Endorsement of the New Guidelines by Other Scientific Societies,
Current Status and What We need to do

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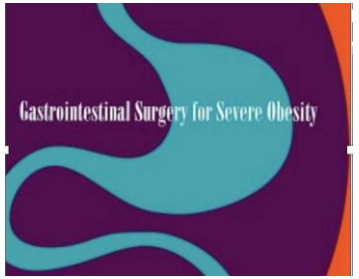
1991-The NIH Criteria

- Thirty-three years ago, the U.S. National Institutes of Health (NIH) developed the first criteria for determining if a patient could have bariatric surgery
- Relied heavily on body mass index (BMI), the published literature from the 1970's and 1980's and the opinion of "experts"
- Open gastric bypass and the vertical banded gastroplasty were the predominant procedures performed
- The criteria were widely adopted world-wide

NIH. Ann Int Med, 1991

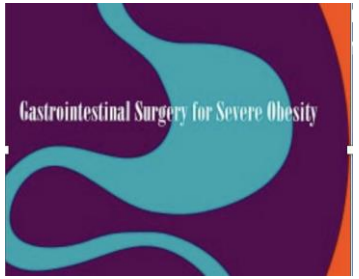
1991 NIH Consensus Conference

- Two-day meeting to create the criteria for obesity (bariatric) surgery – May 25-27, 1991
- Consisted of "experts" representing many disciplines
- The participants
  - 14 panel members – (one surgeon and 1 retired surgeon)
  - 20 presenters - 14 surgeons with expertise in obesity surgery
  - After each presentation, there was discussion that included audience participation
  - The panel then developed the criteria



1991 NIH Criteria for Surgery

- BMI $\geq$ 40 kg/m^2
- BMI $\geq$ 35 kg/m^2 with major comorbidity
- Demonstrated repeated failure of non-surgical weight loss attempts
- No history of significant psychiatric disorders
- Open gastric bypass and the vertical banded gastroplasty



Unchanged and still in use !!

Changes in Healthcare Since 1991

- Marked increase in the incidence of obesity
- Introduction of laparoscopy and robotics into MBS
- New procedures emerge (LAGB, DS, sleeve, OAGB, SADI)
- 33 years of experience with bariatric surgery
- Common knowledge that surgery improves health and quality of life
- Abundant published evidence that MBS is safe, efficacious, and cost effective (RCTs, and large databases)

Justification for Creating New Guidelines

- BMI is a poor surrogate for adiposity
- The cut off at BMI $\geq$ 35 kg/m^2 with co-morbid conditions or $\geq$ 40 kg/m^2 with or without comorbids are arbitrary
- Not supported by current evidence-based data
- Discriminates against several types of patients (low BMI, Asians, age, gender, body composition, etc)
- Current practice of MBS is so different from that in 1991 that they are not comparable

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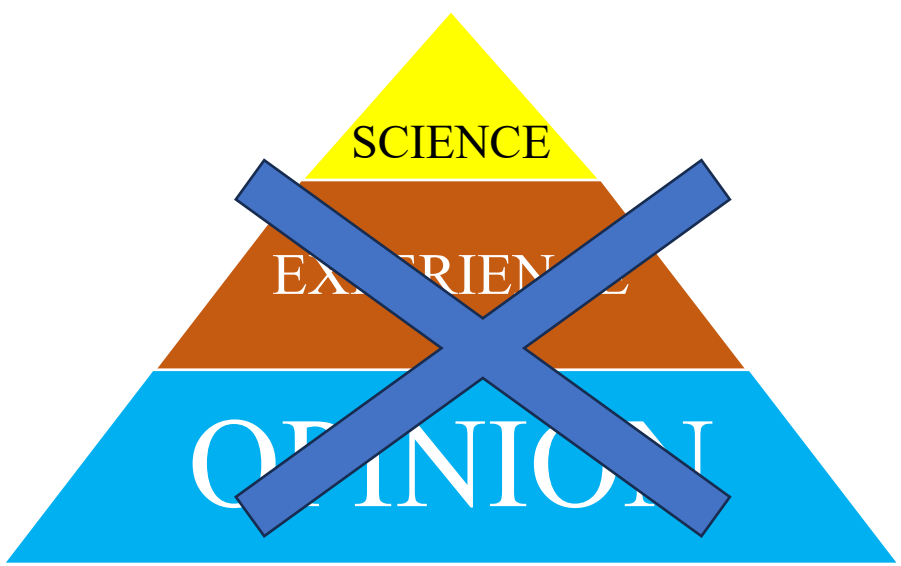
Evidence-Based Guidelines Needed



ASMBS/IFSO New Guidelines MBS

- ASMBS and IFSO worked together to create new guidelines for MBS
- A writing committee from ASMBS and IFSO did extensive literature searches to find potential criteria that are supported by high quality research and published in high impact journals
- Used RCTs, large databases such as the MBSAQUIP, systematic reviews, meta-analyses, etc

Eisenberg D. Obes Surg 2022

ASMBS/IFSO Criteria for MBS

• BMI 30 – 34.9 kg/m^2 and metabolic disease	Level 2a	Grade B
• **BMI 35 ≥ kg/m^2**	Delphi	
• BMI threshold for Asians (27.5 kg/m^2)	Level 2a	Grade B
• Older patients	Level 2a	Grade B
• Pediatric and adolescent patients	Level 1b	Grade A
• **Joint arthroplasty**	Delphi	
• Abdominal ventral hernia repair	Level 2b	Grade B
• Organ transplantation	Level 2b	Grade B
• BMI > 60 kg/m^2	Level 2a	Grade
• Cirrhosis	Level 2b	Grade B
• Heart failure	Level 2b	Grade B
• Multidisciplinary patient evaluation	Level 2c	Grace B
• Revisional surgery	Level 2b	Grade B

