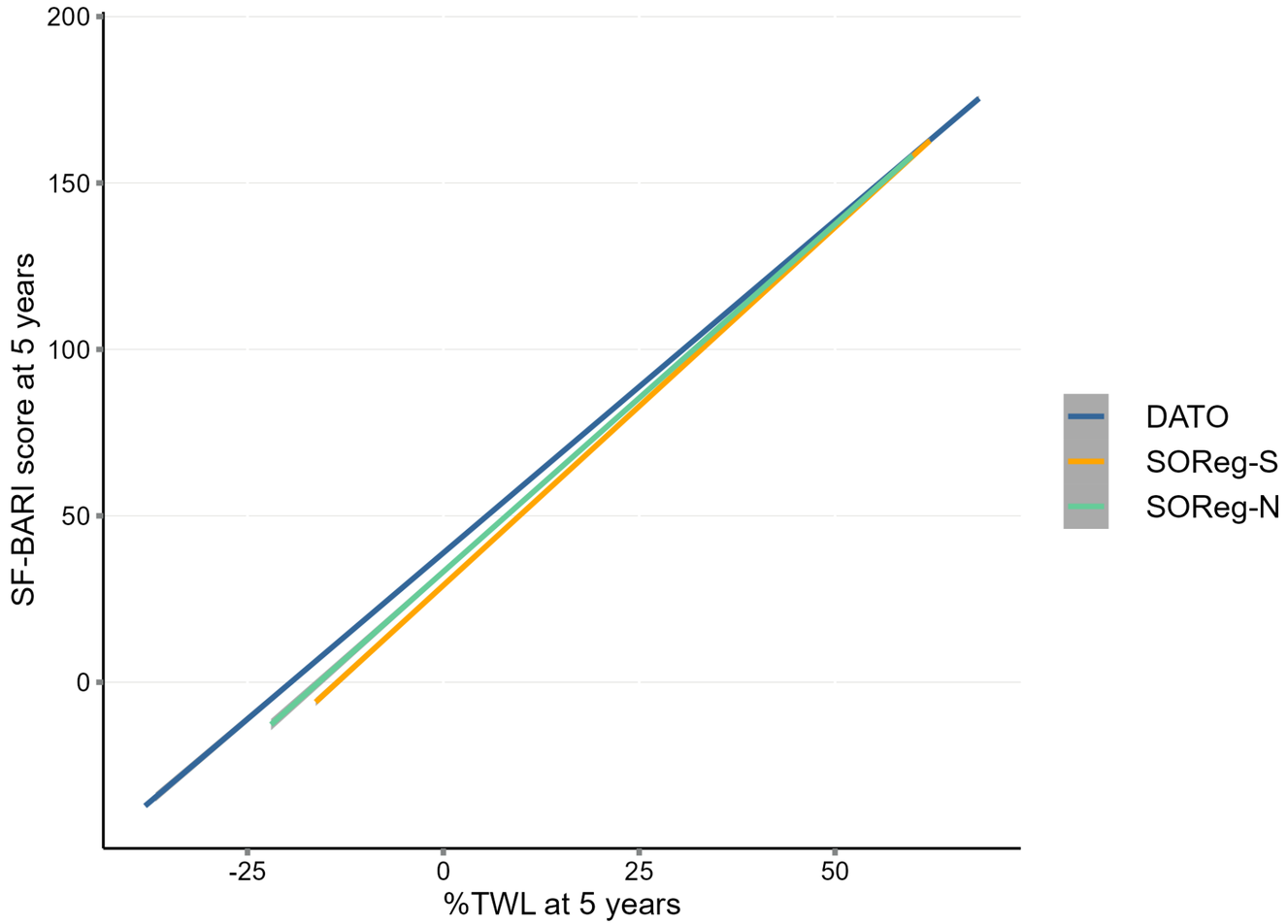
SOReg-N

Results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SF-BARI score at 5 years
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%TWL at 5 years
DATO
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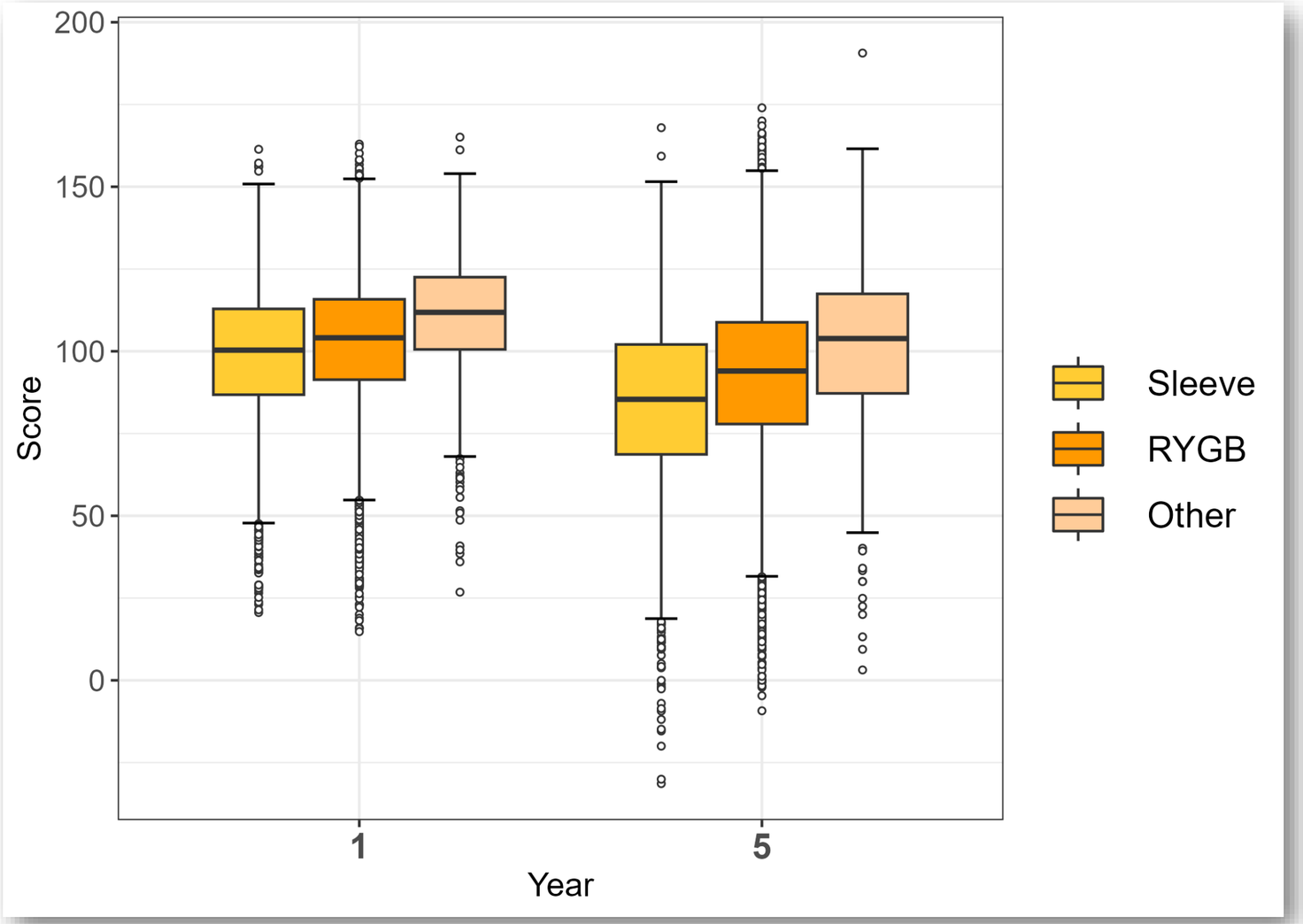
SOReg-N

Type of surgery



Multivariable linear regression analysis

		Beta	95% CI	p-value
Registry				
	DATO	***Ref.***		*< 0.01*
	SOReg-S	**-8.7**	-9.4, -7.9	
	SOReg-N	**-1.6**	-2.5, -0.62	
Operation				
	Sleeve	***Ref.***		*< 0.01*
	RYGB	**12**	11, 12	
	Other	**15**	13, 16	
Sex				
	Male	***Ref.***		*< 0.01*
	Female	**4.0**	3.2, 4.8	
Age		**-0.21**	-0.24, -0.18	*< 0.01*
BMI		**0.53**	0.47, 0.59	*< 0.01*
T2D		**-5.5**	-6.4, -4.5	*< 0.01*
Hypertension		**0.7**	-0.1, 1.5	*0.09*
Dyslipidemia		**-1.4**	-2.5, -0.4	*0.01*
OSAS		**-3.3**	-4.3, -2.3	*< 0.01*

Discussion

Conclusion:

- Validation showed comparable distribution of SF-BARI Score in external cohort
  → the RCT-based score is applicable to real-world data

- SF-BARI Score is only slightly influenced by baseline characteristics and therefore applicable in all patients

Discussion

Next step:

- Inclusion of PROMs in next validation (SF-BARI Score QoL)

Take home message:

- Research: → Reporting the SF-BARI Score in MBS research would aid in comparing outcomes
  → Also between different treatment modalities
- Clinical setting: → Positive reinforcement for patients who are not satisfied with their outcome

→ **Start implementing the SF-BARI Score**

SF-BARI Score

Swiss-Finnish Bariatric Metabolic Outcome Score

Special thanks to the contributors

Erik Stenberg
Johan Ottosson
Villy Våge
Hannu Sakari Lyyjynen
Simon Nienhuijs
Ronald Liem
Ralph Peterli
Marco Bueter
Paulina Salminen
Saija Hurme
Sofia Grönroos
Floris Bruinsma
And many more...

https://sites.utu.fi/sfbariscore/

Appendix

Supplement

		DATO	SOReg-S	SOReg-N	*P-value*
n		**7,109**	**10,662**	**3,834**	
Age (mean (SD))		43.6 (11.1)	44.0 (11.1)	43.1 (10.9)	*< 0.01*
Sex (n, %)	**Male**	1,144 (16.1)	2,472 (23.2)	898 (23.4)	*< 0.01*
	Female	5,965 (83.9)	8,190 (76.8)	2,936 (76.6)	
Type of surgery (n, %)	**Sleeve gastrectomy**	1,376 (19.4)	1,144 (10.7)	2,008 (52.4)	*< 0.01*
	Roux-en-Y GB	4,855 (68.3)	9,518 (89.3)	1,698 (44.3)	
	Other	878 (12.4)	0 (0.0)	128 (3.3)	
Weight (mean (SD))		123.1 (18.8)	118.8 (19.9)	123.8 (20.3)	*< 0.01*
BMI (mean (SD))		43.1 (5.1)	41.7 (5.1)	42.9 (5.3)	*< 0.01*
Diabetes baseline (n, %)		734 (10.3)	2,329 (21.8)	541 (14.1)	*< 0.01*
Hypertension baseline (n, %)		1,367 (19.2)	4,049 (38.0)	1,161 (30.3)	*< 0.01*
Dyslipidemia baseline (n, %)		569 (8.0)	1,848 (17.3)	545 (14.2)	*< 0.01*
OSAS baseline (n, %)		493 (6.9)	1,440 (13.5)	666 (17.4)	*< 0.01*

Supplement – Clavien-Dindo modification

eTable 1. The Clavien-Dindo Classification – modified for complications / adverse events after use of anti-obesity medications (AOMs, e.g., GLP-1R analogues)

The basis of this classification is the required therapy used to correct the specific complication / adverse event in order to rank the complication / adverse event in an objective and reproducible manner comparable to the Clavien-Dindo classification for surgical complications.

It consists of 7 grades (I, II, IIIa, IIIb, IVa, IVb and V). The introduction of the subclasses a and b allows a contraction of the classification into 5 grades (I, II, III, IV and V) depending on the size of the population observed or the of the focus of a study.

Grade	Definition
Grade I	Any deviation from the normal course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. Allowed therapeutic regimens are: drugs as antiemetics, antipyretics, analgesics, diuretics and electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside. **EXAMPLE:** ***Gastrointestinal disorders symptoms, e.g., nausea, diarrhea, vomiting, constipation, abdominal pain, and dyspepsia[1] or headache[2].***
Grade II	Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included. **EXAMPLE(S):** ***(1) anaphylactic reactions or skin side effects at the injection site such as pruritus, urticaria, and angioneurotic edema requiring systemic antihistamine treatment[a] (2) antibiotic treatment due to upper respiratory and urinary tract infections such as nasopharyngitis, influenza, cystitis, and viral infection[a,b,c]***
Grade III	Requiring surgical, endoscopic or radiological intervention
IIIa	Intervention not under general anesthesia **EXAMPLE:** ***ERCP due to cholangitis/ common bile duct stones due to AOM induced sudden weight loss[3]***
IIIb	Intervention under general anesthesia **EXAMPLE(S):** ***(1) cholecystectomy due to acute cholecystitis following gallstones due to AOM induced sudden weight loss[3], (2) necrosectomy due severe acute pancreatitis caused by either AOM or biliary pancreatitis due to common bile duct stones after AOM induced sudden weight loss[4]***

Supplement – Clavien-Dindo modification

Grade	Definition
IVa	single organ dysfunction (including dialysis)
	EXAMPLE: ***acute kidney injury/ pre-renal acute failure due to AOM induced nausea and vomiting, decreased fluid intake, and significant loss of fluids***[5,6]
IVb	Multiorgandysfunction
	EXAMPLE: ***septic shock due to severe acute necrotic pancreatitis with pulmonary, hepatic and kidney failure requiring organ—replacement therapy***
Grade V	Death of a patient
	No example needed.

