



# Bariatric Surgery: The Jurassic world is coming to an end

Josep Vidal



*ciberdem*

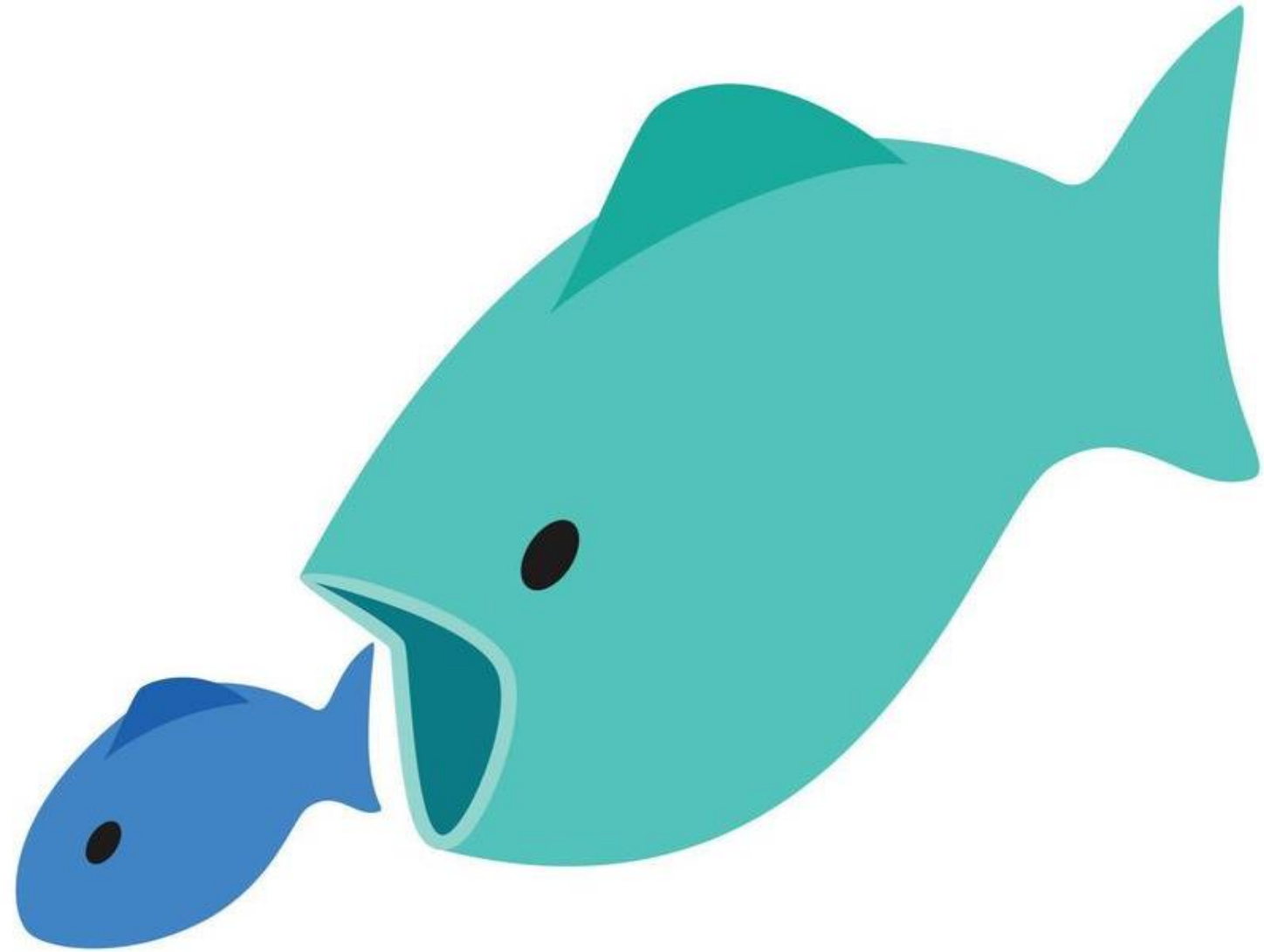
## Declaration of conflicts of interest

### **Dr. Josep Vidal**

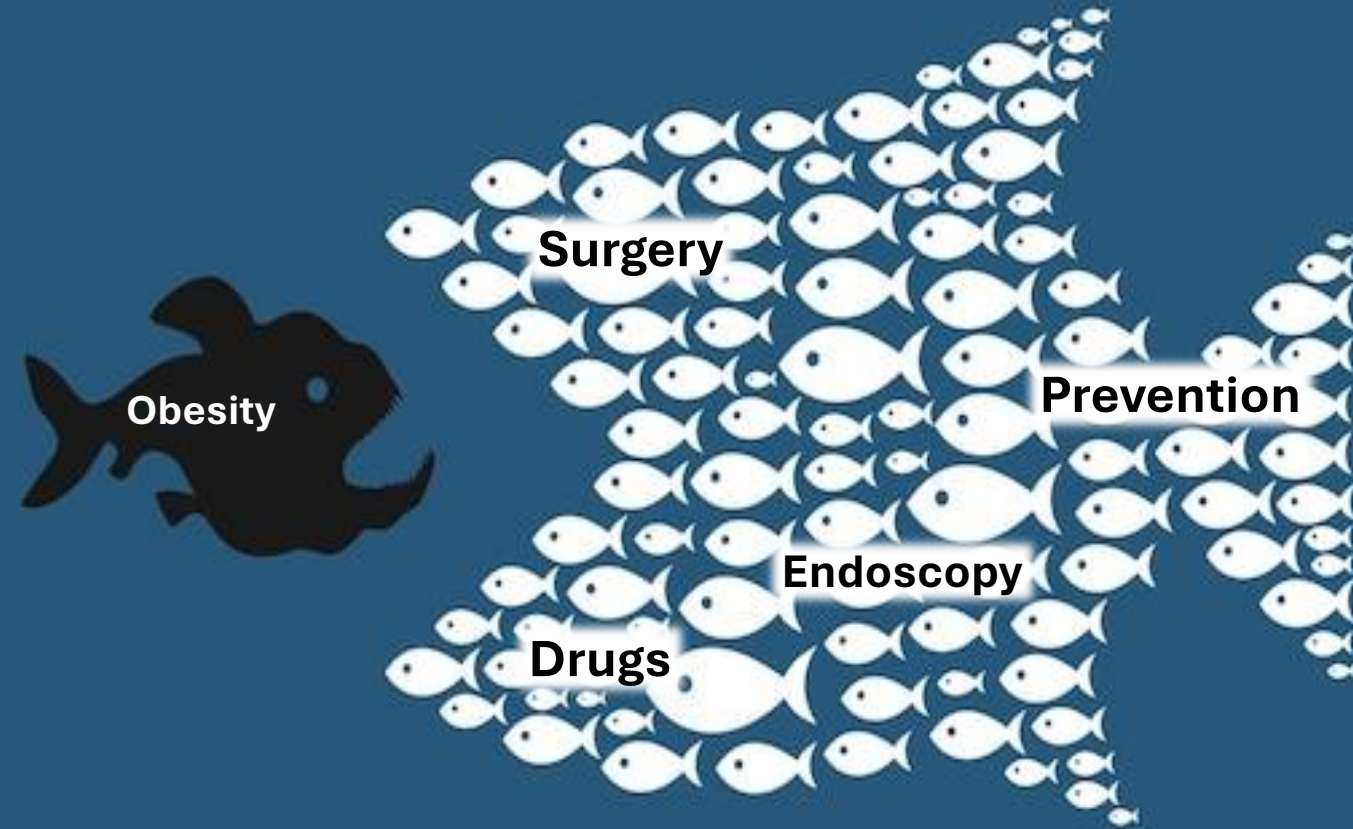
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- I have received financial support for research, advice or scientific activities from: Lilly, Novo-Nordisk, Boheringer-Ingelheim, Astra Zeneca, Sanofi, Amgen, Nestlé, Medtronic, Johnson & Johnson.

