

Presidential Report 2006**The Future of the International Federation for the Surgery of Obesity (IFSO)****Jan W. M. Greve, MD, PhD***Professor of Surgery, University Hospital Maastricht, The Netherlands***What is IFSO?**

The International Federation for the Surgery of Obesity is a federation composed of national associations of bariatric surgeons. Currently, 33 adhering societies are officially members of IFSO, and several countries are in the process of becoming member societies. There are also individual members from countries that thus far have not formed a national association. IFSO is mainly a scientific organization, bringing together surgeons and allied health professionals, such as nurse practitioners, dieticians, nutritionists, psychologists, internists and anesthesiologists, involved in the treatment of morbidly obese patients. IFSO's main activity is the organization of the annual World Congress, which provides a forum for the exchange of knowledge on the surgical treatment of severely obese patients, and presents the latest techniques, research and concepts. IFSO has also produced a number of guidelines, such as selection criteria for patients, minimal requirements for bariatric surgeons, and Statements on morbid obesity, its treatment, and innovation.¹⁻⁵ The main goal is optimization of the treatment of severely obese patients.

Founders of IFSO

Very successful International Obesity Surgery Symposia were for many years organized under the leadership of Nicola Scopinaro. In 1995, a group of bariatric surgeons met at the Stockholm Symposium, and agreed that it was time to organize an international federation bringing together specialists in bariatric surgery. The Founding Members of IFSO

were Nicola Scopinaro (Italy) – the First and Honorary President, George Cowan (USA), Mervyn Deitel (Canada), Martin Fried (Czech Republic), Andrew Jamieson (Australia), Rafael Alvarez Cordero (Mexico), Arthur Garrido Jr (Brazil), Ross Fox (USA), Roberto Tacchino (Italy), Lars Backman (Sweden), Ingmar Naslund (Sweden), Mitiku Belachew (Belgium), Eliezer Avinoach (Israel), D. Van Nostrand (USA) (Figure 1). In the following year, 1996, the first meeting was held in Prague, Czech Republic under Martin Fried. This meeting provided a template for future meetings, and was followed in 1997 by the spectacular meeting in Cancun, Mexico, under Rafael Alvarez Cordero. Since then, the annual IFSO congresses have progressively grown in importance, with an increasing scientific level and a growing number of participants. The meetings in Europe have attracted a larger audience compared to outside Europe (Table 1).



Figure 1. The Founders of IFSO, Stockholm, 1995.

Presented at the 11th World Congress of the International Federation for the Surgery of Obesity, Sydney, Australia, September 1, 2006.

Jan W. M. Greve

Table 1. Past and future world congresses of IFSO

Year	Location	President of Meeting	No. of participants
1996	Prague, Czech Republic	Martin Fried	375
1997	Cancun, Mexico	Rafael Alvarez Cordero	400
1998	Brugues, Belgium	Mitiku Belachew, Jan Willem Greve	400
1999	Salzburg, Austria	Emanuel Hell, Karl Miller	450
2000	Genoa, Italy	Nicola Scopinaro	500
2001	Chania, Crete, Greece	John Melissas	550
2002	São Paulo, Brazil	Arthur Garrido Jr	500
2003	Salamanca, Spain	Aniceto Baltasar	850
2004	Tokyo, Japan	Isao Kawamura	350
2005	Maastricht, The Netherlands	Jan Willem Greve	1000
2006	Sydney, Australia	Paul O'Brien, Harry Frydenberg, John Dixon	550
Future Meetings			
2007	Porto, Portugal	Antonio Sergio	
2007	Cancun, Mexico (regional)	Rafael Alvarez Cordero	Latin-American Chapter
2008	Buenos Aires, Argentina	Carlos Casalnuovo	
2008	Capri, Italy (regional)	Luigi Angrisani	European Chapter
2009	Paris, France	Jean Marc Chevallier, Jerome Dargent	
2010	USA	ASBS	
2011	Europe, to be decided		
2012	India	Pradeep Chowbey	

Is there a Future for Bariatric Surgery?

One may wonder whether the surgical treatment of severe obesity has a future, in view of the development of several medical treatments. For example, the new wonder drug, rimonabant, is about to be launched on a large scale and is suggested to be much better than the currently available medical treatments.⁶ However, where a 10-kg weight loss in 2 years can be considered successful in an obese patient, in the morbidly obese this is insufficient and not comparable to the outcome of surgical treatment.⁷ Moreover, many investigators will not have forgotten leptin when it was brought to the market as the “cure” for obesity; it does not work.⁸

It is unlikely that a single drug will have real impact in morbidly obese patients. The energy homeostasis is very complex with many escape routes, and interventions will fail.⁹ Here, there is similarity with the complex mechanisms in inflammation and, in particular, in sepsis; in fact, there probably is a close rela-

tionship of energy homeostasis and the immune system. Also, in the treatment of sepsis, many attempts to medically interfere with the cascade of inflammatory mediators have failed.

