

President's Address

We

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General and Gastrointestinal Surgery

Brigham and Women's Hospital

Professor of Surgery

Harvard Medical School





XXVI
IFSO WORLD CONGRESS
OF BARIATRIC & METABOLIC SURGERY

NAPLES, ITALY
AUGUST 30 - SEPTEMBER 1, 2023
Congress President: Prof. Luigi Angrisani



As previously disclosed, these are the companies with which I have a financial or other relationship (s):

| Company Name (s) | Nature of Relationship (s) |
|-------------------------|----------------------------|
| Medtronic | Consulting |
| BARInet | Medical Director |
| Obesity Surgery Journal | Editor-in-Chief |

Too Many to Thank



Gillette Stadium, Foxboro, Massachusetts – Capacity -68,756

*Thank you all for your advice,
support, teaching, mentoring,
friendship, love, and everything else
you have done for me over many
years to make me a better surgeon, a
better educator, a better president,
and a better human being*

Too Many to Thank

IFSO Executive Counsel



Too Many to Thank

IFSO Board of Trustees



Too Many to Thank

My Napoli Medical Team



Mario Musella, MD
Professor of Surgery
University of Naples Federico II



Antonio Vitiello, MD
PhD Student
University of Naples Federico II

Too Many to Thank

“The Boss”

Manuela Mazzarella



Too Many to Thank

“The Under Boss”

Stefanie D’Arco



Too Many to Thank

“The Team”



*ASMBS has 13 staff members

Please keep Ken in your
thoughts and your prayers

I pray he will have a full recovery



Ken Loi, MD

Special Thanks

My Family



Special Thanks

My Family



Special Thanks

My Family



Special Thanks

My Family



Special Thanks

My Family



Special Thanks

Napoli

Miami

Zurich

Guangzhou

Vienna

Tel Aviv



My Rock



Delhi

London

Paris

Madrid

Oxford

Brighton



The Transformation

In the Beginning.....

Bariatric Surgery started in the 1950s with the Intestinal Bypass

It was universally unpopular, disrespected, poorly regarded, and worse,*ignored*

Bariatric surgery was considered inferior to other surgical specialties

In the Beginning.....

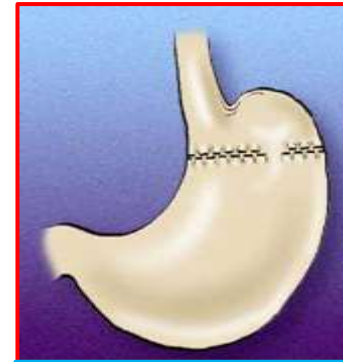
- No societal standards
- Little science
- Human experimentation
- Inadequately trained surgeons
- Under-resourced facilities
- Little to no departmental or hospital support
- Significant morbidity and mortality
- High LOS and readmission rates
- High recidivism rates



Horizontal
Gastroplasty



Horizontal
Gastroplasty

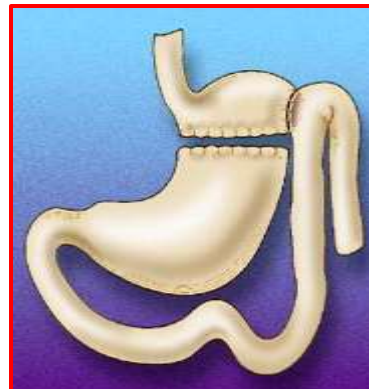


Gastro-
gastrostomy

Unreliable Operations



Intestinal Bypass
Varco and Buchwald



Mason
Gastric Bypass



Vertical Banded
Gastroplasty

Crisis Environment

- Malpractice insurance was intolerably expensive or unavailable
- Health insurance companies were resistant to cover bariatric surgery
- Bariatric surgery had a bad reputation throughout the medical community and the public
- Deaths became cannon fodder for the media
- Potential patients stayed away

My Story

“Can I have another surgeon?
You are a stomach stapler”

The Transformation

Currently, MBS is highly regarded, popular, and universally respected

Poorly regarded  Highly regarded

How did we get here?