ICHOM core set

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ICHOM core set

Completed

The ICHOM Set of Patient-Centered Outcome Measures for Adults living with Obesity is the result of hard work by a group of leading physicians, measurement experts and patients. It is our recommendation of the outcomes that matter most to patients living with Obesity. We urge all providers around the world to start measuring these outcomes to better understand how to improve the lives of their patients.

1. The EQ-5D-5L measuring generic quality of life, mental health, pain, energy levels, and daily function.
2. The BODY-Q Obesity Modules measuring social function, dietary behavior, sexual function, physical function, and psychological function.
3. The STOP-BANG Questionnaire measuring sleep
4. Cardiometabolic Risk including blood pressure, glycemic control, lipids, hepatic parameters, and renal function
5. Anthropometrics including height, weight, and waist circumference
6. Nutritional Status including Vitamin D, Vitamin B12, Ferritin, and Folic Acid
7. Sarcopenia measured with grip strength via a hand dynamometer
8. Surgical Complications captured with the Clavien-Dindo Classification System
9. Obstetric & Gynecological Outcomes including fertility, menstruation irregularities, and pregnancy-related outcomes

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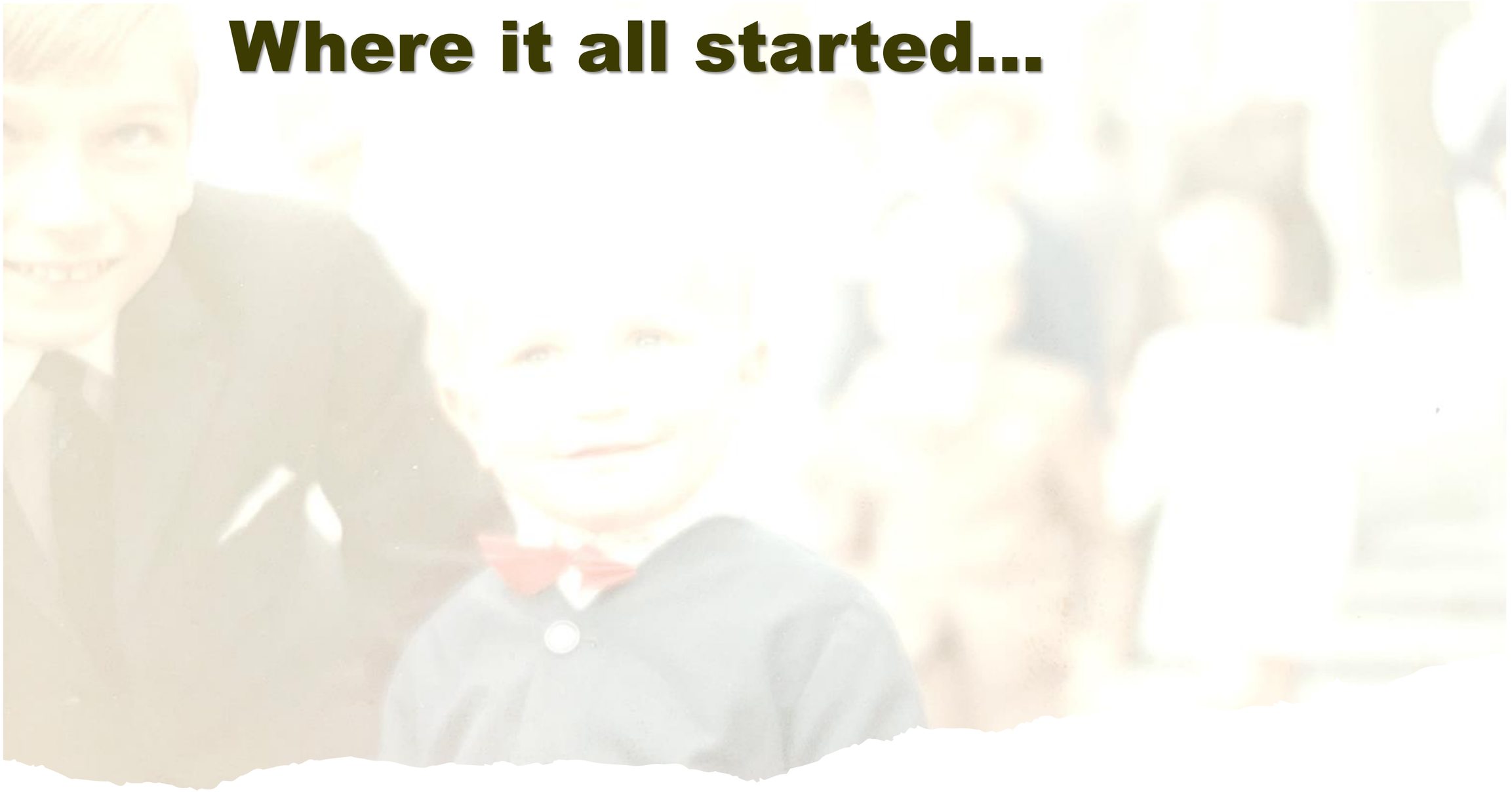
Professor Gerhard Prager IFSO President 2023-2024

Gerhard Prager – Renaissance Man

Where it all started...



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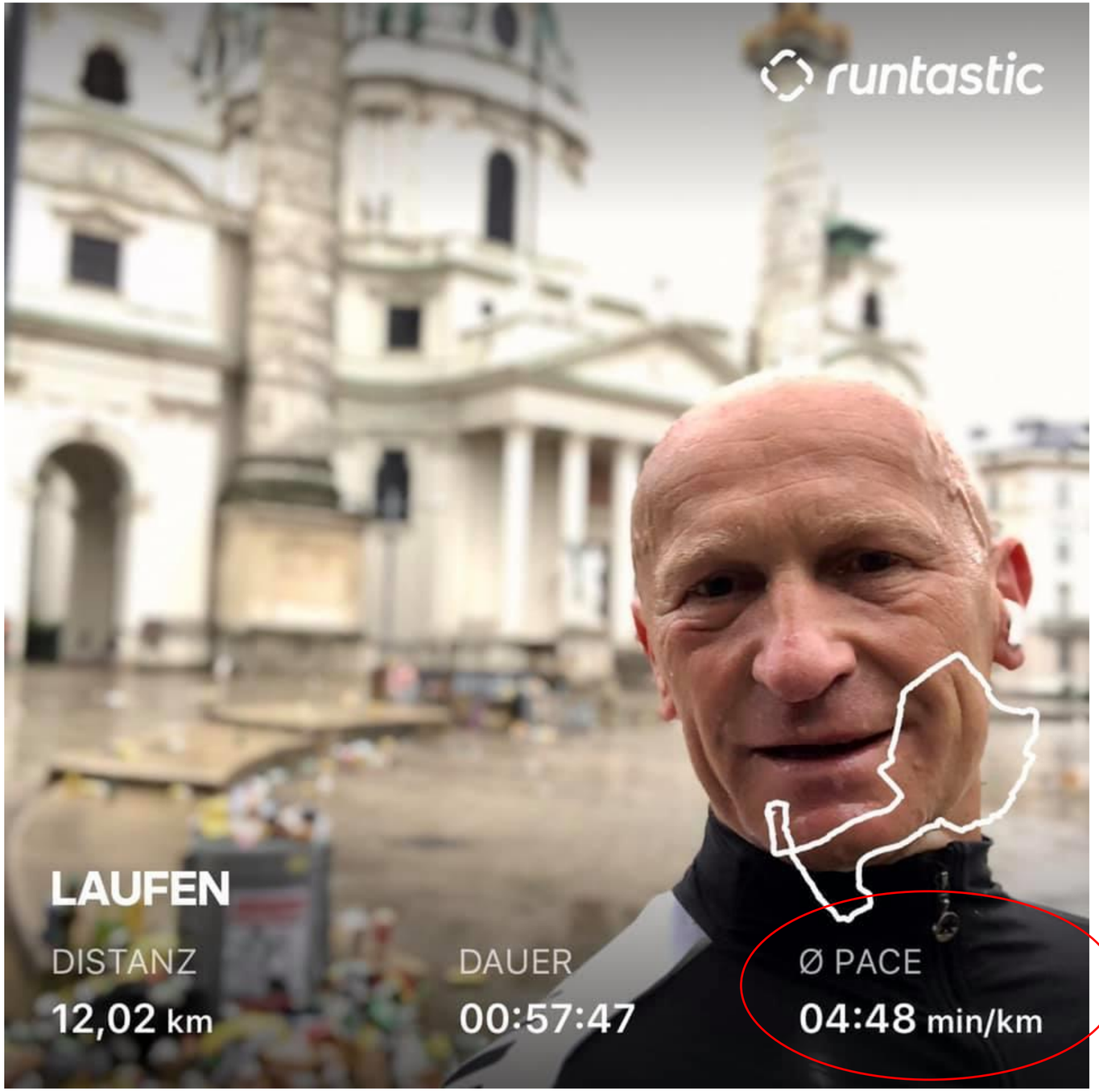
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Teaching young surgeons

Cadaver courses

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14
Entlassung


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Entlassung


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Zugänge 9A 9B 9A 9E
Wechseldienstzimmer F9
Zugang 9G
OP-Gruppe II
Zugang 9G
OP-Gruppe I

SURGERY

SURGERY

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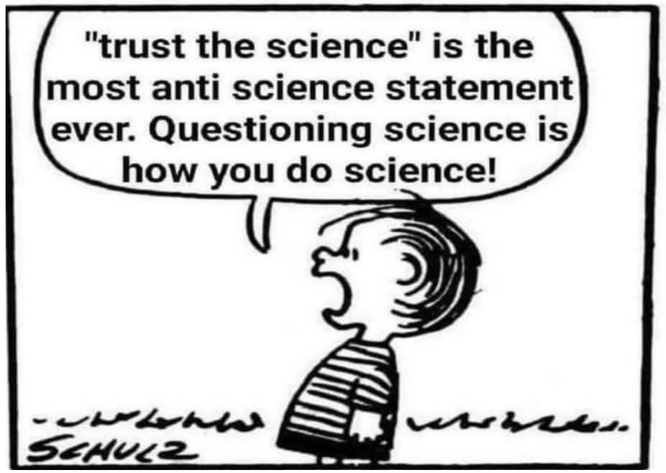
elective and emergency surgical procedures

Gerhard Prager, MD

Professor of Metabolic Bariatric Surgery

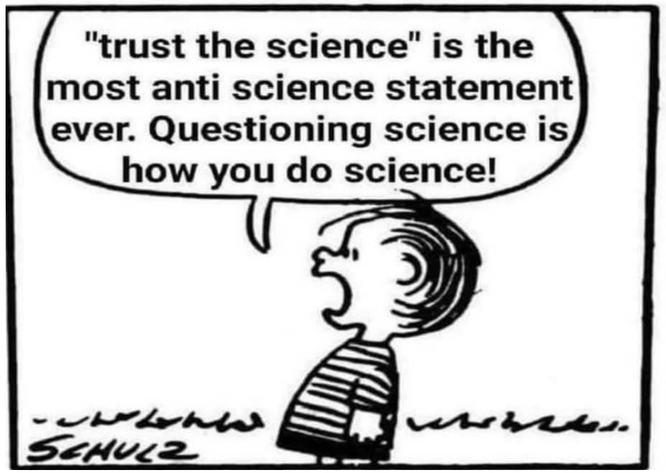
- **Academic surgeon and surgeon scientist**
- **Active clinical work: metabolic bariatric surgery**



Over 200 peer-reviewed publications › **12.000 citations** › **h-index 58**

Gerhard Prager, MD

Professor of Metabolic Bariatric Surgery



- **Academic surgeon and surgeon scientist**
- **Active clinical work: metabolic bariatric surgery**