# Will OMM end metabolic bariatric surgery?



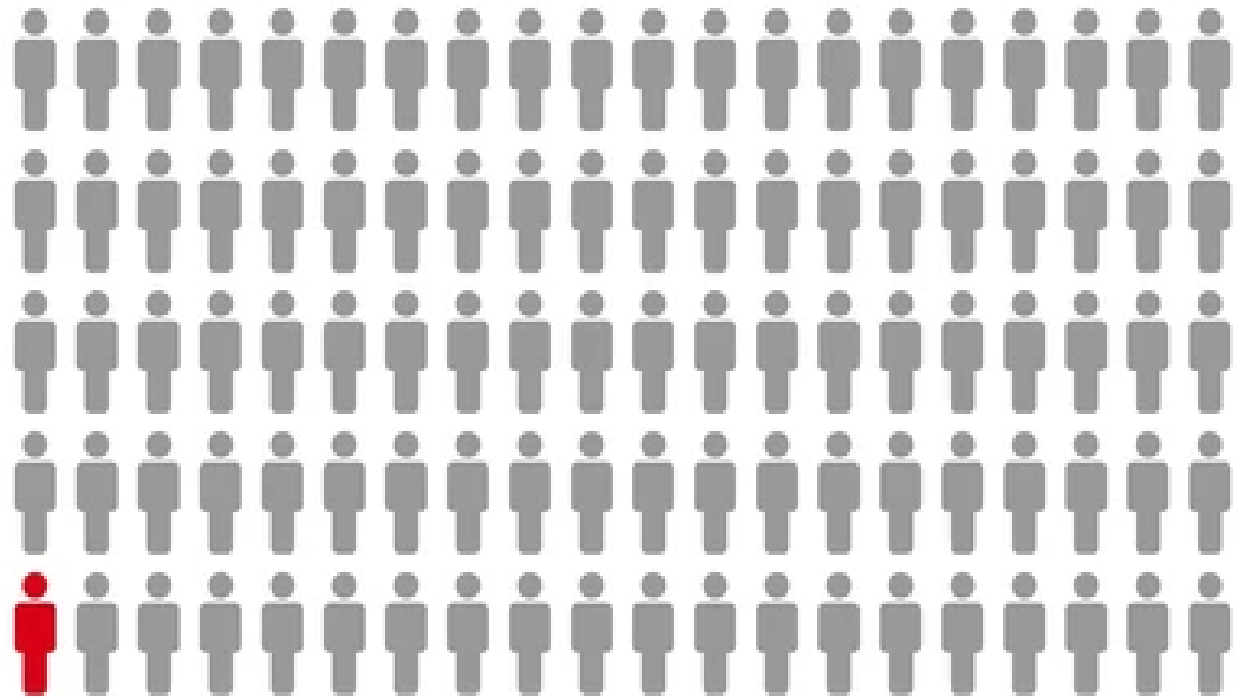
# Will we be able to cooperate to end obesity?



# Impact of surgery in the treatment of obesity

**Proportion of subjects  
that qualify for surgery that get operated**

**1/100**

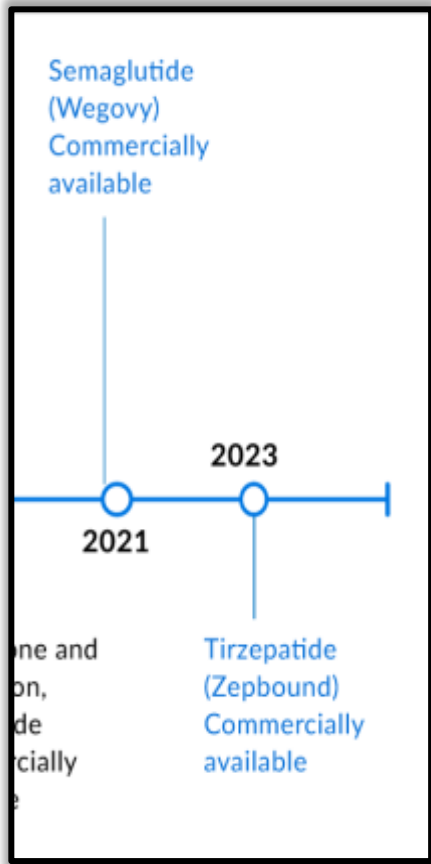


# Trends in the use OMM and MBS

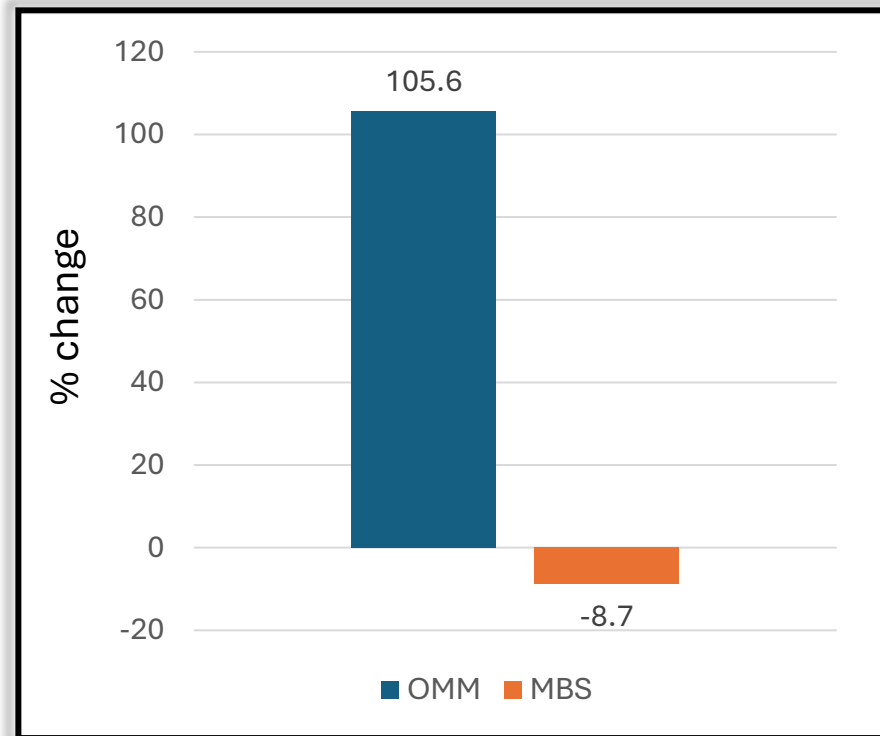
## MBS in the era of GLP-1 Receptor Agonists for obesity management

Medicare Advantage Insurance – US (OptumLabs Data Warehouse) N=16.8 million adults.

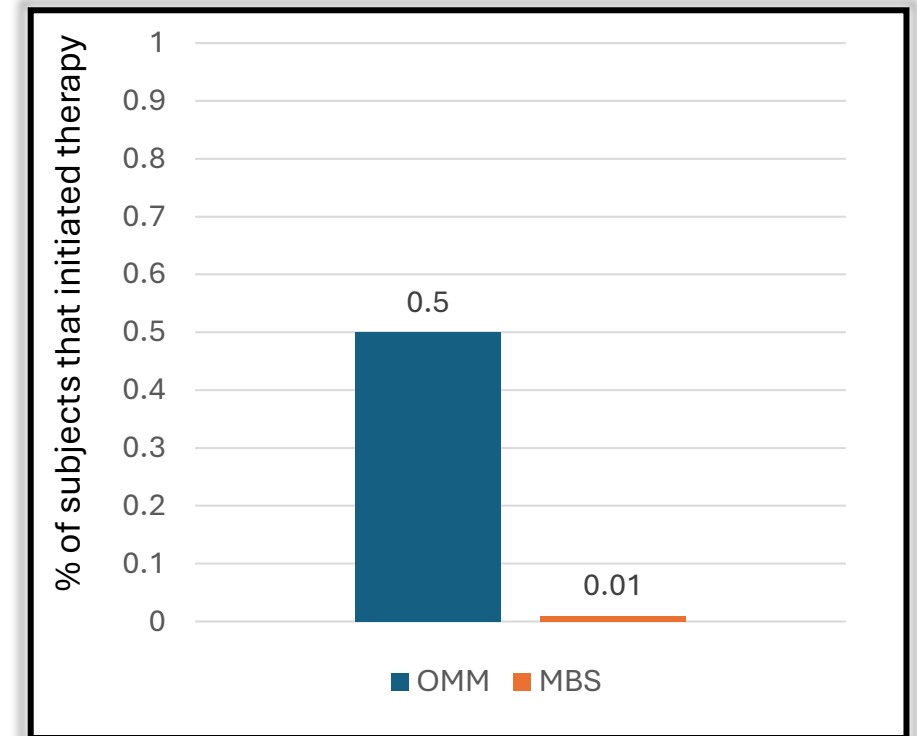
Newly prescribed OMM or undergoing MBS in the 3<sup>rd</sup>-4<sup>th</sup> Q 2023 compared to the 3<sup>rd</sup>-4<sup>th</sup> Q 2022