The Transformation

We got here because we worked together!!!!

*“The Whole is Greater Than
the Sum of the Parts !!”*

?Aristotle

An observation from many years of membership

IFSO is Uniquely Positioned to lead the fight for our patients against restricting access to healthcare and to the constant societal ridicule and discrimination that face every day

- We don't just preach diversity, **we practice it**
- People of all races, religions, nationalities, disciplines, etc, work together to solve the common problems facing out patients
- Strong friendships and bonds are everywhere in the organization

Synergy Brings Success....

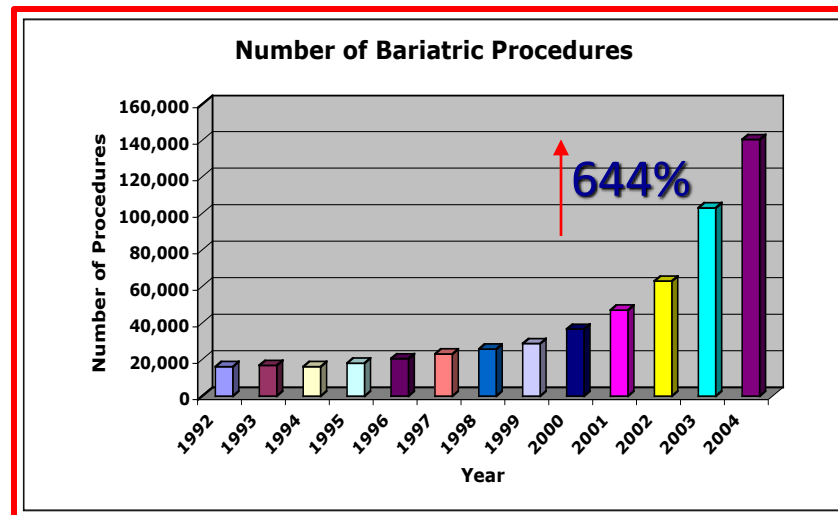


.... And Favorable Outcomes

Two Events that Changed the World

1990's – The introduction of Laparoscopy

1994 – Alan Wittgrove, MD performs the world's first laparoscopic gastric bypass



Resulted in Too Much of a Good Thing

- The vast majority of bariatric surgeons wanted to learn the laparoscopic techniques
- Non-bariatric surgeons wanted to become bariatric surgeons
- Training courses popped up everywhere
- Surgeons were taking weekend courses and booking 3 cases on Monday morning
- High morbidity and mortality

Surgical Review Corporation (SRC)

- Established in 2003 by the ASBS as an independent, nonprofit corporation
- Decided that standardization and appropriate training was necessary to reduce morbidity and mortality
- A multidisciplinary approach to patient selection, preparation, and postoperative care would reduce postoperative complications and patient recidivism
 - National surgical criteria
 - BOLD database
 - Included industry and other stakeholders



Center of Excellence Criteria

- Institutional commitment to excellence in care
- > 125 cases per year
- A medical director
- Full compliment of consultative services
- Full line of bariatric equipment
- Surgeon must devote over 51% of practice to bariatric surgery
- Utilization of standard operations and clinical pathways
- Use of physician expanders and/or nurses
- Availability of support groups
- >75% follow up at five years