Over 200 peer-reviewed publications › **12.000 citations** › **h-index 58**

PhD supervision: 1 completed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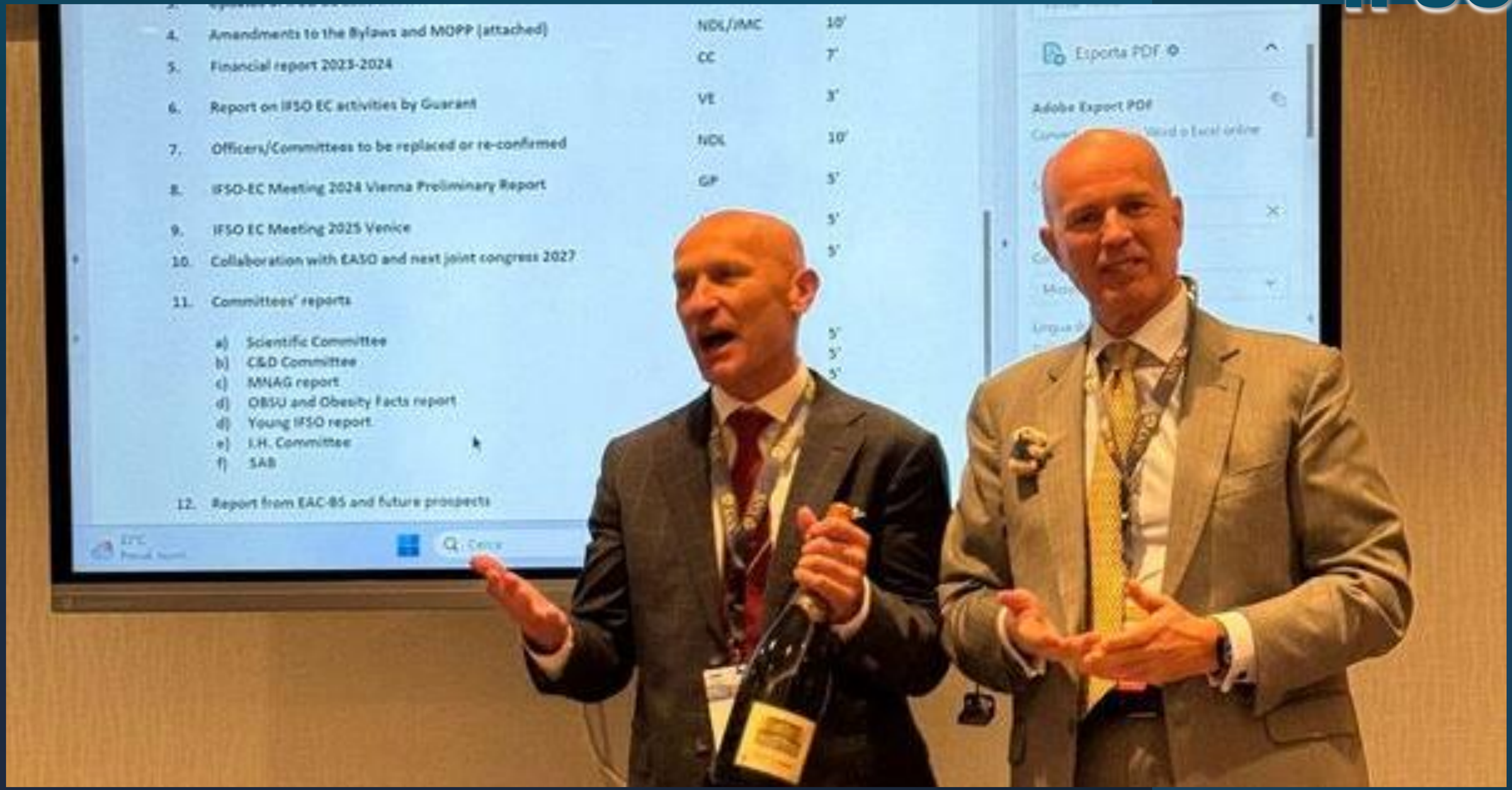
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5. Financial report 2023-2024 CC 7'
6. Report on IFSO EC activities by Guarant VE 3'
7. Officers/Committees to be replaced or re-confirmed NDL 10'
8. IFSO-EC Meeting 2024 Vienna Preliminary Report GP 5'
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10. Collaboration with EASO and next joint congress 2027 5'
11. Committees' reports
a) Scientific Committee 5'
b) C&D Committee 5'
c) MNAG report 5'
d) OBSU and Obesity Facts report
d) Young IFSO report
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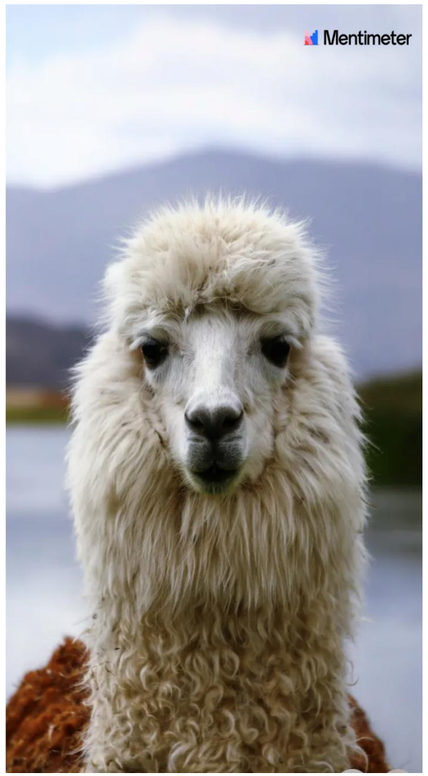

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5 IFSO CHAPTERS: 76 national societies

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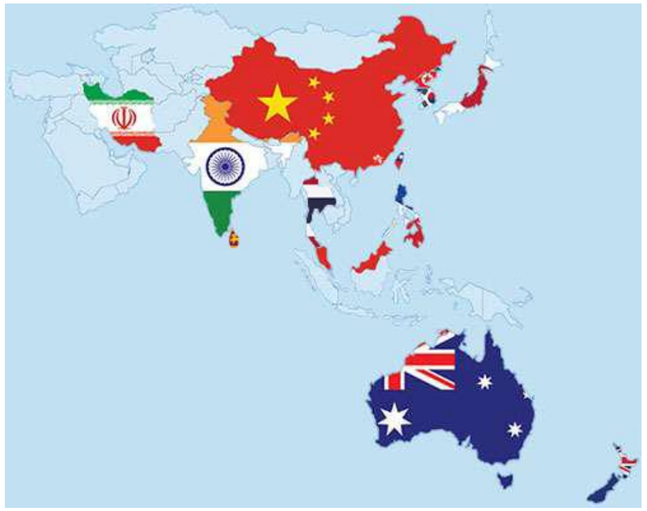

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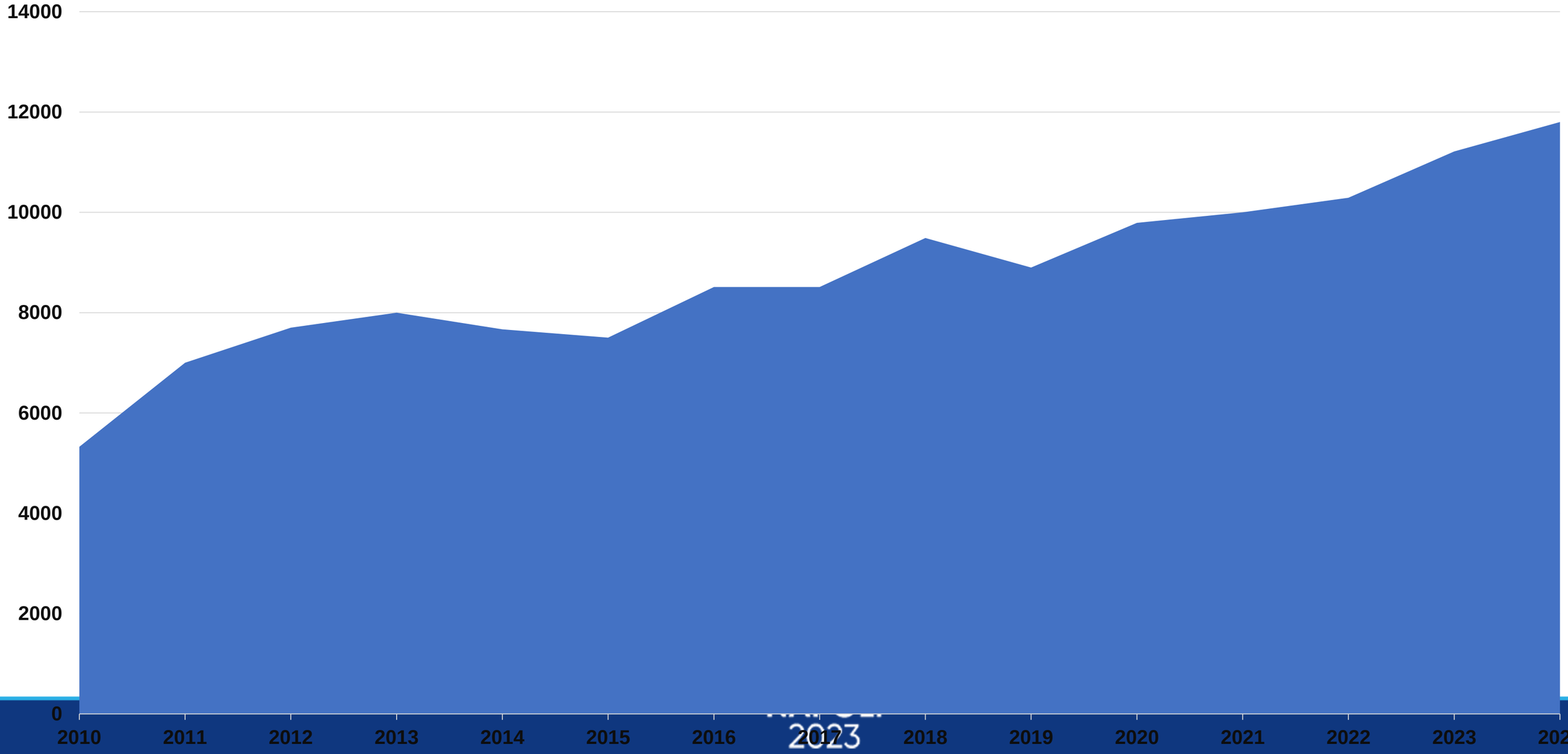

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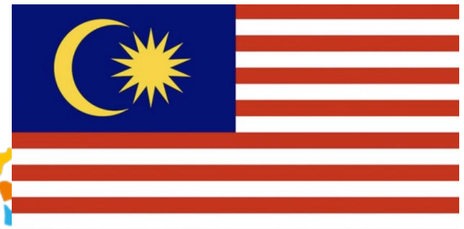

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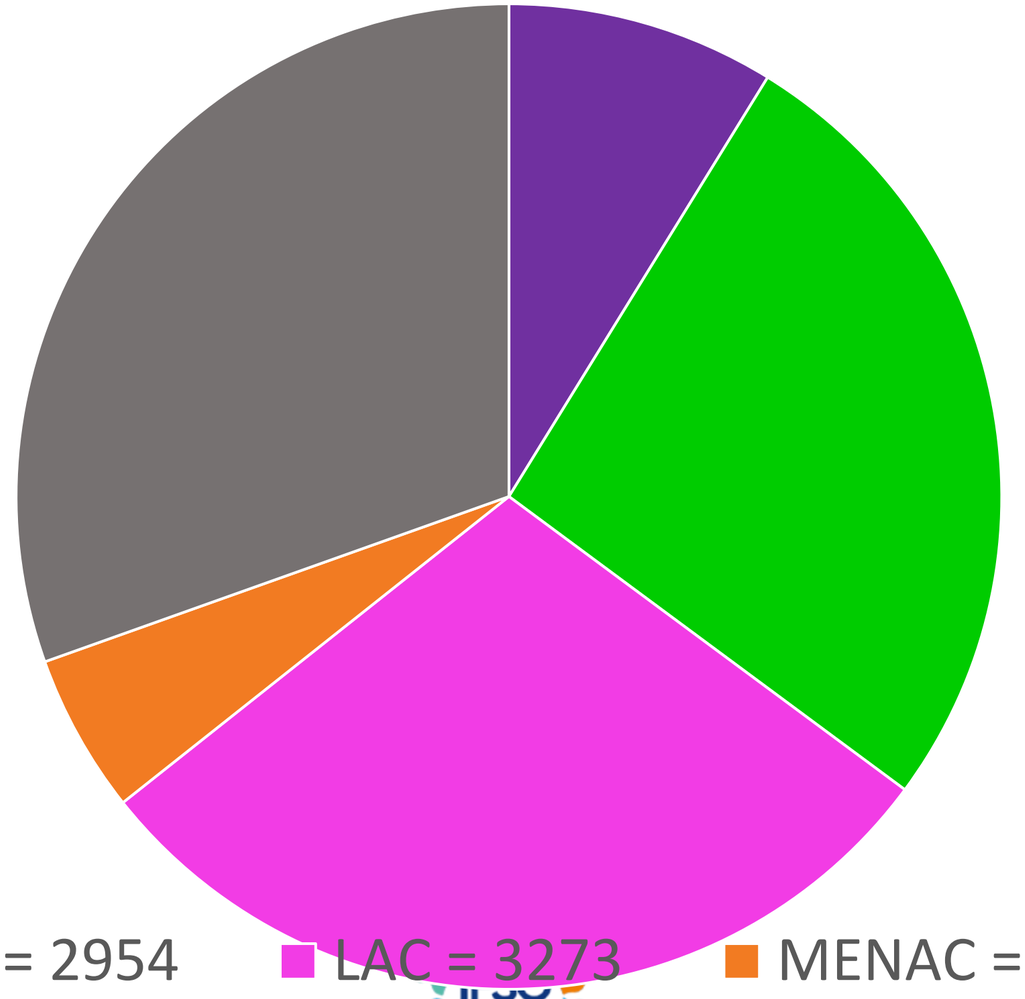