Relative change  
3<sup>rd</sup>-4<sup>th</sup> Q 2023 vs 3<sup>rd</sup>-4<sup>th</sup> Q 2022



Proportion of subjects with  
OMM or BS in the study period

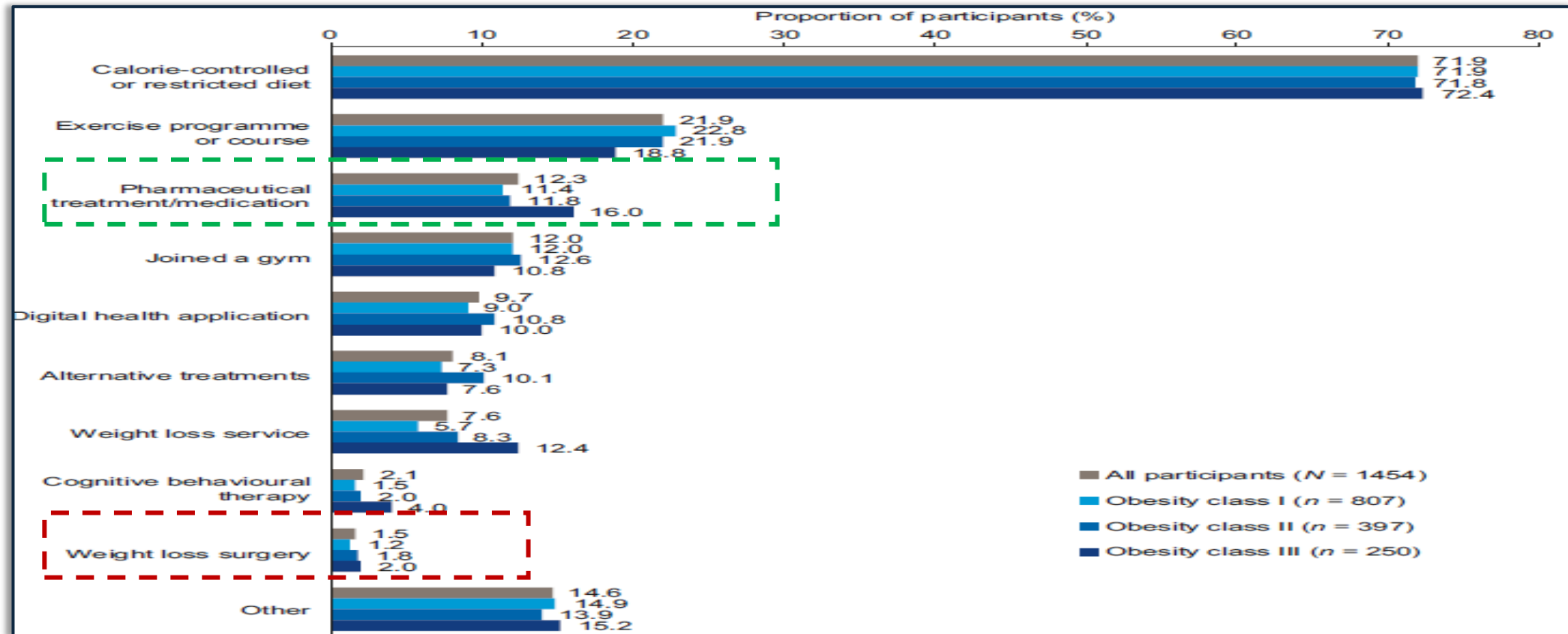


# Trends in the use OMM and MBS

## The RESOURCE survey: weight loss strategies in six European countries (France, Germany, Italy, Spain, Sweden, UK)

N=1850, age 53 y, female 52%, Obesity: class I 1042, class II 496, class III 312. Surveyed May 2021