In addition, the worldwide obesity epidemic has surpassed the problem of malnutrition, and is growing so rapidly that bariatric surgeons may be confronted with a patient load that they will not be able to handle. Even in former 3rd world countries, the problem of obesity and morbid obesity is rapidly increasing.¹⁰ India, for example, now has more obese patients than undernourished patients, with a rapid rise in patients with diabetes. Another concern is the rapid increase in childhood obesity, indicating that current programs on prevention do not have sufficient impact and predicting a further increase in obesity in the adult population.¹¹

Therefore, there is a future need for bariatric surgery and thus for IFSO. Many challenges for IFSO will have to be solved. There will be an increasing demand for bariatric surgeons and consequently training pro-

grams. To cope with the increase in the number of treated patients, there will be a great need for allied health personnel and support from internists, anesthesiologists, plastic surgeons, etc. Important questions must be answered. Which procedure for which patient: can we tailor the procedures to the specific needs of each patient? Can we still use the same inclusion criteria (BMI) for surgery for all patients,¹² or should this be adapted to race and gender. Ideally, we should be able to predict correctly the surgical risk and the effect on co-morbidities, and select surgical candidates based on these criteria. Also, with the significant increase in the number of surgeons and institutions that are starting to treat these patients, there will be a need for accreditation for both the bariatric surgeon and the institution. The development of laparoscopic techniques and dedicated instrumentation by industry have contributed to the increase in obesity surgery.

IFSO is Changing

To be able to accommodate these needs, the organization of IFSO is changing. As an organization, IFSO is growing at a rate that is similar to the growth of obesity. To be able to cope, the Council of IFSO has decided to set up a professional secretariat through a company based in Germany (MedConnect). A new website for IFSO will be launched within weeks (www.ifso.com), which will develop a "members only" area, a section to find bariatric surgeons in designated areas throughout the world, a site for abstract submission for IFSO and IFSO-related congresses, an information site on bariatric procedures for patients, newsletters, and a secure site for payment of dues and subscriptions to *OBESITY SURGERY* (the Journal of IFSO), etc. The newsletter that was started last year will be further developed. In past years, Karl Miller of Austria has provided IFSO with access to the internet through his own site, and IFSO is very grateful for the efforts and energy that Karl has put into this.

The structure of IFSO is also changing. Until recently, the General Council of IFSO was composed only of two representatives from each member society and the members of the Executive Board. The increasing number of bariatric surgeons has resulted in a need for Regional Chapters. At this time, two regional chapters have been officially accepted by IFSO. These are the European Chapter of IFSO with Nicola Scopinaro (Italy) as its First

President and Jerome Dargent (France) as its current President, and the Latin-American Chapter with its first President Rafael Alvarez Cordero (Mexico). The American Society for Bariatric Surgery (ASBS) which has been a member society since the inception of IFSO, covers North America, and can be considered as an already-existing Chapter. Finally, negotiations are ongoing to form an Asia-Pacific Chapter¹² which hopefully will be installed in the coming year. These regional organizations will be integrated into the structure of IFSO (Figure 2). To maintain a close relationship with the regional chapters, the IFSO Council has decided to add a Representative of each of these chapters to the Executive Board. The Chapter Representatives are voting members of the Executive (Table 2). The composition of the Executive Board has been changed accordingly.¹³

In the past 10 years of IFSO, the organization has for an important part been administered by the Executive Director. IFSO has been very privileged to have Mervyn Deitel (Canada) as its first executive director. Mervyn created the groundwork for his important successor, Andrew Jamieson (Australia). Both have had to manage IFSO business single-handedly without the support of a dedicated secretariat. IFSO is very grateful for the important role that both have served for the organization. Andrew Jamieson recently decided to step down as executive director, and he has been replaced by Jan W. M. Greve (The Netherlands). The new executive director will work in close collaboration with the new professional secretariat.