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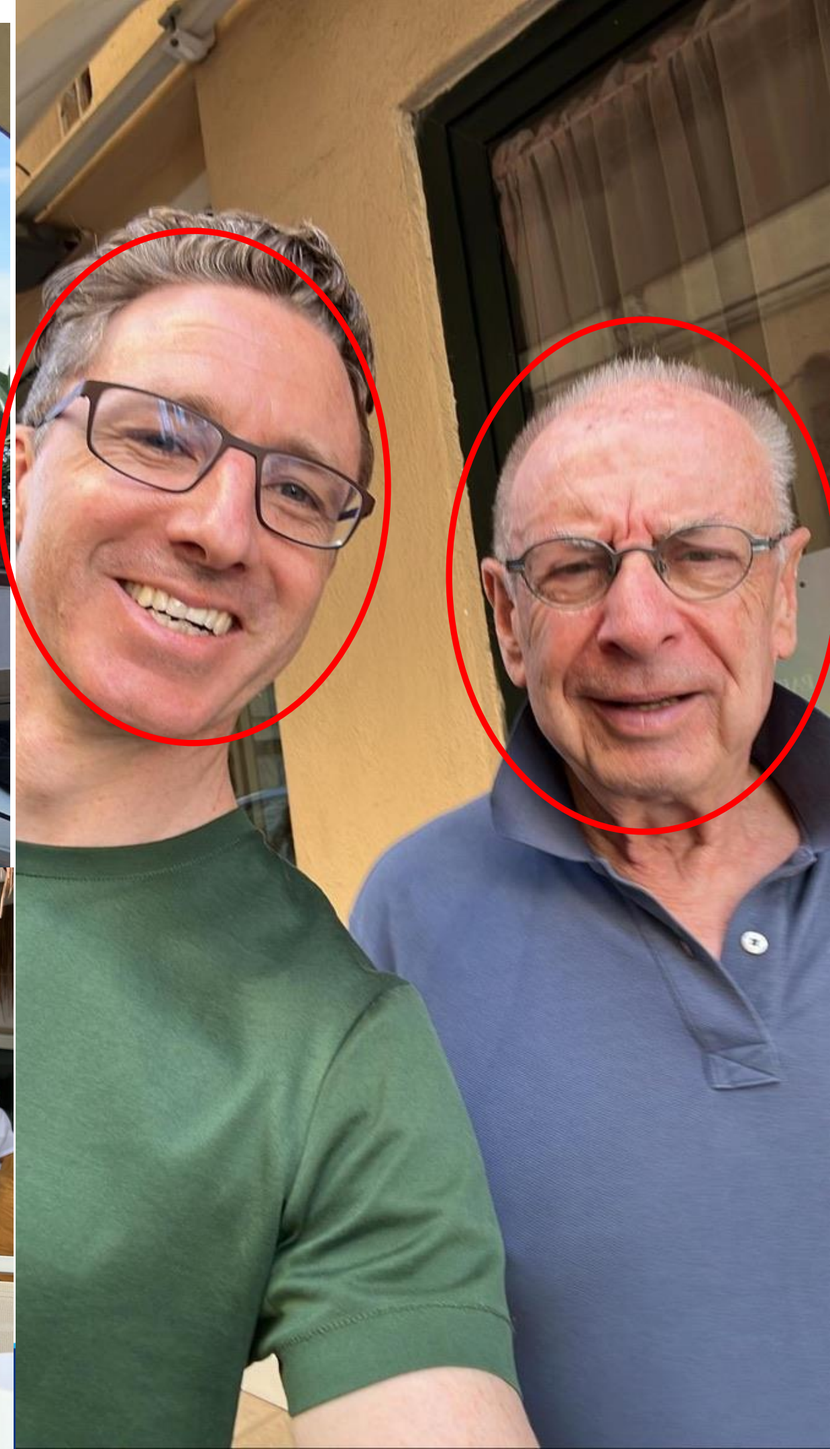


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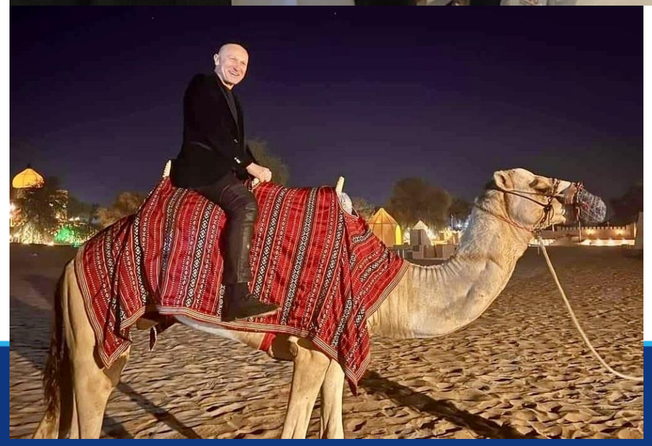

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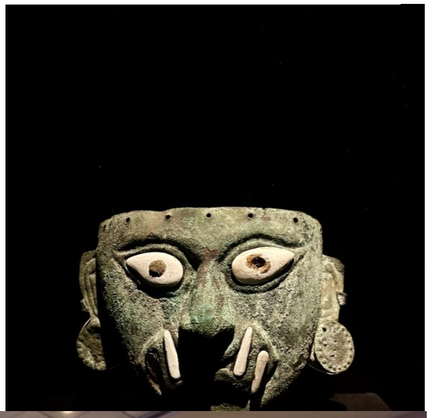


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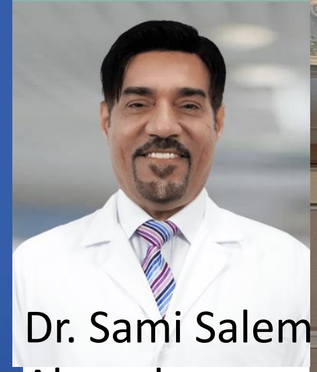

Dr. Sami Salem Ahmad

Dr. Tagleb Mazahreh

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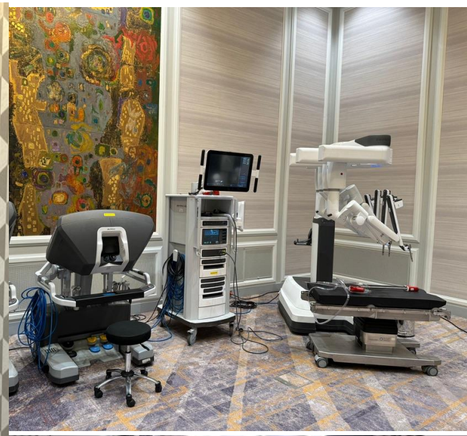

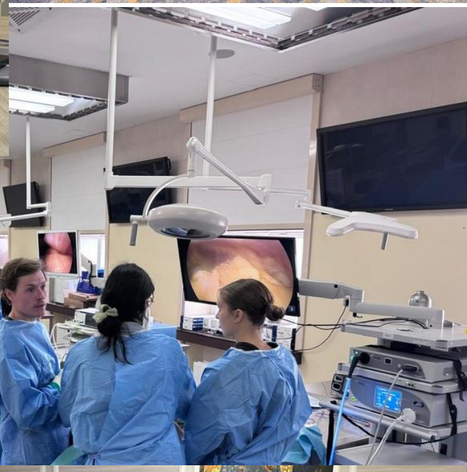


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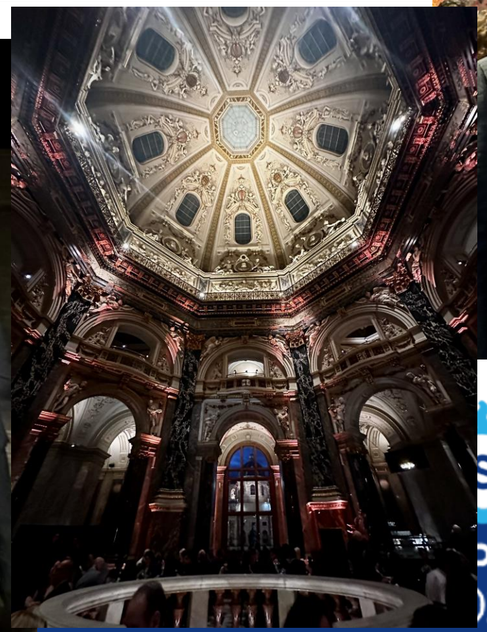


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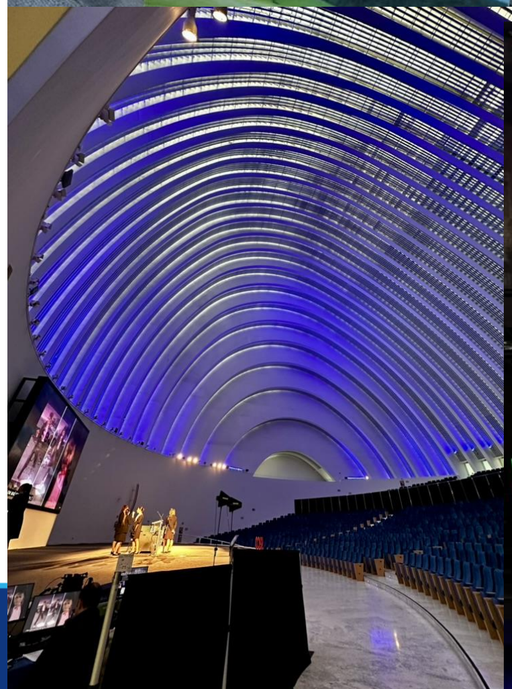
ECO 2024
31st EUROPEAN CONGRESS ON OBESITY
12-15 MAY 2024 VENICE, ITALY

EASO
31st EUROPEAN CONGRESS ON OBESITY
G Prager
Austria


seco
sociedad española de cirugía de la obesidad
BIENVENIDOS
XXV Congreso Nacional
seco
Sociedad Española de Cirugía de la Obesidad Mórbida y de las Enfermedades Metabólicas y de la Sección de la Obesidad de la AEC
Oviedo
22-24 mayo
2024

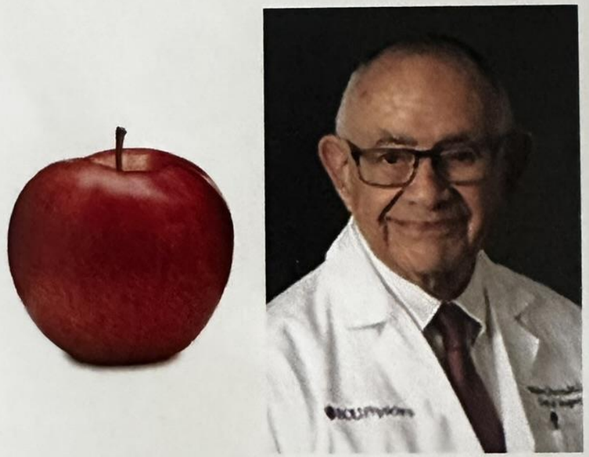

Univ. Prof. Dr. Gerhard Prager
IFSO-EC 2024 Congress President
IFSO President


after Sleeve Gastrectomy
Gerhard Prager
Prof. of Bariatric & Metabolic Surgery
Medical University of Vienna
President IFSO
2018-2021
XXV Congreso Nacional
seco
Oviedo
2024




XXV Congreso Nacional
seco


seco
Oviedo



**Millions saw the apple fall, but Newton was the one who asked why…
And so did Pories…**

Walter Pories Festschrift
Sat., June 85h San Diego


40 YEARS
ASMBS ANNUAL MEETING
San Diego
JUNE 9-13, 2024


IFSO
ELBOURNE 2024
ONAL FEDERATION FOR THE SURGERY
Y AND METABOLIC DISORDERS (IFSO)


13:19
5G
2 Std. ·
With the real Doctor Younan Nowzaradan!!
Übersetzung anzeigen


40
ASMBS ANNUAL MEETING
San Diego


Jib
Jab

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 Intstitute) 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.

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.gradepro.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

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

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.