### Weight loss strategy attempted in the 12-mo prior to the survey

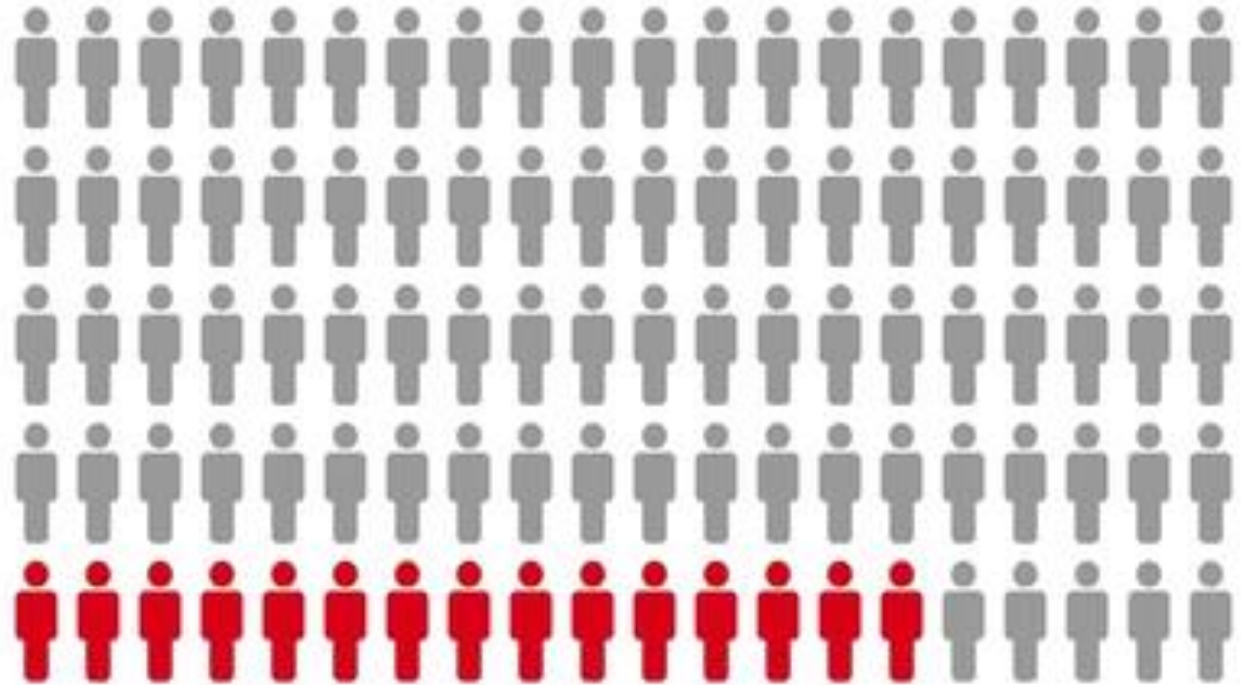


# Impact of OMM and MBS in the treatment of obesity

**Approximate proportion of subjects that qualify for OMM or MBS that have the therapy**



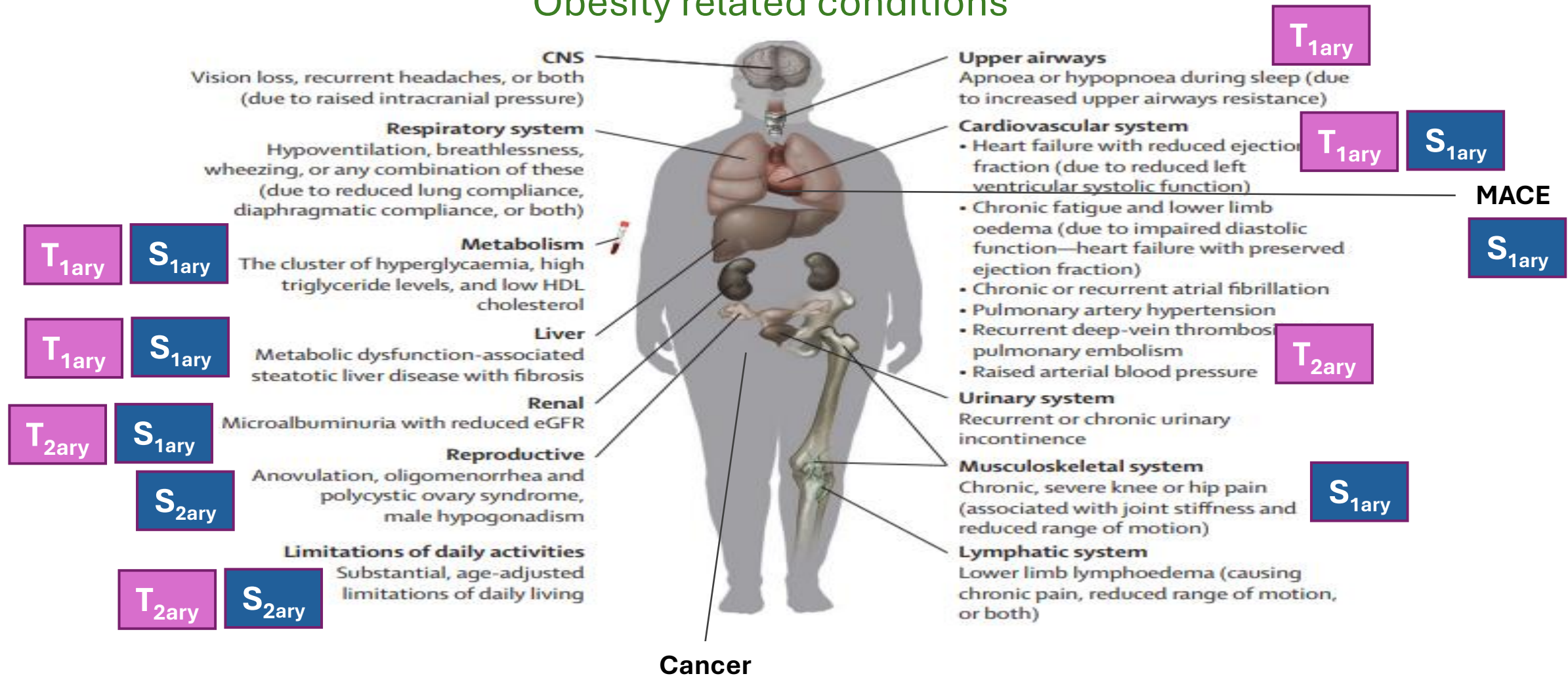
**15/100**



# The efficacy of obesity management medications

## Improved Health in the center of the conversation

### Obesity related conditions



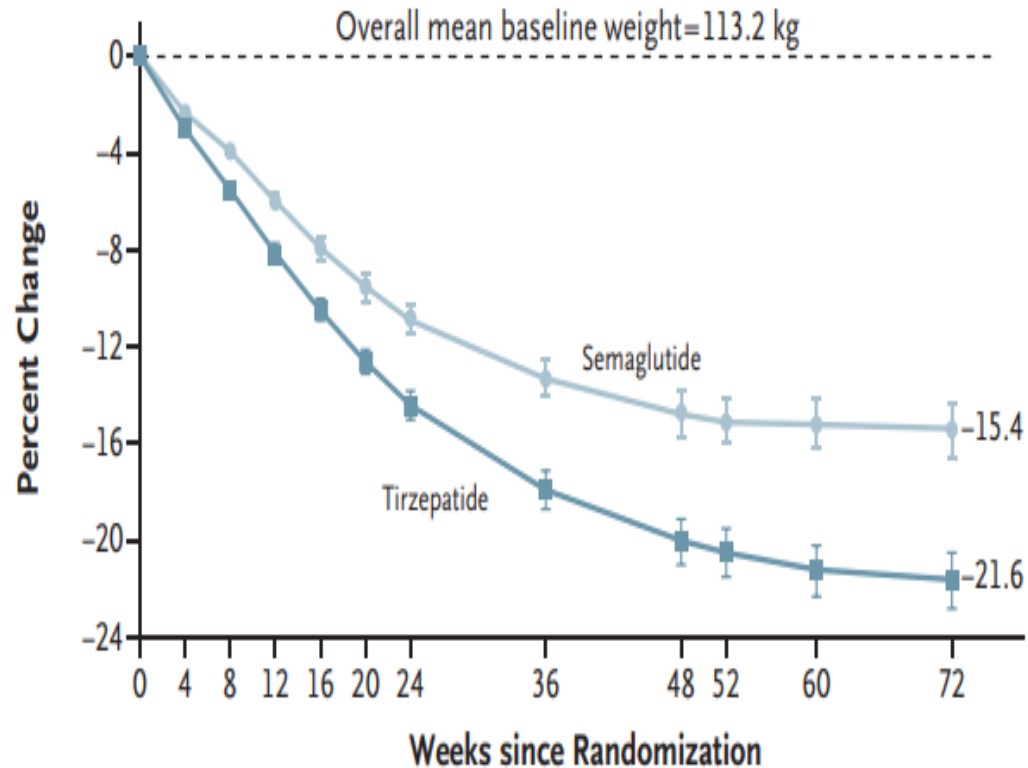
\* Results from Randomized Clinical Trials

# The efficacy of obesity management medications

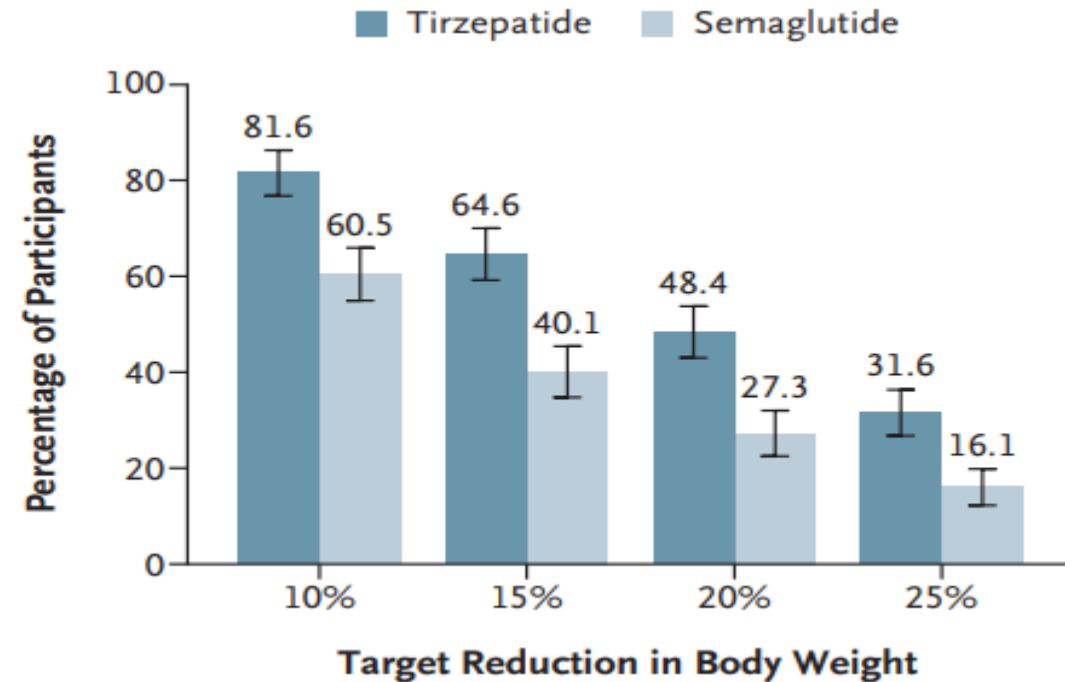
## SURMOUNT 5 Trial: RCT Tirzepatide vs Semaglutide

(n=751, age 44.7 y, female 64.7%, **BMI 39.4 kg/m<sup>2</sup>**, follow up: 72 weeks)

### Percent weight loss relative to baseline

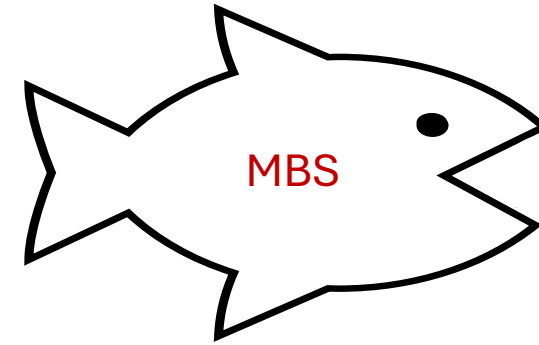
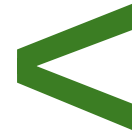
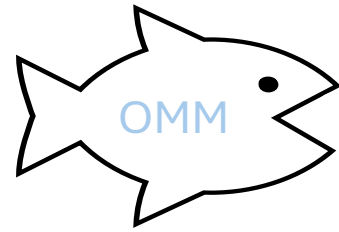