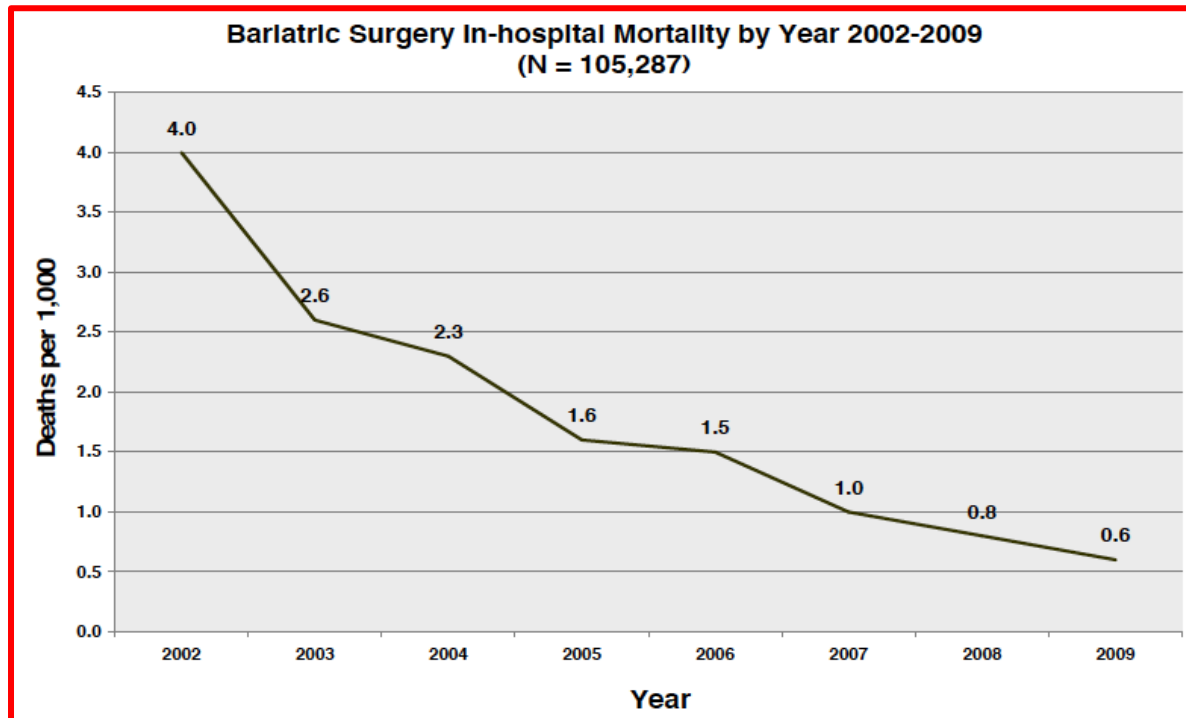
So, What Did We Accomplish?

- Dramatic reduction in morbidity and mortality
- Improved reputation in both the medical and lay sectors of society
- Greater patient acceptance
- Evidence-based decision making
- Healthy platform for future innovations

Evolution of Patient Care

- Improved preoperative preparation
 - Thromboprophylaxis
 - Sleep apnea
 - Cardiac evaluation
 - Risk stratification
 - GI anatomy evaluation
- Multidisciplinary approach
 - Dietician and Psychologist input
 - Patient education/Social media

Significant Reduction in Mortality



Cooperation Brings Synergy



SOCIETY OF ENDOSCOPIC AND LAPAROSCOPIC SURGEONS OF INDIA (SELSI)



World Gastroenterology Organisation
Global Guardian of Digestive Health. Serving the World.



The 1991 NIH Criteria for Surgery

- NIH held a 2 - day meeting to create the criteria for obesity (bariatric surgery)
- 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

The 1991 NIH Criteria for Surgery

- BMI \geq 40 kg/m²
- BMI \geq 35 kg/m² 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 today

In 1998 the NIH stated that the 1991 criteria were outdated

“This statement is more than five years old and is provided solely for historical purposes. Due to the cumulative nature of medical research, new knowledge has inevitably accumulated in this subject area in the time since the statement was initially prepared. Thus, some of the material is likely to be out of date, and at worst, simply wrong.”