NAFCLD 2023

In press

- Position Statement on revisional MBS

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

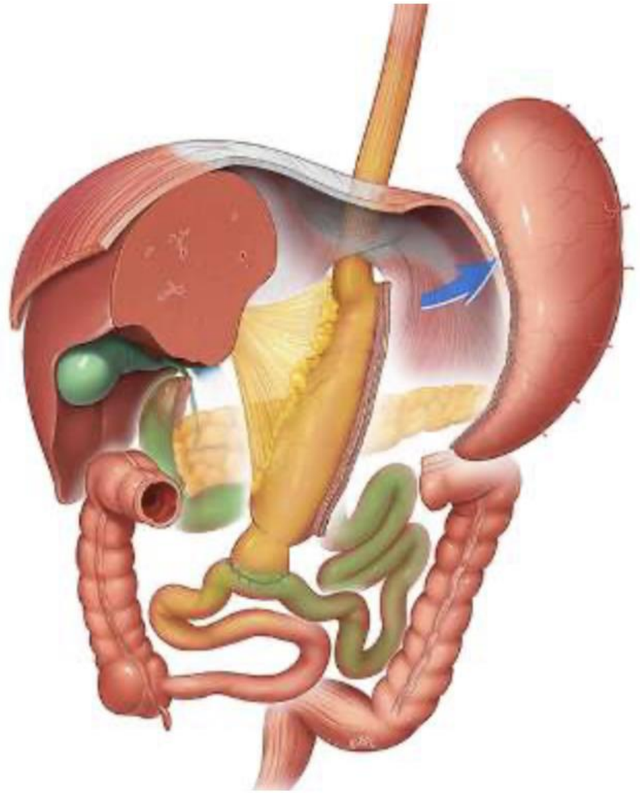
I. Surgical options and outcomes
   - Management for RWG after RYGB
     1. Endoscopic techniques
     2. Surgical revision options
   - Management for RWG after LSG
     1. Conversion to RYGB short and long BPL
     2. Conversion to OAGB
     3. Conversion to SADIS and DS

J. Pharmacotherapy for RWG post Bariatric Surgery
   - Oral Medications
   - Injectable Medications (Glucagon-like peptide type 1 receptor agonists)

IFSO NAPOLI 2023

In press

SADI-S

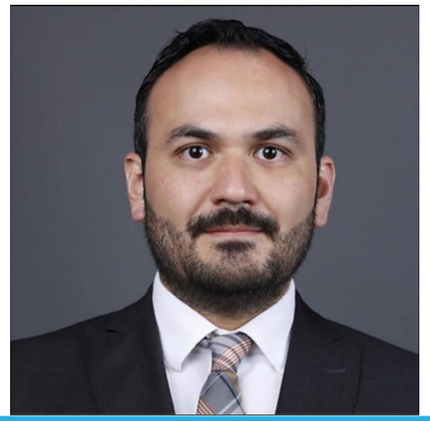


Single Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy / Single Anastomosis Duodenal Switch (SADI-S/SADS)

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)

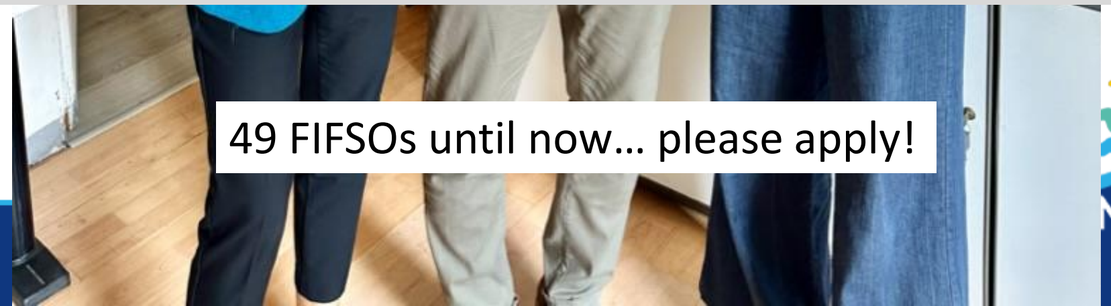


Guillermo Ponce de Leon Ballesteros

IFSO NAPOLI 2023

In press

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



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 FIFSO 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

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

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:

Chair: Martin Fried

Uniquely equipped with 100.000 Euros

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.

<u>supported activities:</u>
-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

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*
Nabijsa 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 Consenus on Definitions and Clinical Practice Guidelines

Hamburg, March 9-10, 2023

Obesity Surgery
https://doi.org/10.1007/s11695-023-06913-8

ORIGINAL CONTRIBUTIONS

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

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

Received: 18 July 2023 / Revised: 13 October 2023 / Accepted: 18 October 2023

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).

Obesity Surgery 2023 *https://doi.org/10.1007/s11695-023-06913-8*

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.

https://link.springer.com/journal/11695/submission-guidelines

IFSO

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, distalization of gastric bypass)
Conversion procedure	'Conversion' entails converting one procdure to another with a different mechanism of action. Revision is not accepted as a substitution anymore
Reversal procedure	Term can still be used to describe reversing a procedure to the normal standard anatomy
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

NAPOLI 2023

WHY a Consensus Conference?

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

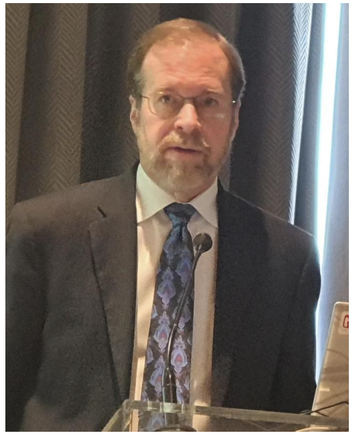
IFSO

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

An IFSO Consensus Conference

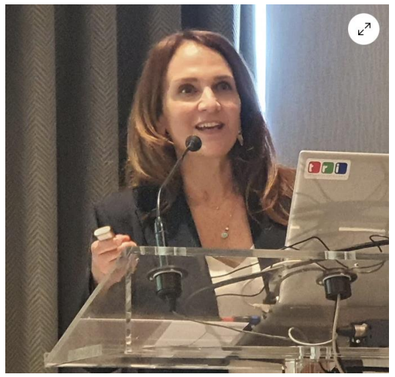
Vienna, Hotel Hilton Vienna Park
30th of April - 1st of May 2024

Core Scientific Committee
Gerhard Prager, Ricardo Cohen, Luca Busetto

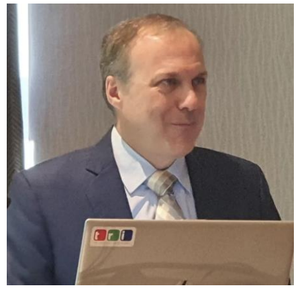


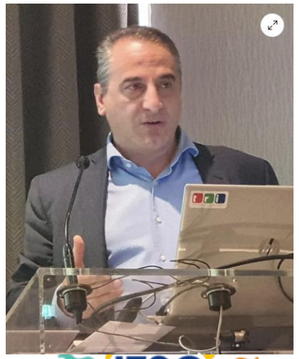


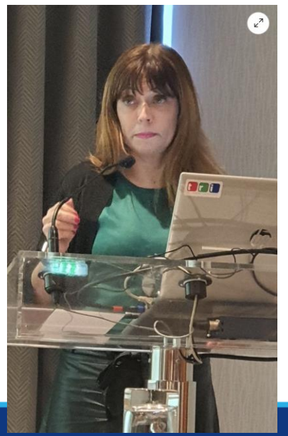
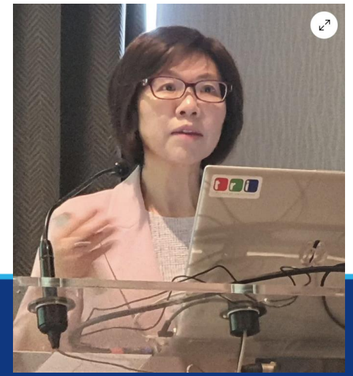










IFSO
NAPOLI
2023

Core Group:

Gerhard Prager
Luca Busetto
Ricardo Cohen
Randy Levinson (Delphi Expert)

Mohammad Kermansaravi
Chetan Parmar

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

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

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

Published online: 7 November 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^2, 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^2.
BMI thresholds should be adjusted in the Asian population such that a BMI $\geq$25 kg/m^2 suggests clinical obesity, and individuals with BMI $\geq$27.5 kg/m^2 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

Obesity Surgery
https://doi.org/10.1007/s11695-024-07370-7

ORIGINAL CONTRIBUTIONS

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

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

Extended author information available on the last page of the article

In press

Springer

Journal : Large 11695 | Article No : 7370 | Pages : 119 | MS Code : 7370 | Dispatch : 10-7-2024

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.

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

The Future?


The Future?
But let‘s start with the past first:
IFSO

The Past…

Historical reports claim that **the first bariatric surgery** was performed in
Spain, in the 10th century. D. Sancho, king of Leon (935-966)
was reported to be such an obese man that he could not walk, ride a horse or pick up a sword. This led him to lose his throne. He was then escorted by his grandmother to Cordoba to be treated by the **famous Jewish doctor *Hasdai Ibn Shaprut***.

He **sutured the kings' lips** who could only be fed on a liquid diet through a straw, consisting of *teriaca*: a mixture of several herbs, including opium, whose side effects stimulated weight loss.

First Bariatric Procedure

Am Surg 2022 Jul;88(7):1526-1529.
Endocrinol Nutr. 2016;63:100–101.

The Past…

King Sancho I („the Fat“)
lost half his weight (app 120kg), returned to Leon on his horse and regained his throne!

… he later became a regular eater of fruits…

First Bariatric Procedure

Am Surg 2022 Jul;88(7):1526-1529.
Endocrinol Nutr. 2016;63:100–101.

Learn from The Past I…

An apple the day keeps the doctor away…

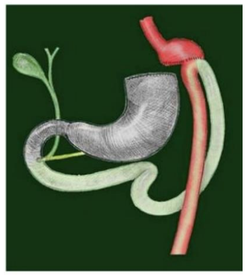
First Bariatric Procedure

Am Surg 2022 Jul;88(7):1526-1529.
Endocrinol Nutr. 2016;63:100–101.

The History of Bariatric/Metabolic Surgery I

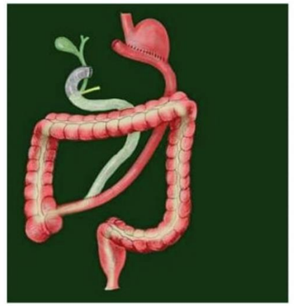
End-to-end jejunoileostomy with ileo-caecostomy

1953: Varco, University of Minnesota
1954: Kremen, Linner & Nelson: University of Minnesota



Gastric transection with loop gastrojejunostom

1967 – Mason & Ito, Iowa



Bilio-Pancreatic Diversion

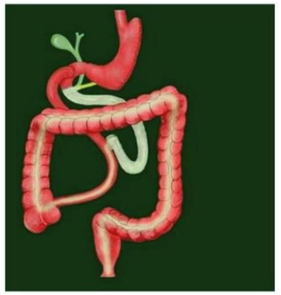
1979 - Scopinaro

Vertical Banded Gastroplasty

1982 - Mason

Vertical gastric division with interposed Roux-en-Y gastrojejunostomy and proximal silastic ring

1991- Fobi



Duodenal switch with cross-stapling of the duodenum

1993 - Marceau

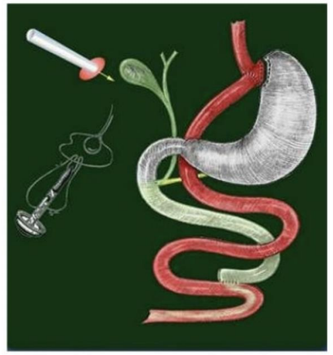
1953 – 90s: **Open** procedures,
Focus: Weight loss

The permanent change in the field of metabolic surgery

The History of Bariatric/Metabolic Surgery II

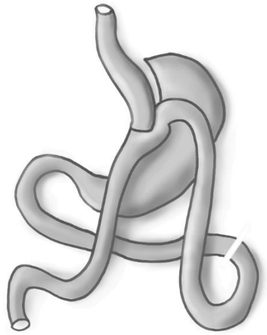
Laparoscopic adjustable gastric band

1993 - Forsell



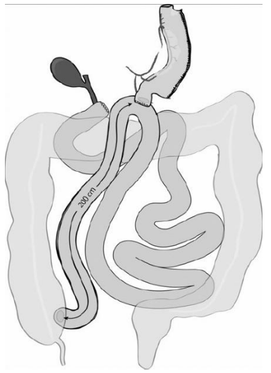
Laparoscopic Roux-en-Y gastric bypass

1994 – Wittgrove and Clark



(Laparoscopic) OAGB
1997 R.Rutledge

Laparoscopic Sleeve Gastrectomy
1999 M. Gagner



Laparoscopic SADI-S
2010 A.Torres

90s until now: **Laparoscopic** Procedures
Focus: Weight loss → Metabolic Diseases

The permanent change in the field of metabolic surgery

The History of Bariatric/Metabolic Surgery II

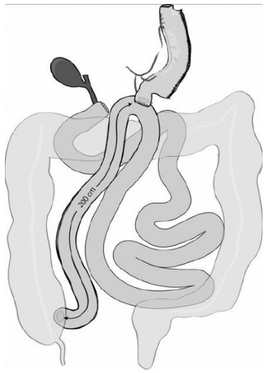
Laparoscopic adjustable gastric band

1993 - Forsell

Lapa

Weight Loss Surgery

Diabetes Surgery
MASH Surgery
Kidney Protection
Heart Protection
Cancer Prevention