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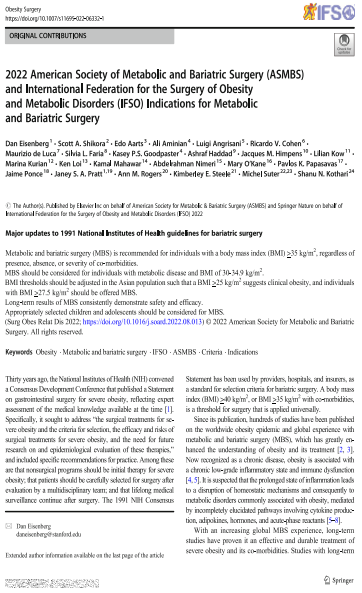
Simultaneous Publication in SOARD and Obesity Surgery



Obesity Surgery
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IFSO

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

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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) ≥35 kg/m², 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/m².
BMI thresholds should be adjusted in the Asian population such that a BMI ≥25 kg/m² suggests clinical obesity, and individuals with BMI ≥27.5 kg/m² should be offered MBS.
Long-term results of MBS consistently demonstrate safety and efficacy.
Appropriately selected children and adolescents should be considered for MBS.
(Surg Obes Relat Dis 2022; https://doi.org/10.1016/j.soard.2022.08.013)

Keywords Obesity · Metabolic and bariatric surgery · IFSO · ASMBS · Criteria · Indications

Thirty years ago, the National Institutes of Health (NIH) convened a Consensus Development Conference that published a Statement on gastrointestinal surgery for severe obesity, reflecting expert assessment of the medical knowledge available at the time [1]. Specifically, it sought to address "the surgical treatments for severe obesity and the criteria for selection, the efficacy and risks of surgical treatments for severe obesity, and the need for future research on and epidemiological evaluation of these therapies," and included specific recommendations for practice. Among these are that nonsurgical programs should be initial therapy for severe obesity; that patients should be carefully selected for surgery after evaluation by a multidisciplinary team; and that lifelong medical surveillance continue after surgery. The 1991 NIH Consensus Statement has been used by providers, hospitals, and insurers, as a standard for selection criteria for bariatric surgery. A body mass index (BMI) ≥40 kg/m², or BMI ≥35 kg/m² with co-morbidities, is a threshold for surgery that is applied universally.

Since its publication, hundreds of studies have been published on the worldwide obesity epidemic and global experience with metabolic and bariatric surgery (MBS), which has greatly enhanced the understanding of obesity and its treatment [2, 3]. Now recognized as a chronic disease, obesity is associated with a chronic low-grade inflammatory state and immune dysfunction [4, 5]. It is suspected that the prolonged state of inflammation leads to a disruption of homeostatic mechanisms and consequently to metabolic disorders commonly associated with obesity, mediated by incompletely elucidated pathways involving cytokine production, adipokines, hormones, and acute-phase reactants [5–8].

With an increasing global MBS experience, long-term studies have proven it an effective and durable treatment of severe obesity and its co-morbidities. Studies with long-term

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SURGERY FOR OBESITY AND RELATED DISEASES

Original article

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

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What We Need to do

- Just creating guidelines and publishing them is insufficient
- We need to get the medical community familiar with the guidelines
- Talking points
    - The previous criteria are outdated
    - New criteria were created that are evidence-based from strong high quality published data
    - The

The Mysterious Second Paper

- A second joint publication from IFSO/ASMBS was written to explain and document how the results of the guidelines paper were obtained
- This paper was accepted for publication by the leaderships of both organizations
- Publication should occur very soon

De Luca M, et al - ?

What now?

- Just creating and publishing new guidelines is insufficient
- We must educate the medical community and all other stakeholders of the need to replace the 1991 guidelines with the new ASMBS/IFSO guidelines
- Talking points about the new guidelines
  - Evidence based
  - Represents the current practice of MBS

The Challenge

- Survey's have consistently demonstrated that non-MBS clinicians, patients, payers and others are unaware of the new guidelines
- It is vitally important to get them familiar with the new guidelines
- Payers need to be convinced of the benefits of adopting the new guidelines
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Suggestions for Promoting the New Guidelines

- Submit editorials, Letters-to-the-Editor, and other publishable writings to the journals likely to be read by medical physicians
- Educate the physicians with whom you work with locally
- Discuss the merits of the guidelines with your payers
- Use all available weapons such as social media
- Should ASMBS and IFSO create task forces to focus on getting the word out?

Is the Glass Half Empty or Half Filled?

- Survey sent to all IFSO societies (87.5% response)
- Results – 74.6% had some form of guidelines
  - 22% guidelines based on the 1991 NIH criteria
  - 43.5% guidelines midway between the NIH and ASMBS/IFSO
  - 34% ASMBS/IFSO guidelines

Pujol-Rafols J, et al, Obes Surg 2024

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In the U.S., private health insurance companies are slowly adopting the ASMBS/IFSO guidelines. Thus far, an estimated 95 million covered lives are in health care plans that have adopted the new guidelines