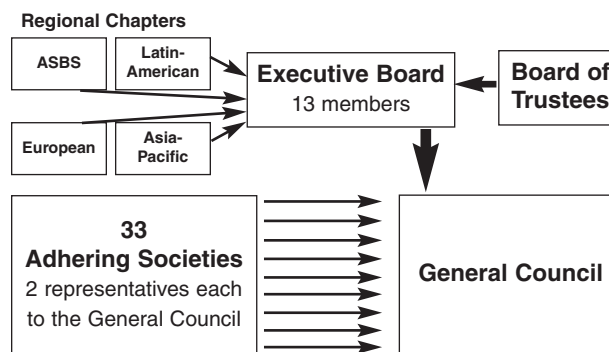


Figure 2. New structure of IFSO incorporating the Regional Chapters. Council consists of two representatives per Adhering Society plus members of the Executive Board (including one Representative from each Chapter).

Jan W. M. Greve

Table 2. Composition of the Executive Board (September 2006)

Officers	Current office holder	New/Changed	Rights
President	John Melissas (Greece)		Voting
Secretary/Treasurer	Harry Frydenberg (Australia)		Voting
President-Elect	Rafael Alvarez Cordero (Mexico)		Voting
Executive Director	Jan W.M. Greve (Netherlands)		
Immediate Past-President	Jan W.M. Greve		Voting
Senior Past-President	Arthur Garrido (Brazil)		Voting
Chair, Board of Trustees	Henry Buchwald (USA)		Voting
Honorary President	Nicola Scopinaro (Italy)		Voting
Upcoming meeting president	Antonio Sergio (Portugal)	New	Voting
ASBS representative	MAL Fobi (USA)	New	one vote
European Chapter Representative	Martin Fried (Czech Republic)	New	one vote
Latin-American Chapter Representative	Rafael Alvarez Cordero (Mexico)	New	one vote
Asia-Pacific Chapter Representative	Not yet founded		

The Future of IFSO

With the increasing importance of IFSO, it is also important to have energetic, devoted leaders to keep IFSO business running smoothly. The list of Past Presidents shows that IFSO has been very successful in selecting its presidents, and the current President and President-elect bode well for the future (Table 3).

For the upcoming years, IFSO will have to maintain and extend its role in the challenge of bariatric surgery. A number of important issues need to be addressed. Whereas IFSO was a purely scientific organization, mainly organizing congresses, it must develop into a professional organization which supports its members in many aspects directly related to their profession. Importantly, IFSO has to create a system for accreditation of individual surgeons and bariatric centers. A committee chaired by the current

President, John Melissas, has made the first draft proposal. Guidelines will need to be updated, and relations have to be established with national surgical societies (through the respective national IFSO member) to enable accreditation on a national level. The ASBS has organized the Surgical Review Corporation, as an example. IFSO will also have to increase its financial means and will have to progress to support research in bariatric surgery and to be able to provide travel and research grants. Industry has already been very supportive in these aspects.

A strong feature of IFSO is that upcoming meeting locations will be splendid, with Porto, Portugal (Antonia Sergio) and Buenos Aires, Argentina (Carlos Casalnuovo) already set. Moreover, IFSO will meet in the USA, organized with its largest member association, the ASBS. IFSO has looked into the future by designating its world congress in 2012 to India, a country that by that time may have the largest obese population in the world. Between these world congresses, important regional chapter meetings are being organized and will be announced on the *ifso.com* website. In 2007, the Latin-American Chapter will meet in Cancun, Mexico (Rafael Alvarez Cordero, April 26-29), and in 2008 the European Chapter will meet in Capri, Italy (Luigi Angrisani).

The Official Journal of IFSO, *OBESITY SURGERY*, under the Editor-in-Chief, Mervyn Deitel, has risen over the past 16 years to become one of the most quoted and highly-ranked surgical journals of the world. The Journal has been a liaison for IFSO, announcing and publishing its meeting

Table 3. Past and future Presidents of IFSO

Year	Name	Country
1996-1998	Nicola Scopinaro	Italy
1998-2000	George Cowan	USA
2000-2001	Emanuel Hell	Austria
2001-2002	Martin Fried	Czech Republic
2002-2003	Aniceto Baltasar	Spain
2003-2004	Henry Buchwald	USA
2004-2005	Arthur Garrido Jr	Brazil
2005-2006	Jan W.M. Greve	Netherlands
2006-2007	John Melissas	Greece
President-elect	Rafael Alvarez Cordero	Mexico

programs, abstracts, papers, events, Statements and other business. Arrangements are being made with the new international publisher, Springer Science, to provide a very favorable IFSO subscription price.

Finally, I thank you for having given me the opportunity to be president of IFSO during the past year. It was a privilege and honor to serve IFSO and to be appointed as the new executive director. I trust that we will be able to continue to promote and improve the surgical treatment of morbidly obese patients.

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