



External Survey Endorsement and Distribution

Premise

IFSO can assist its members who would like help with the content and distribution of surveys to the broader membership of IFSO. This is in keeping with the mission of IFSO:

TO UNIFY THE GLOBAL SCIENTIFIC, SURGICAL AND INTEGRATED HEALTH COMMUNITIES, FOR THE PURPOSE OF DISSEMINATION OF KNOWLEDGE, COLLABORATION AND ESTABLISHING UNIVERSAL STANDARDS OF CARE FOR THE TREATMENT OF INDIVIDUALS WITH ADIPOSITY-BASED CHRONIC DISEASE.

IFSO can assist by reviewing the content, suggesting changes and distributing materials (e.g. background to the survey, letters of invitation, questionnaires) to its members. However, IFSO will not be responsible for the follow up of responses, response rate, nor for the collection/analysis of responses/data. The surveys and their analyses will be the sole responsibility of the issuing member.

IFSO has a responsibility to ensure that the purpose of the survey is relevant and that the internal validity of the methodology is sound and of a high standard. Accordingly, absolute criteria have been developed to ensure that these requirements are met.

Distributing the survey will be pending review and approval of IFSO scientific committee.

Application documents:

For endorsement and dissemination

Documentary evidence of the following must accompany the Application:

- A Letter of invitation addressed to potential research subjects or email recipients shall accompany the copy of the questionnaire / survey, either attached at the top of the questionnaire or as a separate document. The letters should include the following elements:
- A brief description of the purpose of the survey
- The voluntary nature of the survey with the statement: “Participating in the survey constitutes consent to use the participant’s answers for research purposes.”
- The extent of the participant’s involvement, including the time required
- Details of privacy and confidentiality
- The link to the actual survey and the document in WORD format with all the questions of the Survey.
- Please state if you are using any third-party service provider i.e data pooling company and highlight data confidentiality/storage.

- Please state if you are receiving third-party funding to cover the cost of the survey.
- IRB approval is required unless the survey can be approved as “exempt”
- Clearly state the organization/ institution that owns or runs the survey.
- IFSO will distribute the survey to IFSO members. Surveys directed towards patients may be distributed through surgeons or allied health professionals.

Elements to be evaluated:

The survey must be submitted by an IFSO member

The Survey is well-designed

The questions are clearly defined

The importance of the research is well described

The survey has demonstrable internal validity (methodology) and external validity (applicability)

The survey aims are consistent with IFSO philosophy

The project is novel and does not replicate previous/ongoing studies

In some cases, in order to approve the endorsement, the IFSO Scientific Committee might request the applicant to edit parts of the survey.

Survey Endorsement & Distribution Fees

Survey Distribution will require a fee of US \$250 (two emails) to cover administrative expenses.

Note

- IFSO will distribute the survey material to its individual members but cannot guarantee secondary distribution beyond that.
- IFSO will not be responsible for follow up of recipients. If a second distribution or reminder is required, this will require a higher Survey Distribution Fee. (see above Fees)
- If the application is complete, you will receive a reply within 2 weeks (endorsement approval, denial, request of changes).
- If your survey is approved, you will receive the invoice to pay. After receipt of payment, the survey can be considered endorsed and it will be circulated to IFSO membership.

Application Form

Please access the IFSO Survey Distribution Application Form here and send it back to info@ifso.com together with all the other information/documents required in the Application section (above).

You will be contacted by IFSO Secretariat in case of missing information/documents.

If the application is complete, you will receive a reply within 2 weeks (endorsement approval, denial, request of changes).

If your survey is approved, you will receive the invoice to pay. After receipt of payment, the survey can be considered endorsed and it will be circulated to IFSO membership.

People’s first language/ IFSO accepted nomenclature:

Eliminate "recidivism" "non-compliant" "gold-standard" "last-resort" sort of language

Imagery (no headless, stereotypical/stigma = takeaway boxes, fast food, ill-fitting clothes, etc.)

Not accepted Nomenclature	IFSO accepted Nomenclature
Mini Gastric Bypass (MGB)	One Anastomosis Gastric Bypass (OAGB)
Morbid Obesity	Severe Obesity
Obese/Diabetics	Patient or individual with obesity/ diabetes
Subject/s	Patient/s or individual/s
Weight loss surgery	Metabolic Bariatric Surgery (MBS)
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 modification encompasses correction or an enhancement of the same procedure (revision of a gastric pouch, distalization of gastric bypass)
Conversion procedure	‘Conversion’ entails converting one procedure 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 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 clinical response if fits these criteria
Adequate weight loss	Optimal clinical response which follows the criteria of TWL% >20% and/or improvement of obesity complication/s
Success	This term is not acceptable anymore. Please use Optimal clinical response for primary procedures or optimal clinical response for other revision or conversion procedures
Restrictive or Malabsorptive procedures	These terms are not acceptable to use. Please describe procedures per their anatomic features, bypass, diversion, etc ...
Malabsorption/Hypoabsorption	Both are accepted, but it is essential to report: Micronutrient for minerals and elements versus Macronutrient for protein/fat or carbohydrates
Weight regain/ recurrence	Recurrent weight gain
Bariatric Surgery	Metabolic Bariatric Surgery (MBS)
Anti Obesity Medications	Obesity Management Medications (OMMs)
Comorbidities	Obesity associated diseases/disorders
Super Obesity, Super-Super Obesity, Extreme Obesity (please indicate the BMI instead)	<ul style="list-style-type: none"> • BMI 30 <35kg/m2 Obesity I • BMI 35 <40kg/m2 Obesity II • BMI 40 <50kg/m2 Obesity III • BMI 50 <60kg/m2 Obesity IV instead of „Super Obesity“ • BMI 60 <70kg/m2 Obesity V instead of „Super-Super Obesity“

Application form

SURVEY DIRECTOR*: _____

INSTITUTION/SOCIETY (IF ANY): _____

ADDRESS*: _____

CITY*: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL*: _____

TITLE OF THE SURVEY *: _____

DATE OF DISTRIBUTION *: _____

Link to the survey *: _____

SURVEY FEE: please tick if you prefer to pay by Bank transfer (Italy) or Paypal

250 US\$ (two emails dates to be agreed by survey director and IFSO secretariat according to availability)

Bank transfer

Paypal

I have read and understood all rules and criteria and I confirm that I accept all of them and that I have attached all the requested documents (see Application documents above).

BILLING INFORMATION*

Name (person/company/institution): _____

VAT: _____

Address: _____

Email: _____

***Mandatory field**

Date

Signature Survey director