1991 NIH Criteria Limitations

Not supported by current evidence - based data

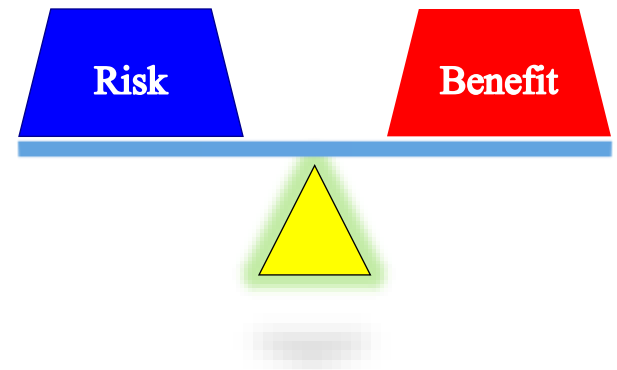
Was supposed to represent the favorable intersection between risks and benefits

Published literature was outdated (1980's

Only open procedures (gastric bypass and gastroplasties)

1980s patient care

Strongly based on BMI



Now over 32 years old !!!

Two Societies – One Vision



Shanu Kothari, MD
President, ASMBS



Scott Shikora, MD
President, IFSO

Justification for a Change

- The BMI ≥ 35 kg/m² cut off for surgery is arbitrary and not scientifically validated
- Is there really a difference between BMI 34 kg/m² and BMI 36 kg/m²?
- The health concerns are the same
- Asian patients with class 1 obesity are physiologically the same as non-Asians whose BMI > 35 kg/m²
- Growing evidence that bariatric and metabolic surgery reduce the likelihood of contracting the Obesity-related co-morbid diseases (i.e, T2DM, cancer, heart disease)

The 2 societies worked together

The ASMBS in partnership with the IFSO have determined the current (1991) criteria to be outdated and set out to create scientific evidence-based guidelines that reflect the current reality

ASMBS/IFSO Indications for Metabolic and Bariatric Surgery Writing Groups

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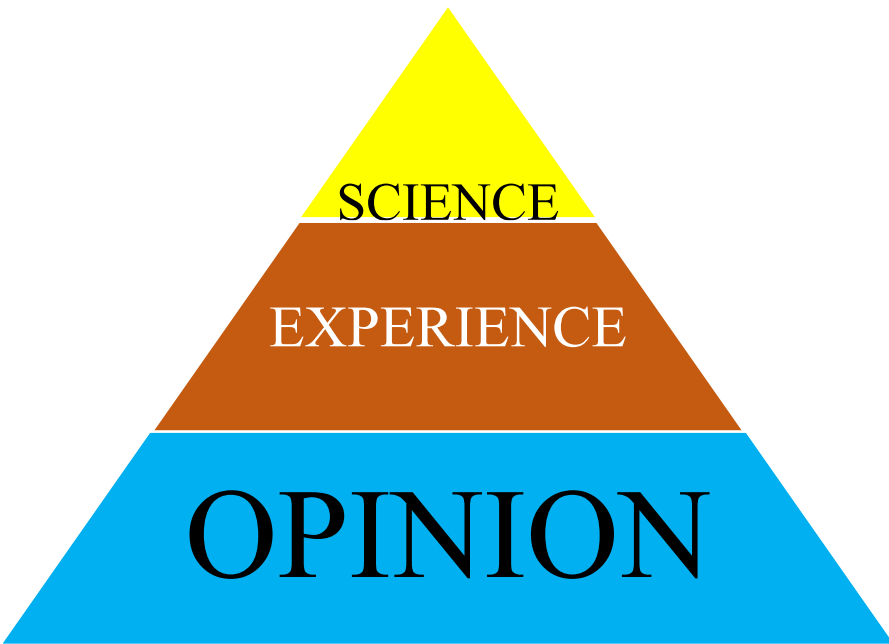
New Evidence-Based Guidelines

- BMS is recommended for individuals with BMI ≥ 35 kg/m², regardless of presence, absence, or severity of comorbidities.
- BMS should be considered for individuals with metabolic disease and BMI 30-34.9 kg/m².
- BMI thresholds should be adjusted for the Asian population such that BMI ≥ 25 kg/m² suggests clinical obesity, and individuals with BMI ≥ 27.5 kg/m² should be offered BMS.
- Long-term results of BMS consistently demonstrate safety and efficacy.
- Appropriately-selected children/adolescents should be considered for BMS.

