

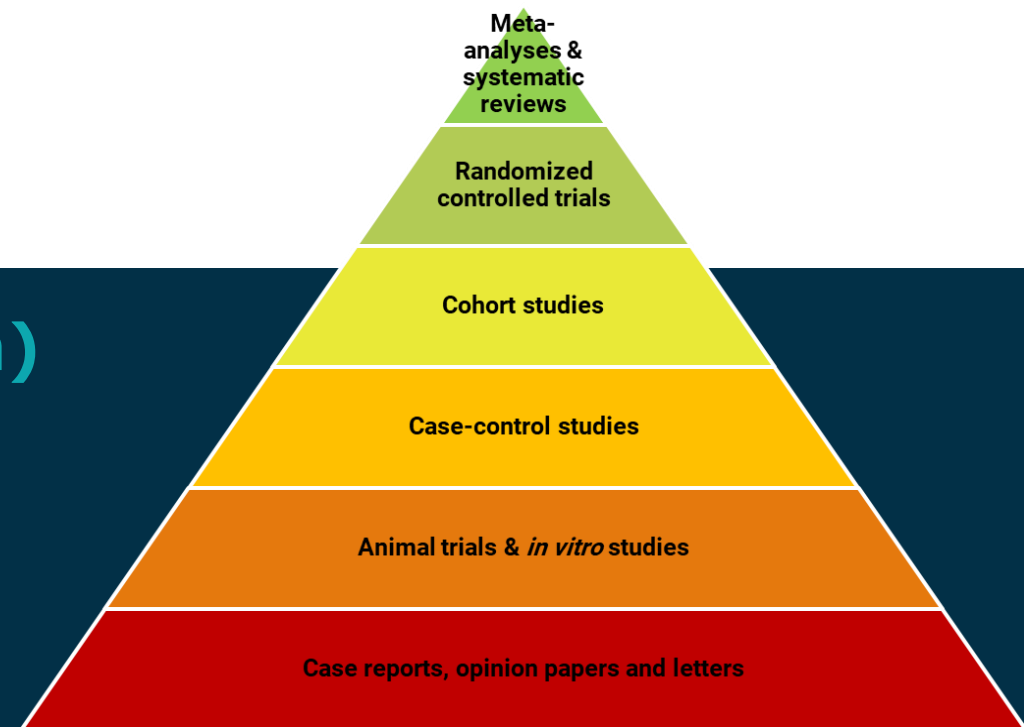
IFSO GRAND DEBATES: If we stick to randomized clinical trials, we will expand the practice

Paulina Salminen, MD, PhD, FACS (Hon)
Professor of Surgery
Turku, Finland
11.9.2025
IFSO 2025 Santiago, Chile



Innovative procedures in MBS: Do we need new MBS procedures at any cost? **NO**

Paulina Salminen, MD, PhD, FACS (Hon)
Professor of Surgery
Turku, Finland
11.9.2025
IFSO 2025 Santiago, Chile