Laparoscopic SADI-S
2010 A.Torres

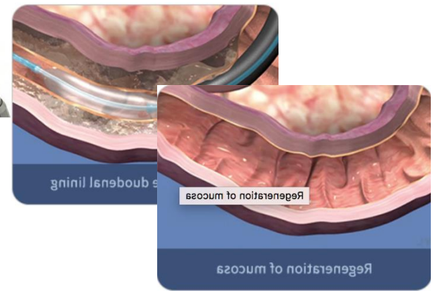
90s until now: **Laparoscopic** Procedures
Focus: Weight loss → Metabolic Diseases

The permanent change in the field of metabolic surgery

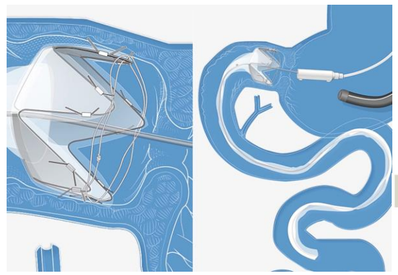
The History of Bariatric/Metabolic Surgery III

Pose 2

ESG



ReVita



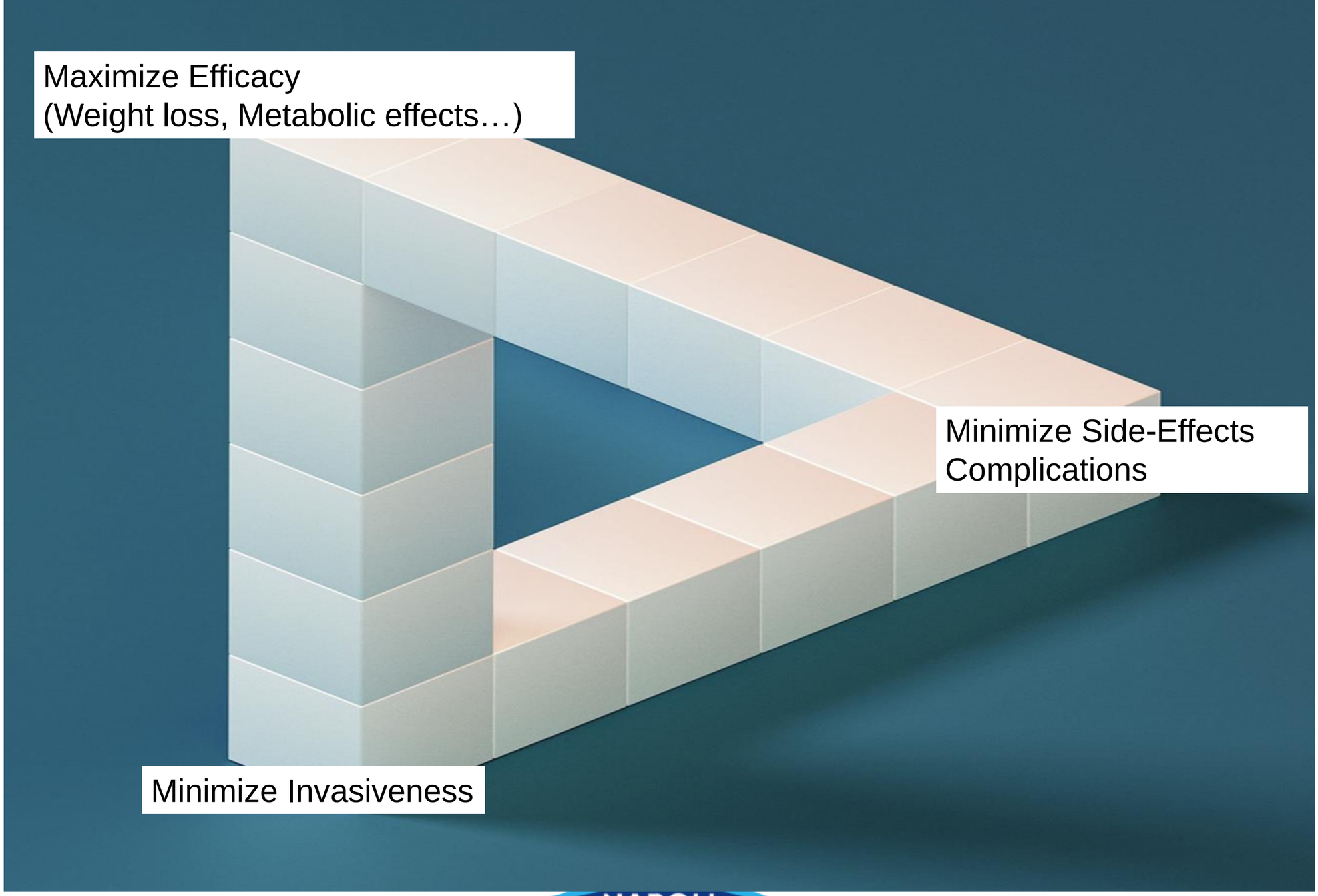
EndoBarrier

Magnets

2000 → now: **Endoscopic** procedures

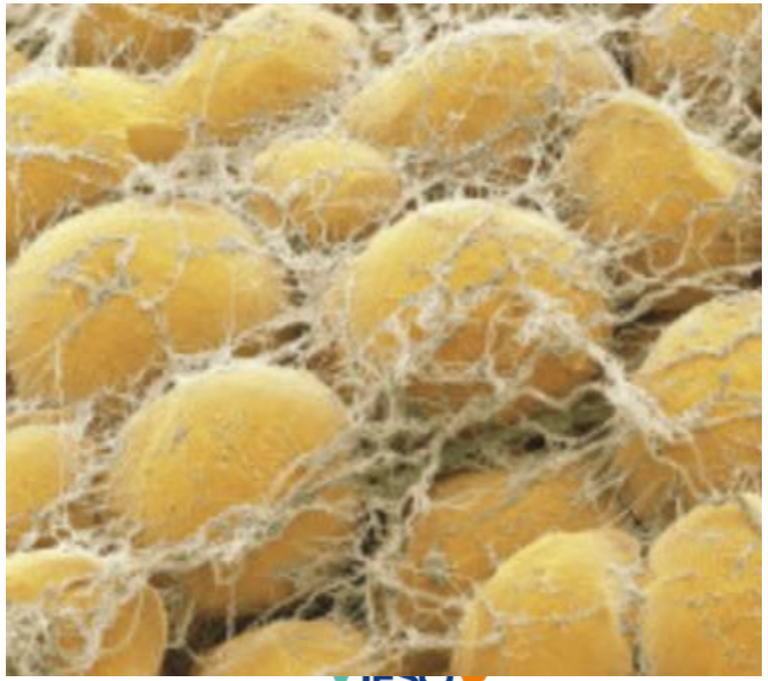
Endoluminal, flexible

The permanent change in the field of metabolic surgery


Maximize Efficacy
(Weight loss, Metabolic effects…)
Minimize Side-Effects
Complications
Minimize Invasiveness

Adipose Tissue:

Storage Organ → Endocrine Organ

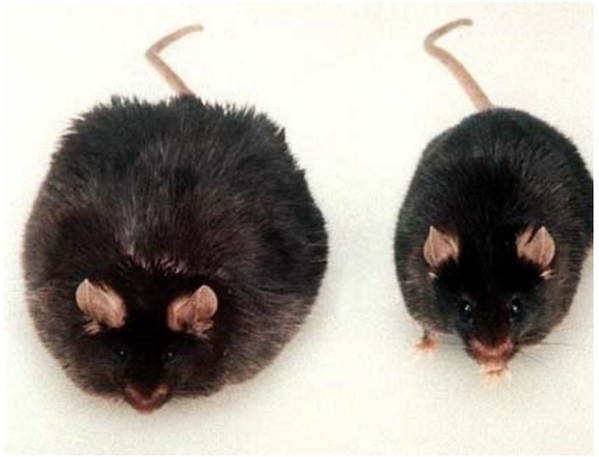


“Big Bang” in Obesity research

1994 Leptin → Jeffrey Friedman

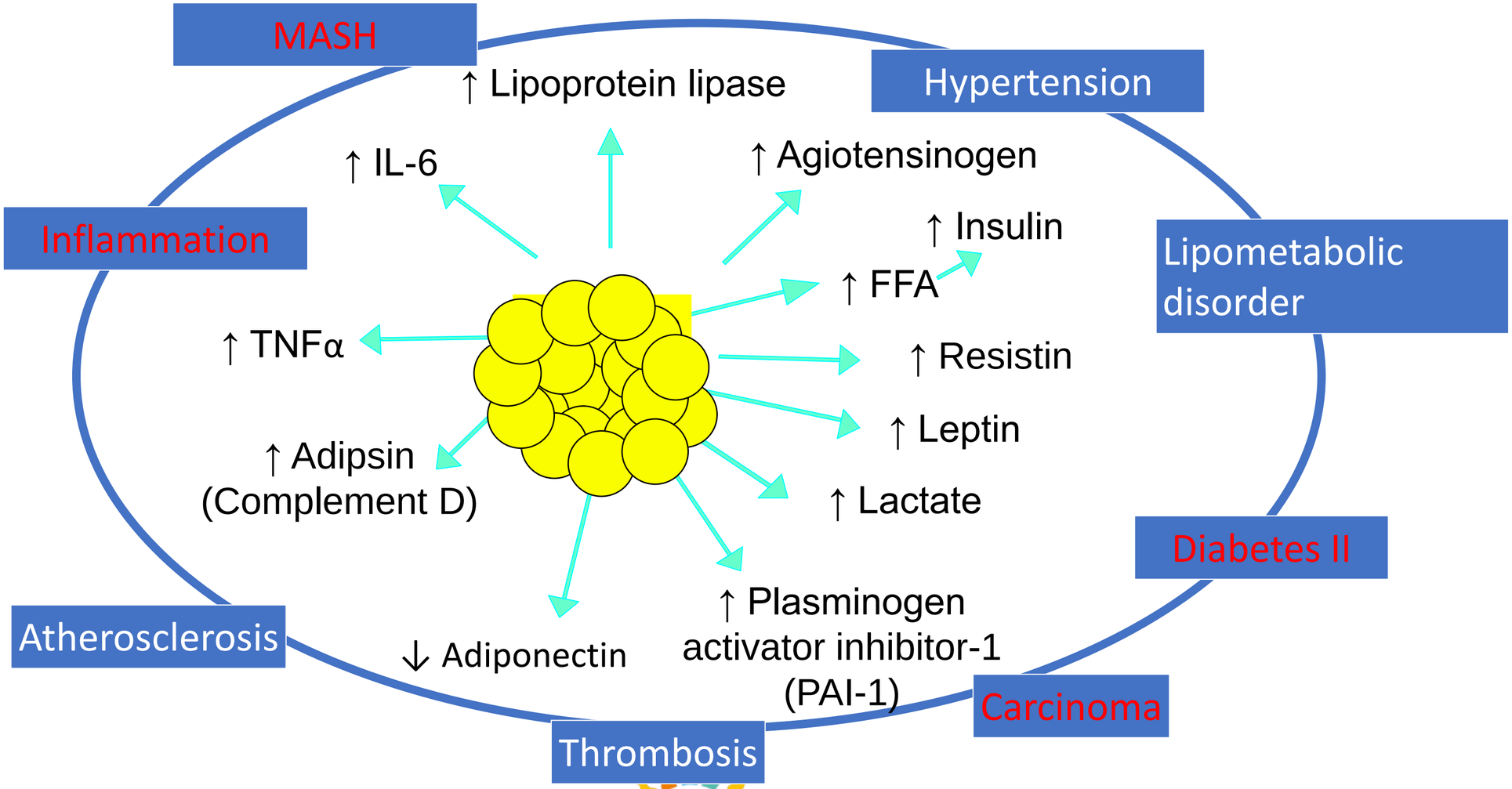
1st antiobesity hormone, „magic bullet“?