### Categorical weight loss

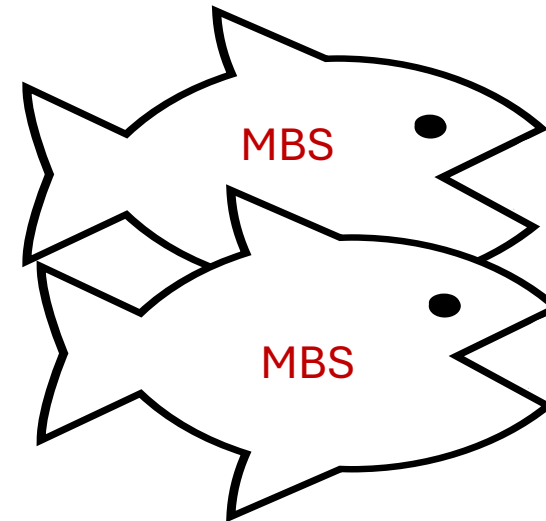
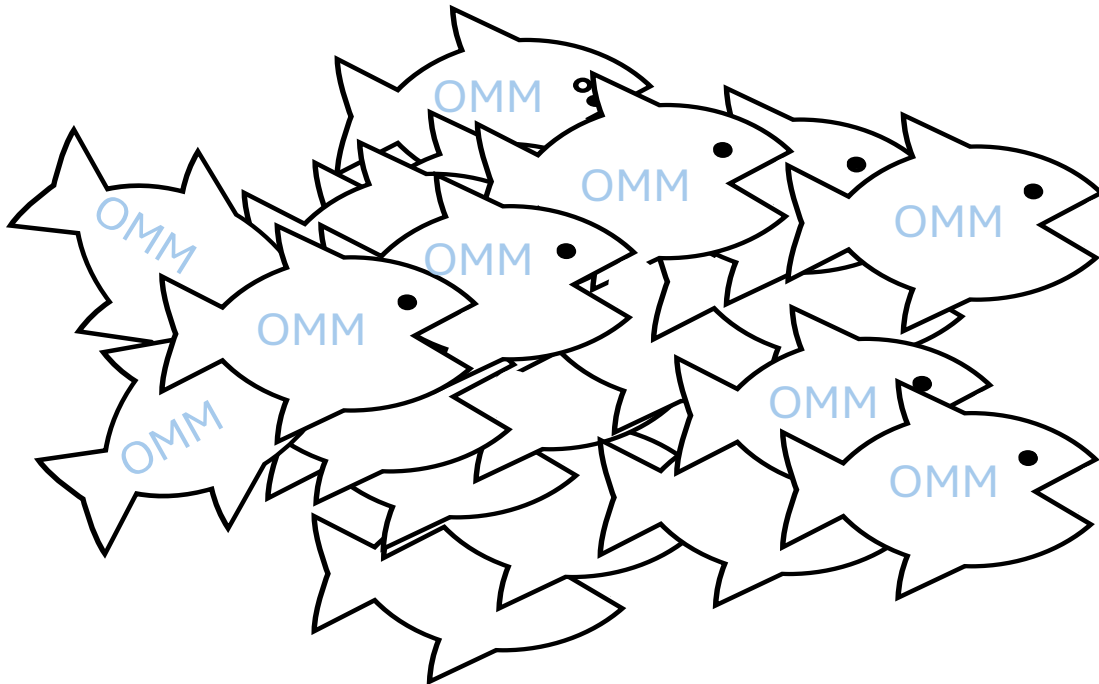