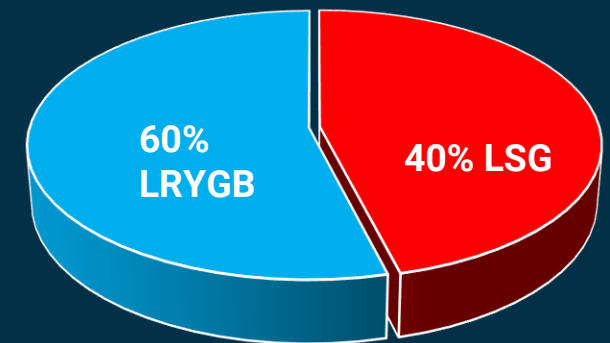
Disclosures



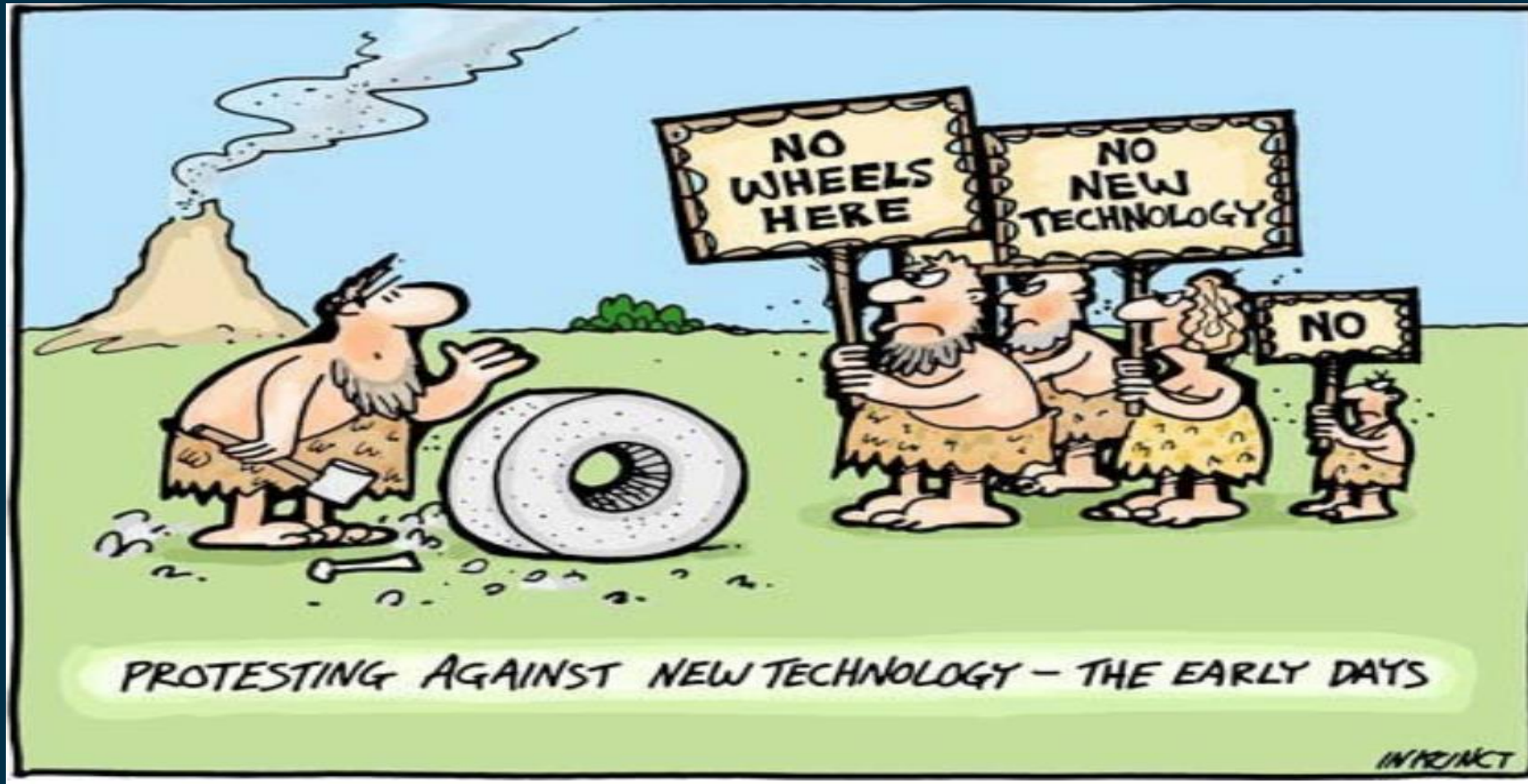
- Lecture fees: Novo Nordisk
- Employment: University of Turku, Turku University Hospital, private practice Terveystalo
- PI: SLEEVEPASS, APPAC
- IFSO-EC President
- Editor-in-Chief, Scandinavian Journal of Surgery
- Editor, BJS
- Editorial Board Member JAMA Surgery and Surgery
- Data safety monitoring committee: BEST trial, MAGNET-study
- Research grants:
 - European Research Council
 - Academy of Finland
 - Sigrid Jusélius Foundation
 - Mary and Georg C. Ehrnrooth foundation
 - Government research grant foundation (EVO)