Adipocytes = Endocrine Cells



Visfatin	Adiponectin	Adrenomedullin	Lactate
Apelin	TGF-ß	Vaspin	Prostaglandin
IL-6	PAI-1	Lipocalin-2	Prostacyclin
Leptin	Angiotensinogen	Free Fatty Acids	Monobutryn
TNF-α	Metallothionein	Galectin 12	Lipoprotein Lipase
Resistin	ASP	Phospholipid Transfer Prot.	Sfrp5
RBP-4	Adipsin	Cholesterol Transfer Prot.	TNF

Metabolic effects



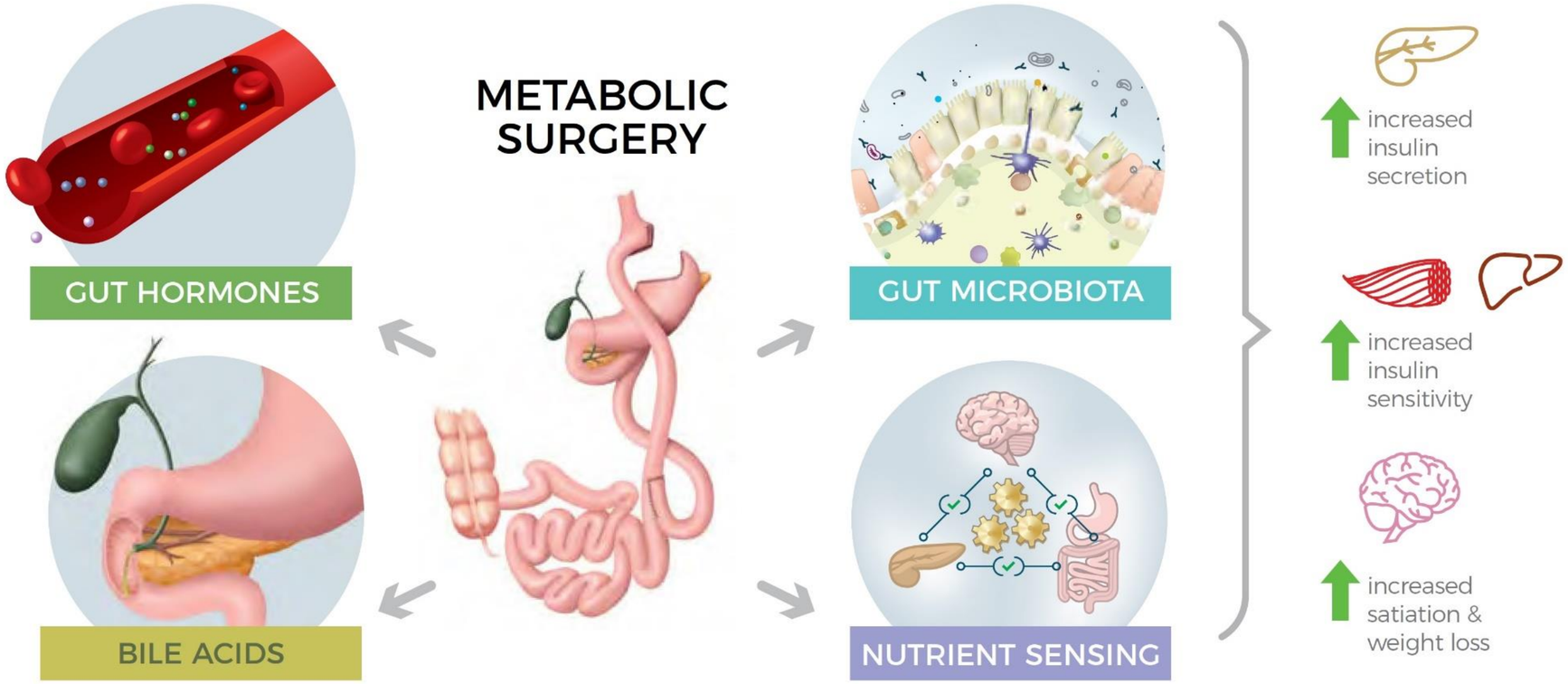
Adipocytokines: Are they the Theory of Everything? Cytokine 133 (2020) 155144

from Lyon 2003,Trayhurn et al 2004, Eckel et al 2005

Improving Metabolism: MBS

„Gut hormones“ regulate a variety of metabolic Processes

- Appetite, Satiety
- Food Intake
- Digestion processes
- Insulin Secretion



New OMMs: The Paradise?…

mono/dual/triple/quadrupel… Agonists

Peptides 165 (2023) 171003

Contents lists available at ScienceDirect

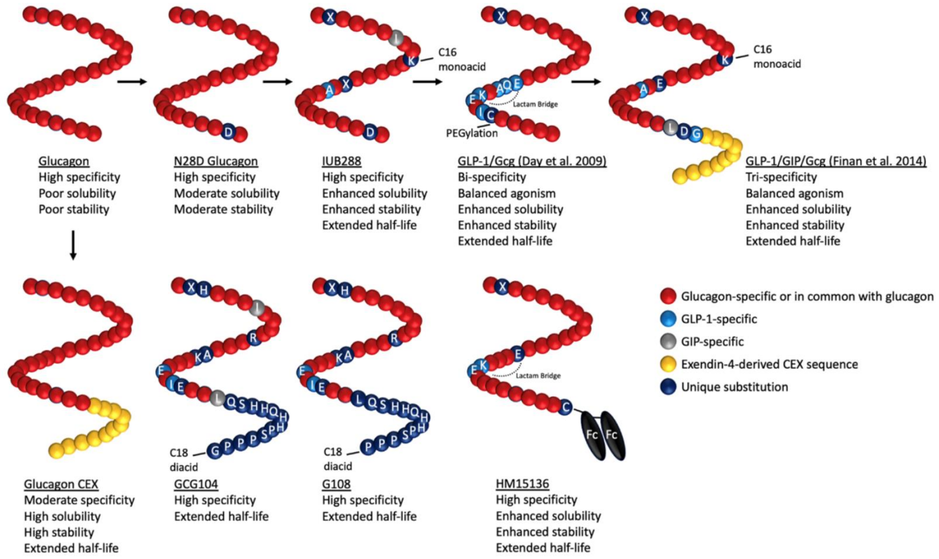
Peptides

journal homepage: www.elsevier.com/locate/peptides

The molecular pharmacology of glucagon agonists in diabetes and obesity

Aaron Novikoff[a,b,*], Timo D. Müller[a,b,*]

[a] Institute of Diabetes and Obesity, Helmholtz Center Munich, Neuherberg, Germany
[b] German Center for Diabetes Research (DZD), Neuherberg, Germany



Peptide characterization of glucagon-based mono-, dual-, and triple-agonists.

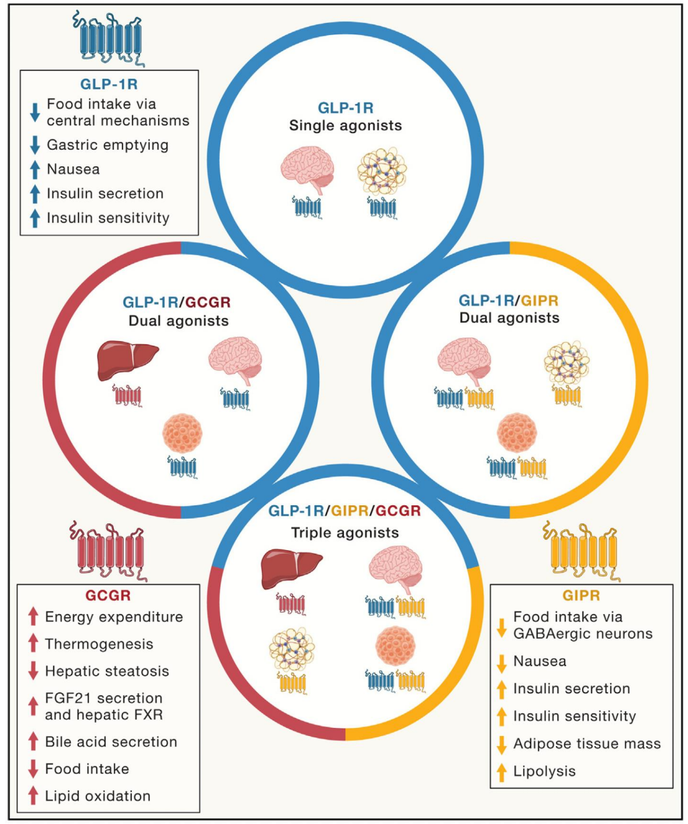
Cell
Leading Edge

50 CellPress

Review

Transforming obesity: The advancement of multi-receptor drugs

Christine M. Kusminski,[1] Diego Perez-Tilve,[2] Timo D. Müller,[3,4] Richard D. DiMarchi,[5] Matthias H. Tschöp,[6,7] and Philipp E. Scherer[1,*]



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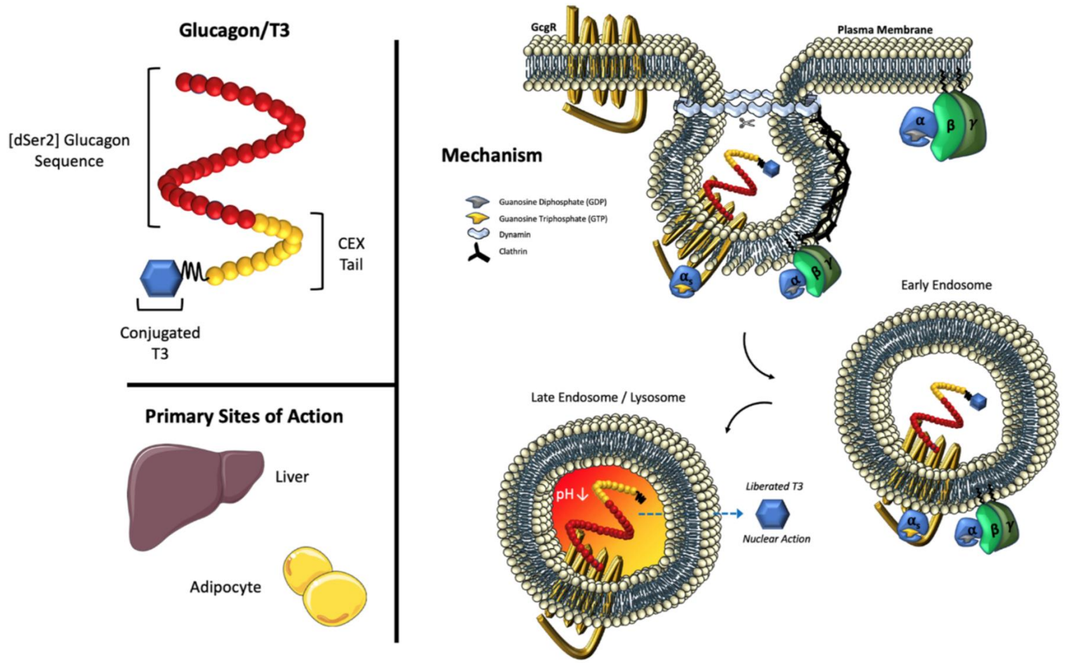
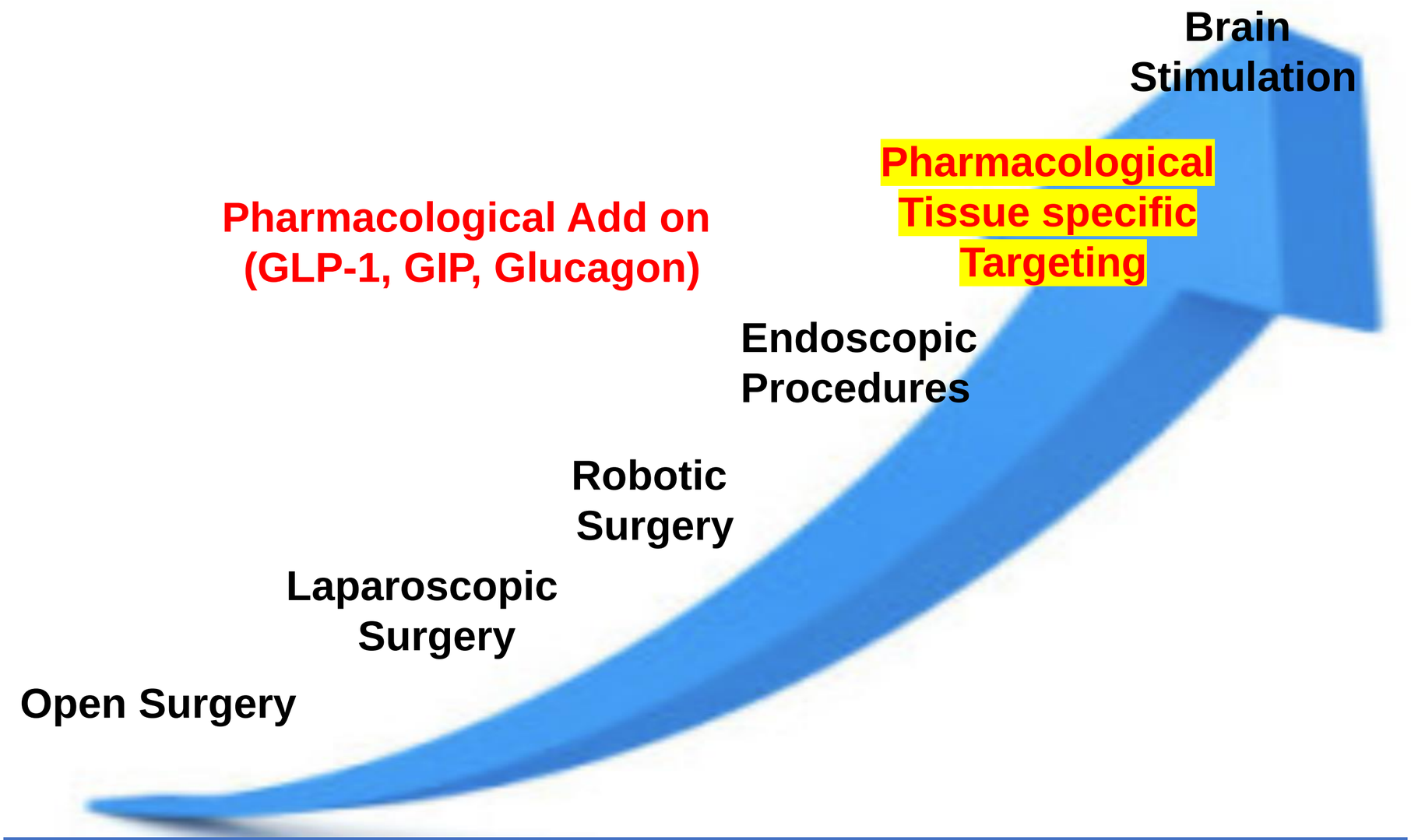
[b] German Center for Diabetes Research (DZD), Neuherberg, Germany