# Efficacy of current OMM vs MBS

## Indirect comparisons

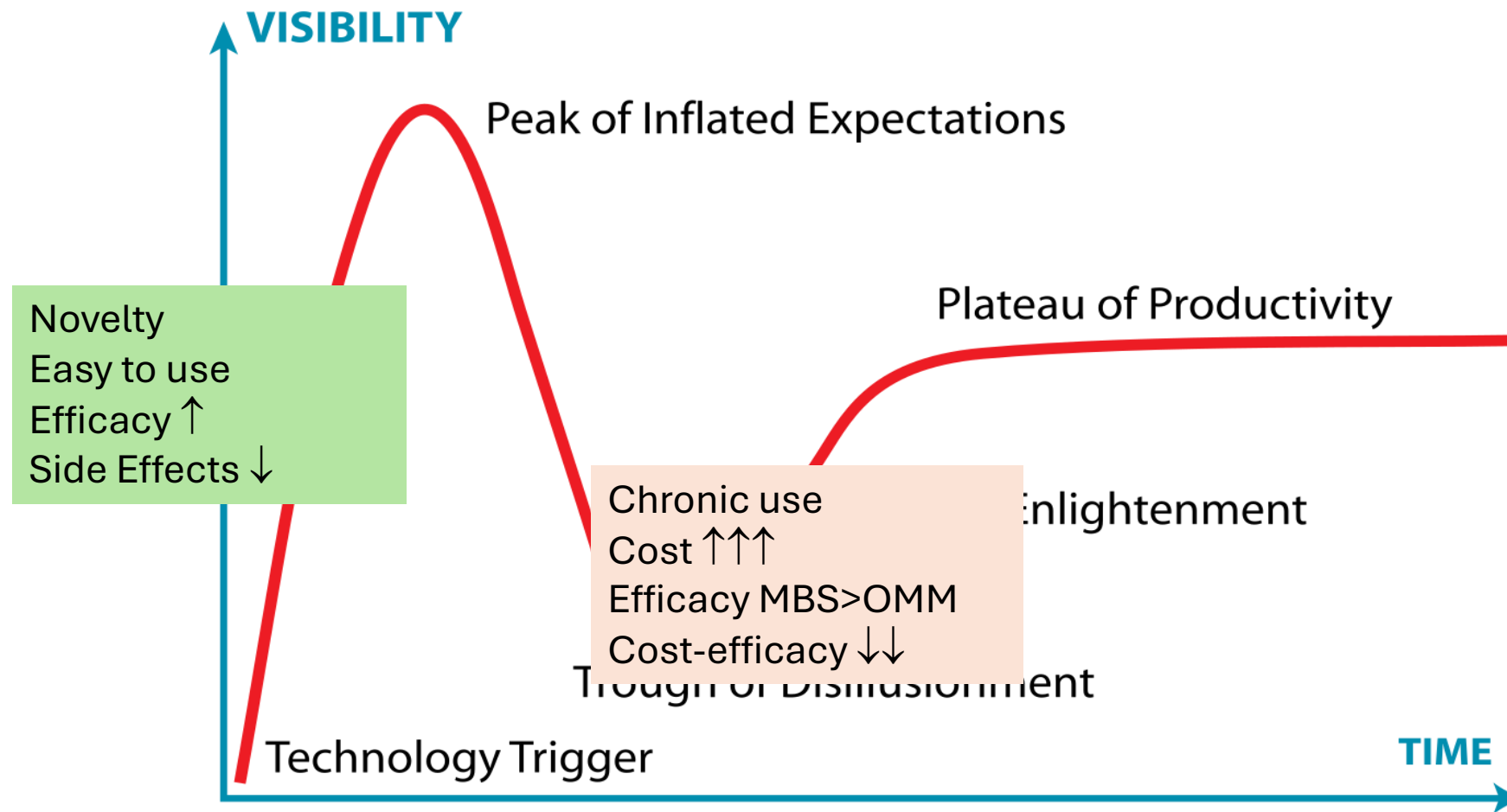


## Scalability (real world effect)



# The inflated expectations with OMM

## The Gartner Hype Cycle for Emerging Technologies



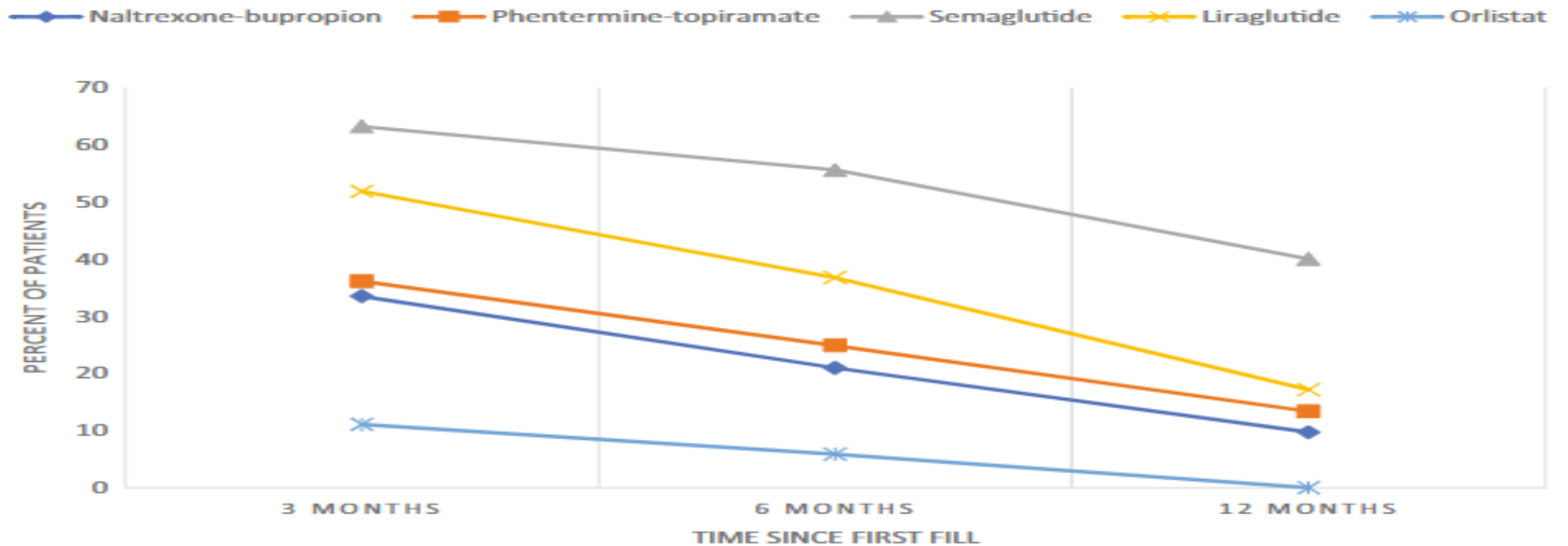
# The problem of adherence to OMM

## Real World Evidence: Different AOMs

### Electronic Health Records Cleveland Clinic Ohio and Florida

(n=1911; baseline BMI 38 kg<sup>2</sup>; age 44; female 76%)

#### Persistence on AOMs at 3-, 6-, and 12-months after initiation



# The problem of adherence to OMM

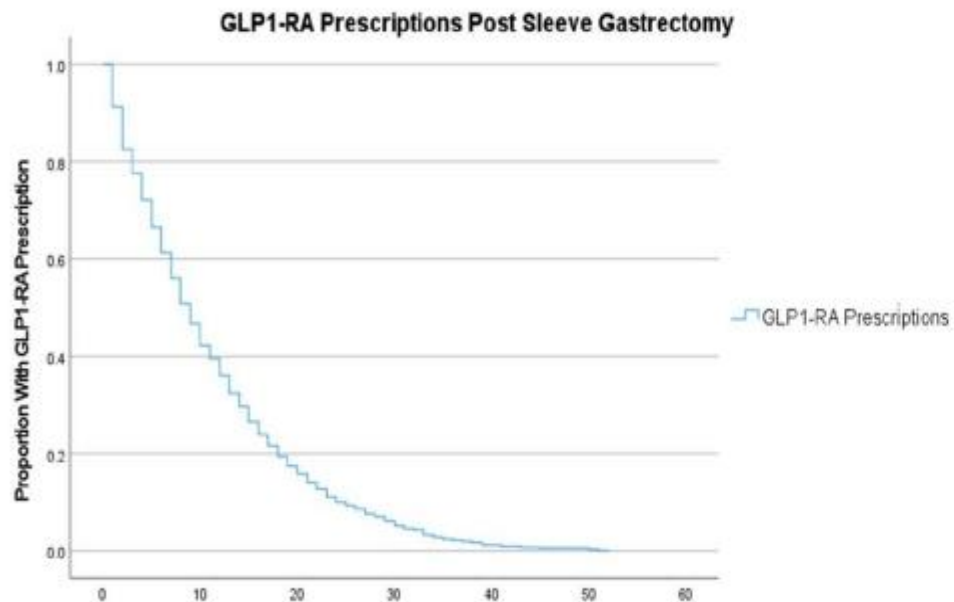
## Retrospective study

## Tirze or Sema or RYGB in subjects with WR after SG

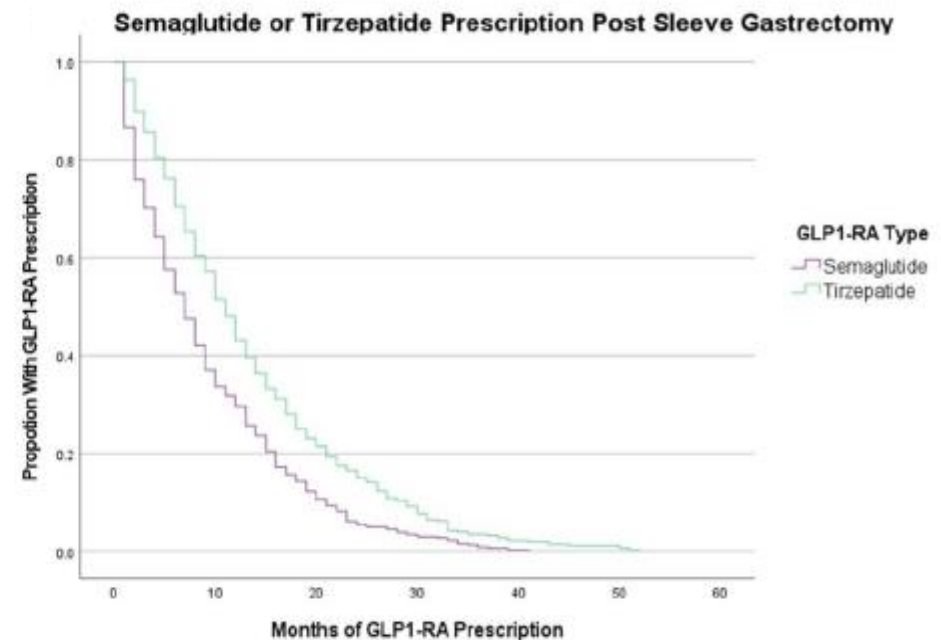
US Data. On average, WR 100% of WL at nadir weight.

N=1897 SG → GLP-1RA and n=3004 SG → RYGB

Follow up to 3 years after the initiation of therapy

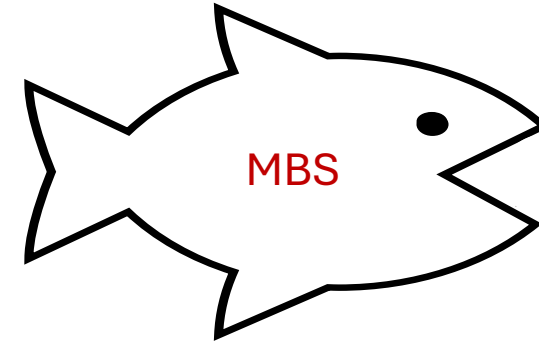
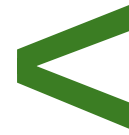
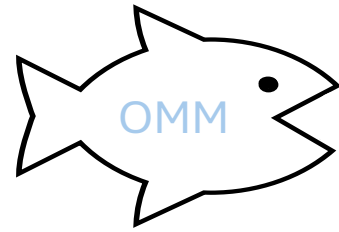


Mean duration of therapy  
11.3 months

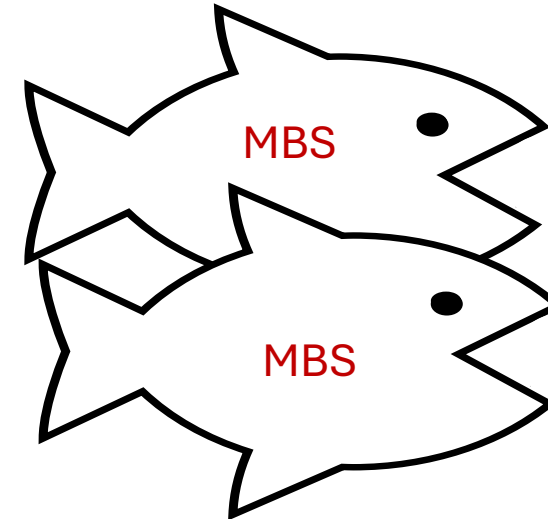
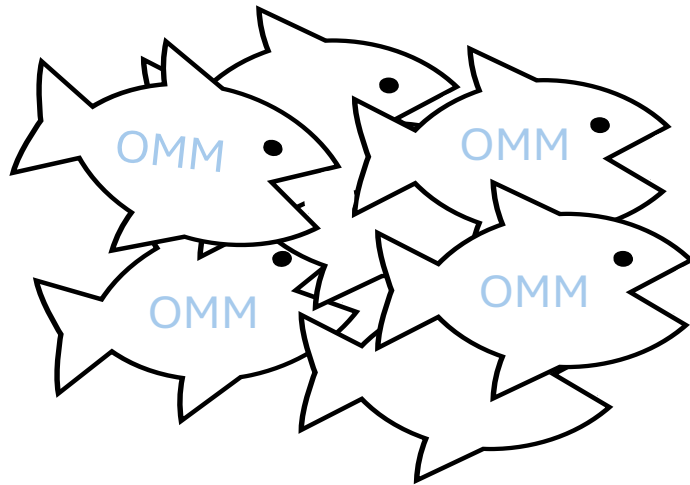