New Surgical Guidelines

1991 NIH Criteria for BM

2022 ASMBS/IFSO Guidelines for MBS



ASMBS/IFSO Indications for Metabolic and Bariatric Surgery

2022 - ASMBS and IFSO Indications for Metabolic and Bariatric Surgery

Obesity Surgery
<https://doi.org/10.1007/s11695-022-06332-1>

ORIGINAL CONTRIBUTIONS

IFSO

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) of 30–34.9 kg/m² with 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.sor.2022.08.013>) © 2022 American Society for Metabolic and Bariatric Surgery. All rights reserved.

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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

Extended author information available on the last page of the article

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Original article

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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Criteria for MBS

- BMI 30 – 34.9 kg/m² and metabolic disease
- BMI 35 \geq kg/m²
- BMI thresholds should be adjusted for Asians (27.5 kg/m²)
- Older patients
- Pediatric and adolescent patients
- Joint arthroplasty
- Abdominal ventral hernia repair
- Organ transplantation
- BMI > 60 kg/m²
- Cirrhosis
- Heart failure

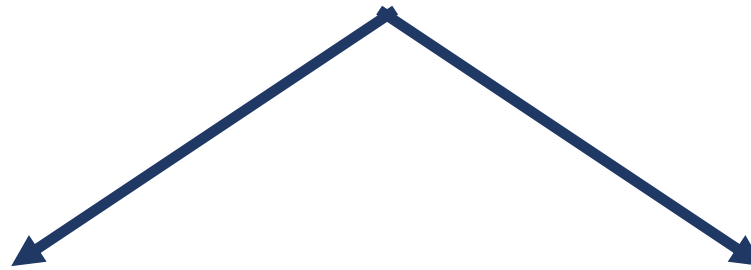
New Evidence-Based Guidelines

- The leadership of both societies were concerned that the strength of the data could be the subject of criticism
- A systematic review/meta-analysis was performed on 11/13 criteria and demonstrated the data in each to be high quality
- There were too few publications on MBS on joint arthroplasty and patients BMI 30 – 34.9 kg/m² to do a PRISMA analysis
- Delphi Method with a high degree of consensus

New Surgical Guidelines



Accomplishments



Improved Patient
Access to Care

Evidence-Based
Criteria for Surgery

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 B |
| • Cirrhosis | Level 2b | Grade B |
| • Heart failure | Level 2b | Grade B |
| • Multidisciplinary patient evaluation | Level 2c | Grade B |
| • Revisional surgery | Level 2b | Grade B |

Acceptance of the ASMBS/IFSO Guidelines

BCBS California

BCBS New Jersey

Centene

Horizon BCBS New Jersey

BCBS Tennessee

BCBS Michigan

Premera Blue Cross

Geisinger

BCBS Minnesota

BCBS Vermont

BCBS Massachusetts

BCBS Idaho

Capital Blue Cross

Oregon Health Authority

Conclusions

- Bariatric surgery was once uncontrolled and had high complication and failure rates which resulted in poor acceptance
- Cooperation with other stakeholders resulted in both reduced complications and better outcomes
- The ASMBS/IFSO Guidelines for Surgery which was based on high quality data was a game changer
- **Today, MBS enjoys greater acceptance and respect globally**

A Personal note

I am extremely grateful that you trusted me enough to elect me President of IFSO. It is an honor that I will never forget and will cherish for the rest of my life.

I worked hard this year to earn the presidency that you have bestowed upon me.

I hope I leave the presidency to a very capable Gerhard Prager and hope that because of my efforts, IFSO is at least somewhat better for it

Scott