Peptides can act as **tissue-specific targeting agents** to introduce DNA, antisense nucleic acids, oligonucleotides and small molecules into the intracellular space



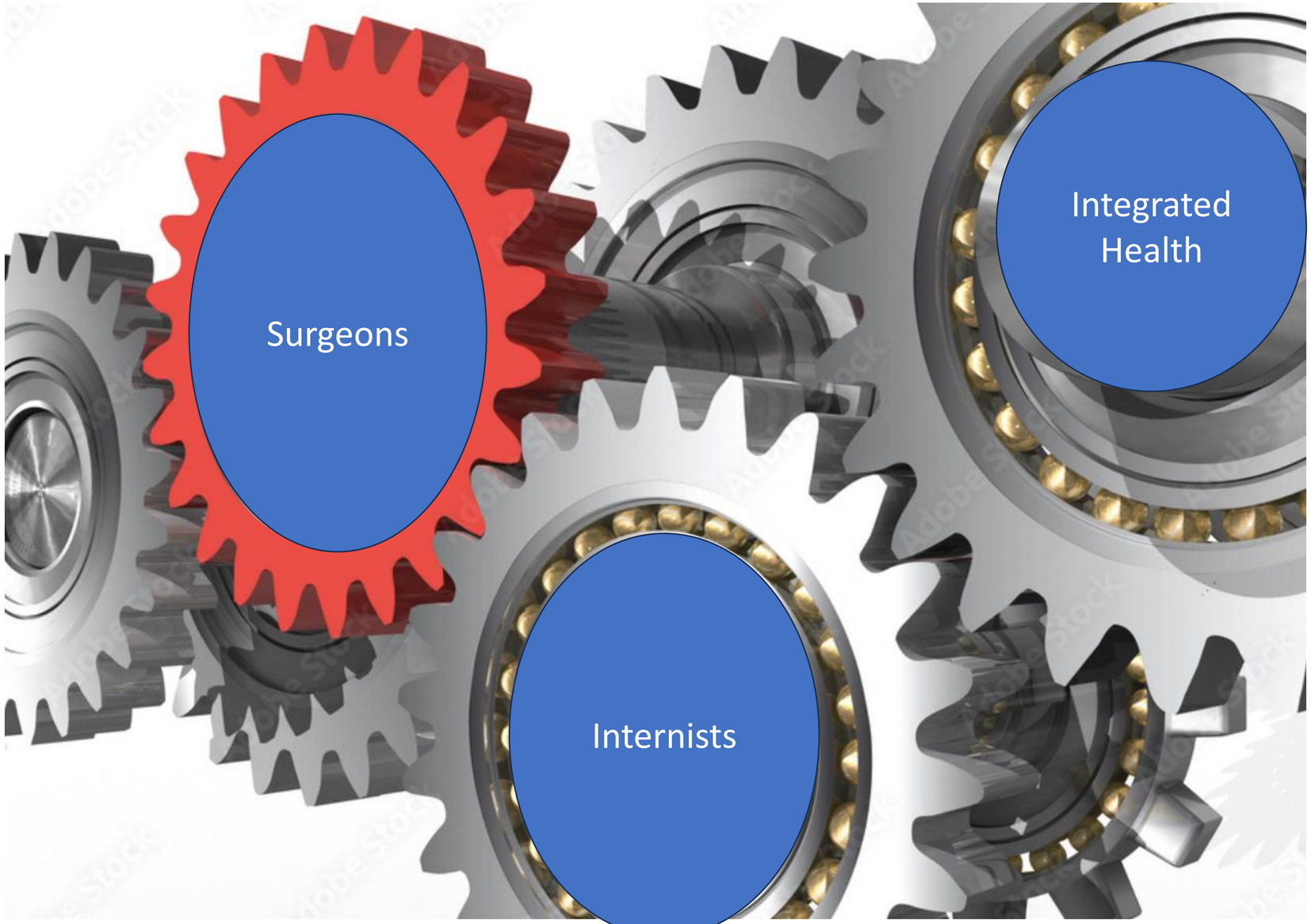
The Glucagon/T3 peptide-nuclear hormone conjugate



The permanent change in the field of metabolic surgery

The permanent change in the field of metabolic surgery

NAPOLI
2023



The permanent change in the field of metabolic surgery

Obesity treatment comparable to cancer treatment:

Escalation of therapy according to the severeness of the disease

In case of recurrence: Adapt therapy (2^{nd}/3^{rd}/4^{th} line)

Individualisation of therapy, prediction models of success

→ **Precision Medicine:** Get the treatment with the highest probability of success for your stage of disease

The past… returns in the future

Reinventing the bariatric wheel: what we know, thought we knew and hope to learn

„Although we have made considerable progress in improving the safety and efficacy of bariatric operations, we still have a lot to learn“.

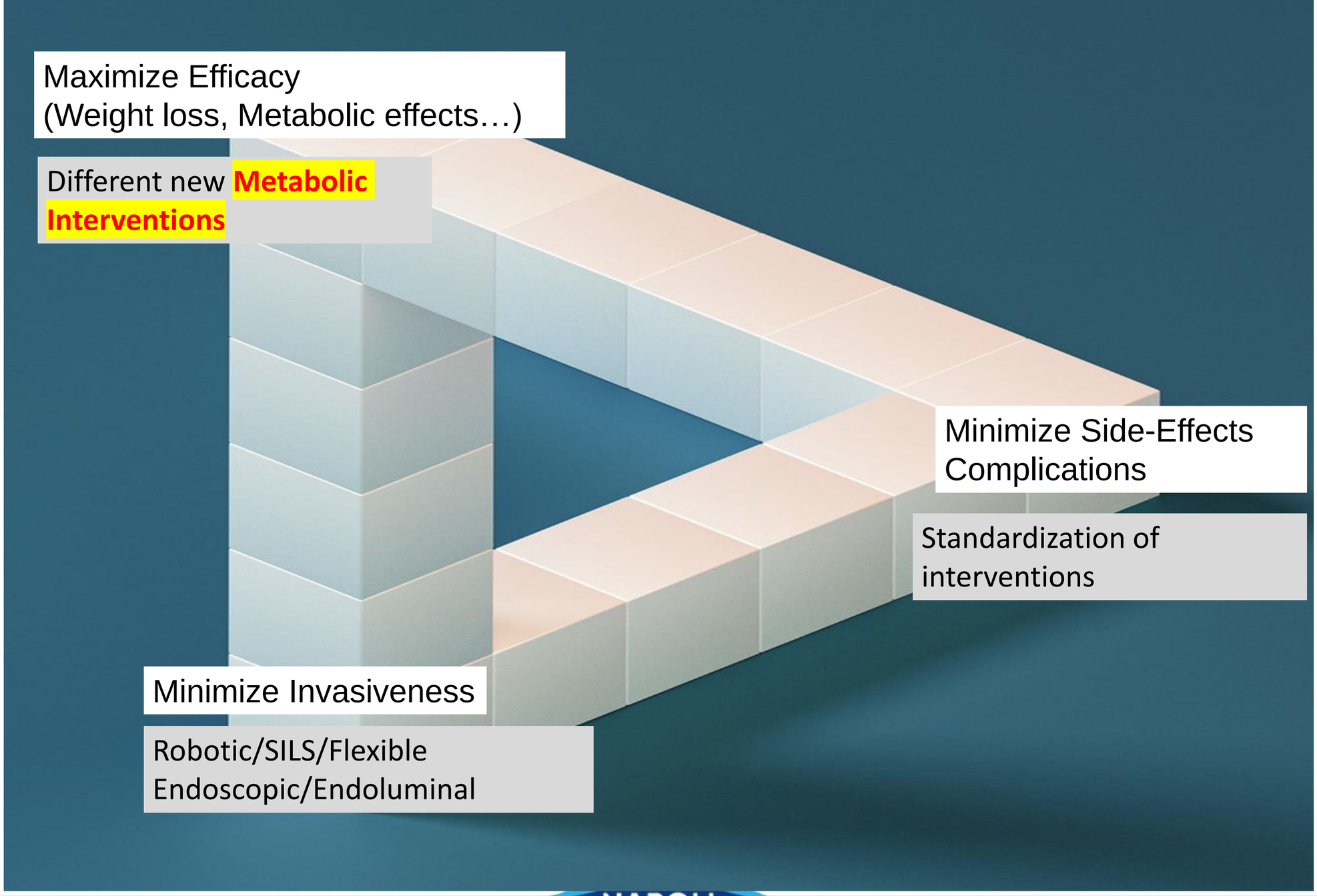
Keep in mind: Enthusiasm about VBG, LAGB

Evaluation of a procedure: at least sound 5a Fup data!

→ IFSO Position Statements

Brolin R.E.: SOARD 4 (2008) 563-566

IFSO NAPOLI 2023


Maximize Efficacy
(Weight loss, Metabolic effects…)
Different new Metabolic Interventions
Minimize Side-Effects Complications
Standardization of interventions
Minimize Invasiveness
Robotic/SILS/Flexible Endoscopic/Endoluminal

Learn from The Past II…

An apple the day keeps the doctor away…
How old became Sancho I?

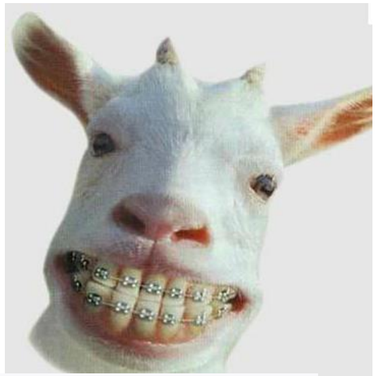
Sancho I died in 966 (31a) –
by a poisoned apple by the rebel count Gonzalo Menéndez.

First Bariatric Procedure

Am Surg 2022 Jul;88(7):1526-1529.
Endocrinol Nutr. 2016;63:100–101.

Learn from The Past III…

Too much of a good thing might be bad…



First Bariatric Procedure

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Historian: George Cowan

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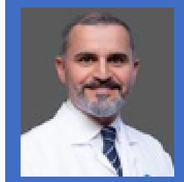
Communication Committee



Chair – Hazem Al Momani

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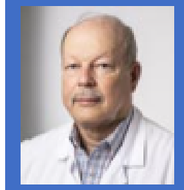

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Vice Chair

Lilian Kow

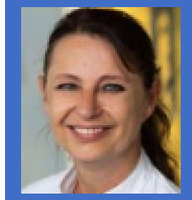
Ethic Committee

Chair – Jan Willem Greve

Vice Chair

Abdelrahman Nimeri

Bariatric Metabolic Endoscopy Committee

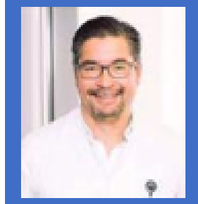


Chair – Christine Stier

Vice Chair

Aayed Alqahtani

Registry Committee

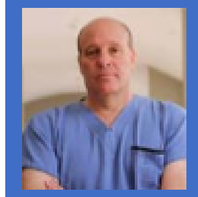


Chair – Ronald Liem

Vice Chair

Mehran Anvari

Educational Committee



Chair – Natan Zundel

Vice-Chair: Daye Rodriguez

IFSO NAPOLI 2023

IFSO HEADQUARTERS

IFSO HEADQUARTERS

Super-Girl Manuela

Wonder Woman Stefanie

gerhard.prager@meduniwien.ac.at

IFSO
NAPOLI
2023

IFSO

MELBOURNE 2024

INTEGRATE YOUR...

Future
patients
team
Science
world

IFSO
MELBOURNE 2024

RICARDO COHEN

IFSO PRESIDENT 2024 - 2025

PRESIDENT'S OATH

I do solemnly swear that I will faithfully execute the office of President of the International Federation for the Surgery of Obesity and Metabolic Disorders, and will to the best of my ability carry out the Mission of IFSO