# Efficacy of current OMM vs MBS

## Indirect comparisons

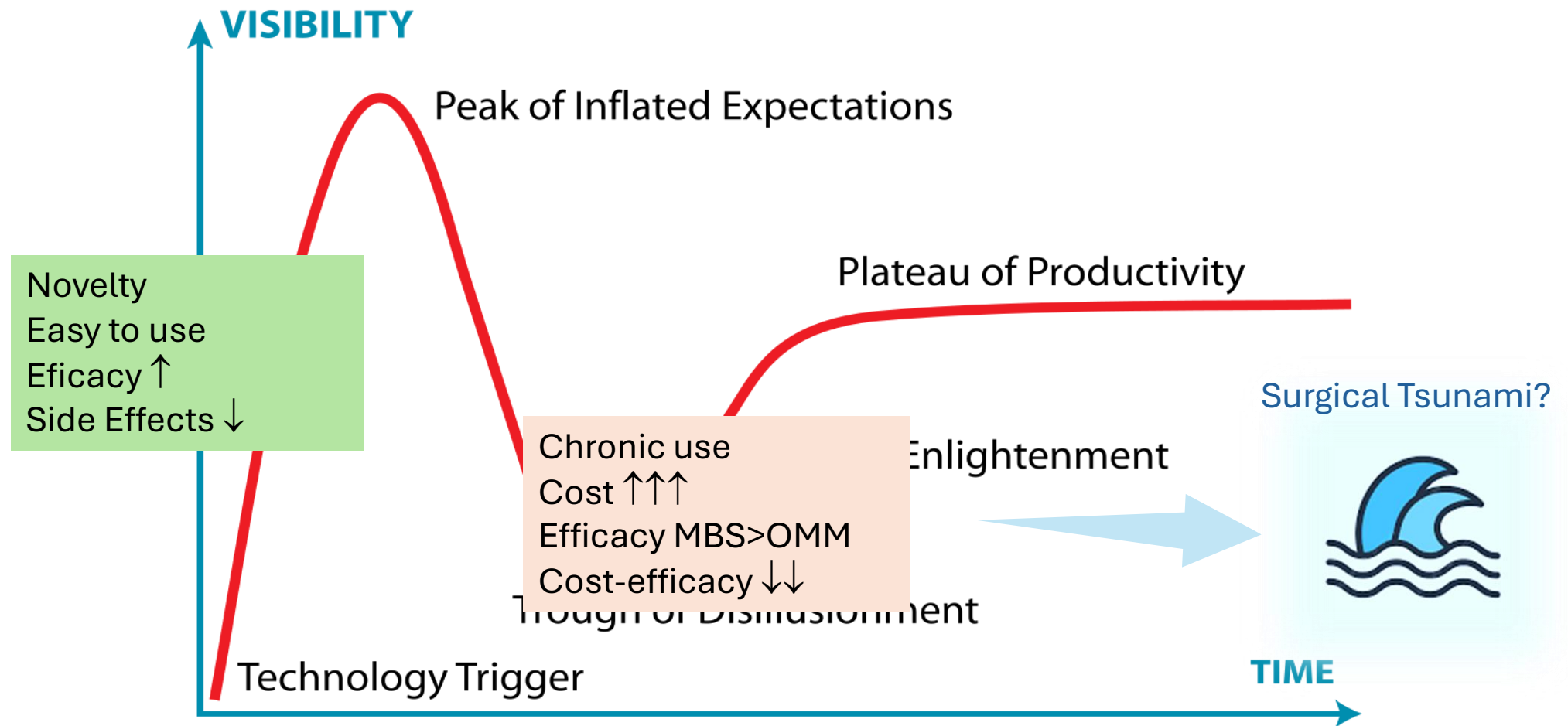


## Scalability (real world effect)



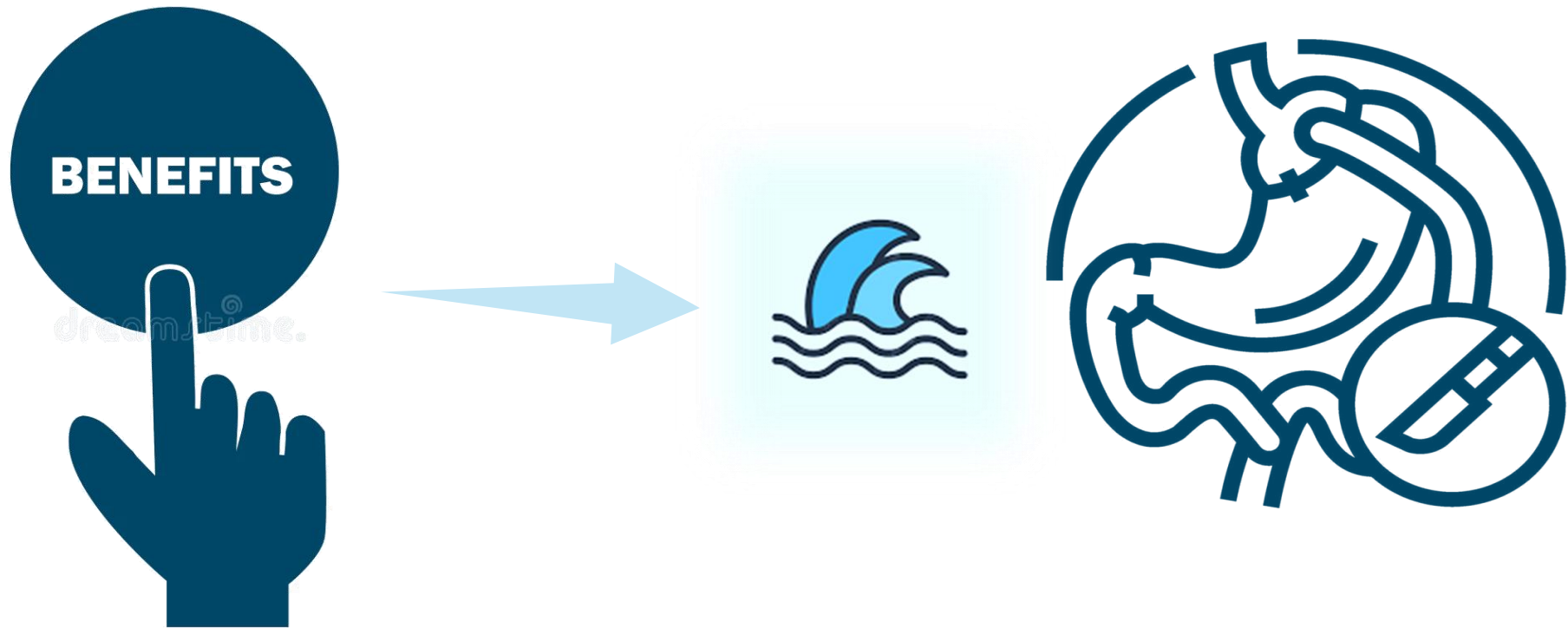
# The inflated expectations with OMM

## The Gartner Hype Cycle for Emerging Technologies



# Will that lead to a MBS tsunami?

**OMM may help people realize  
on the benefits of treatment**



# Will that lead to a MBS tsumani?

## Individual-level barriers to bariatric surgery from patient and provider perspectives: A qualitative study

Type		PCP	RD	Psychol	Patient	Patient-expressed barriers
Social	1. Lack of social Support	X		X	X	"I just don't have the support to help me out after the surgery"
Beliefs	2. Fear to Surgery and its outcomes	X	X		X	"I'm going to take a perfectly good organ and frickin' mangle it.."
	3. Fear of lifestyle change	X	X		X	"I know you have to change your lifestyle. But I just didn't feel like I wanted to do it that way."
	4. Patient characteristics influencing provider referral	X	X	X	X	
Need	5. Perception that weight loss has not reached its tipping point	X	X	X	X	"I wanted to do it on my own, because I really didn't want to alter my body."
Personal Health Practices	6. Concerns about adhering to dietary changes	X	X		X	to tell me to not be able to eat certain things or drink certain things ... it just seemed not worthwhile for me."

# Will that lead to a MBS tsunami?

**OMM may help people realize  
on the benefits of treatment**

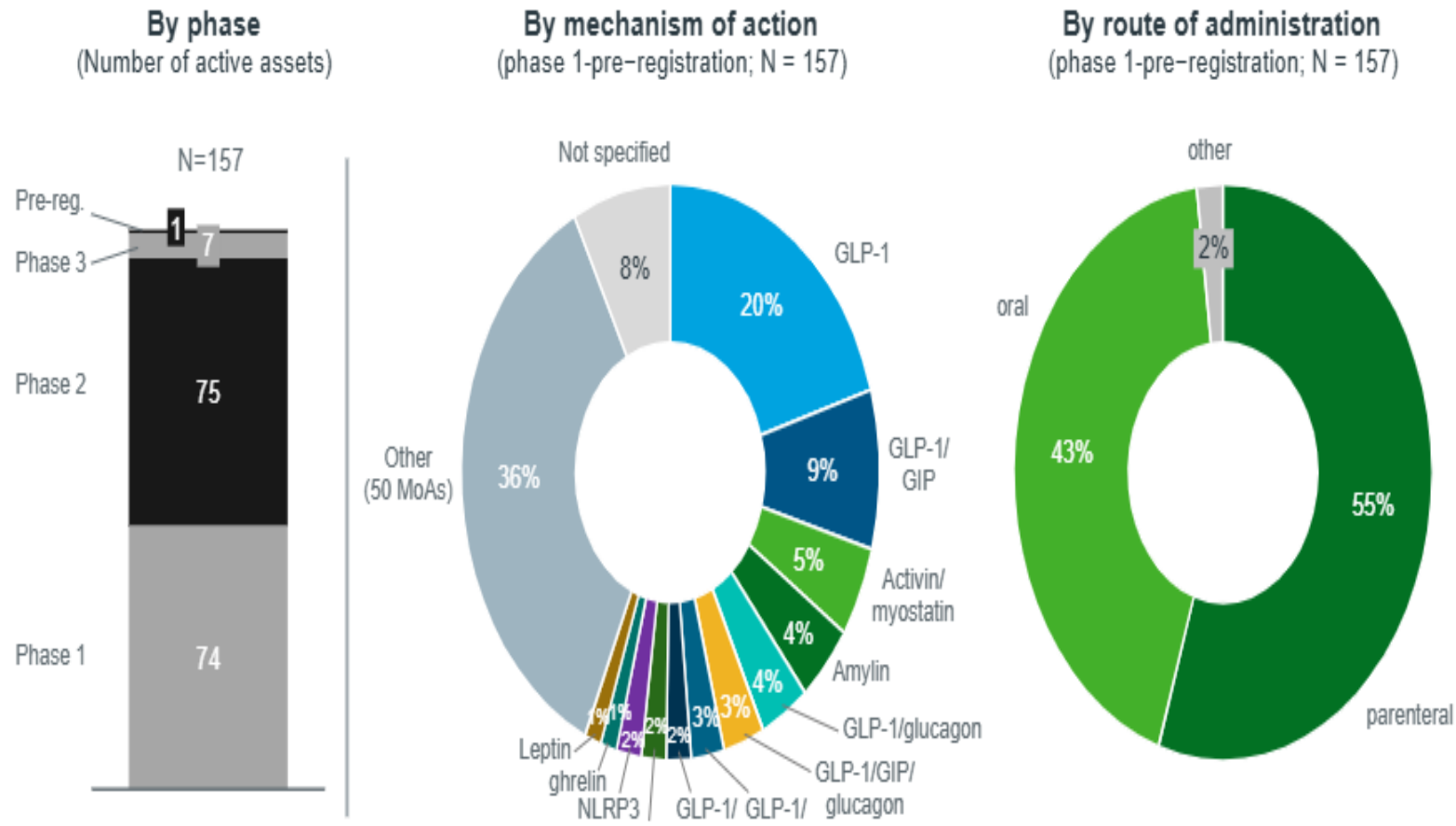


**Reluctancy to adopt  
MBS as strategy**



# Some issues with OMMs will be solved!

## The OMM pipeline is busy...



**Novelty** (new expectations)

**Acceptability** (oral route)

**Efficacy** ↑↑

**Side Effects** ↓

**Cost** ↓

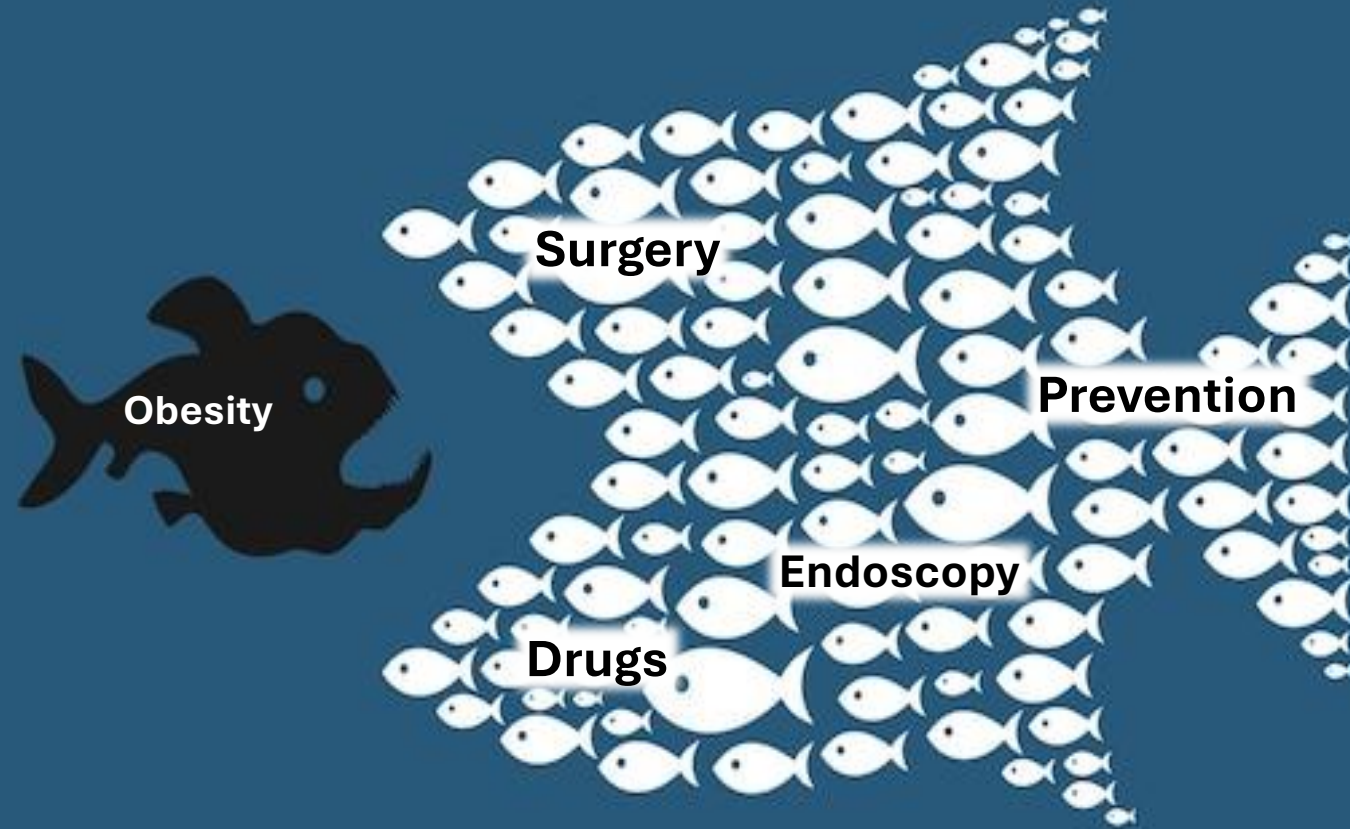
small molecules,  
patents run out

**Cost-efficacy** ↑

# The future of Obesity management



# The future of Obesity management



**We better have many options!**

**Thank you for your attention**