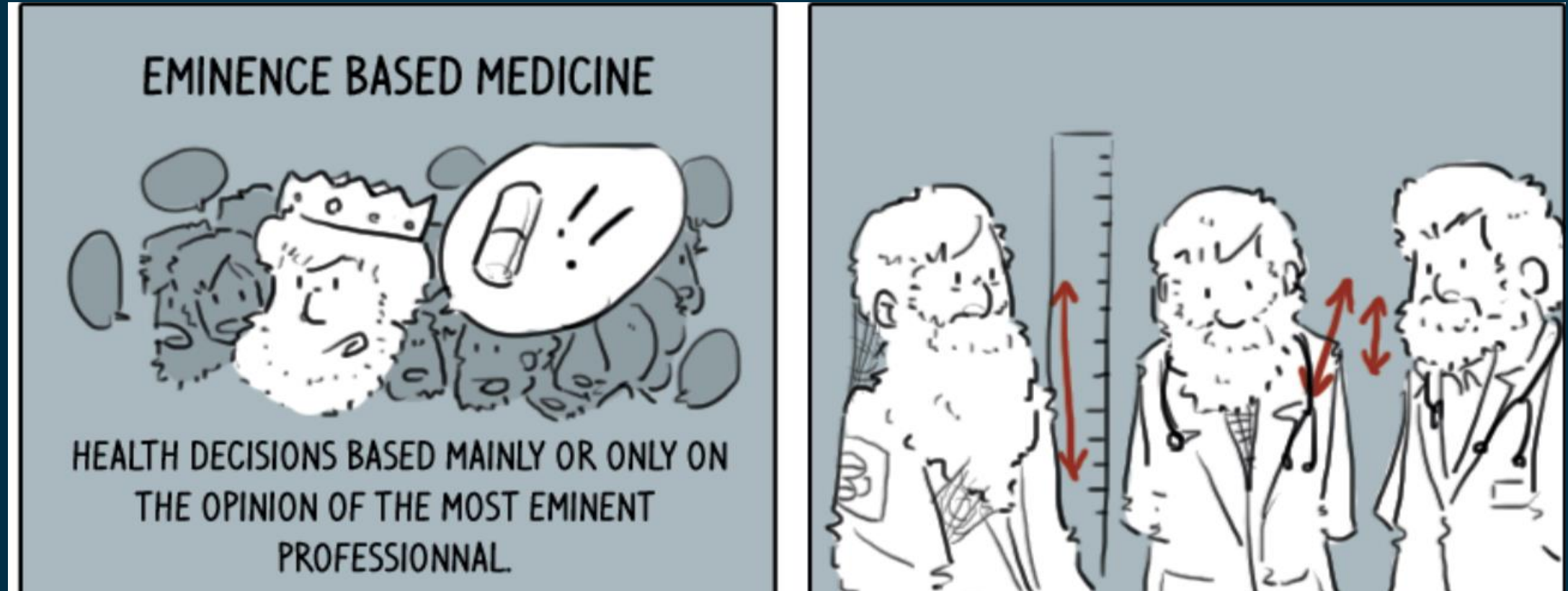
Primary procedures



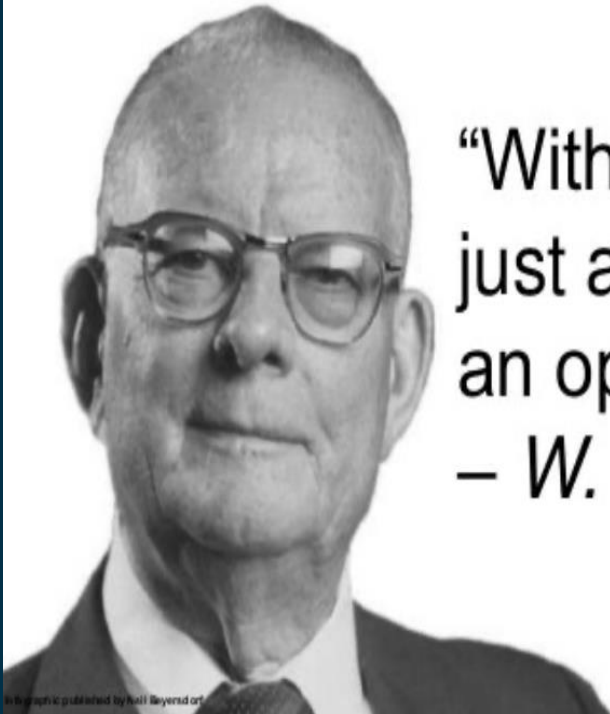
Innovation is important...



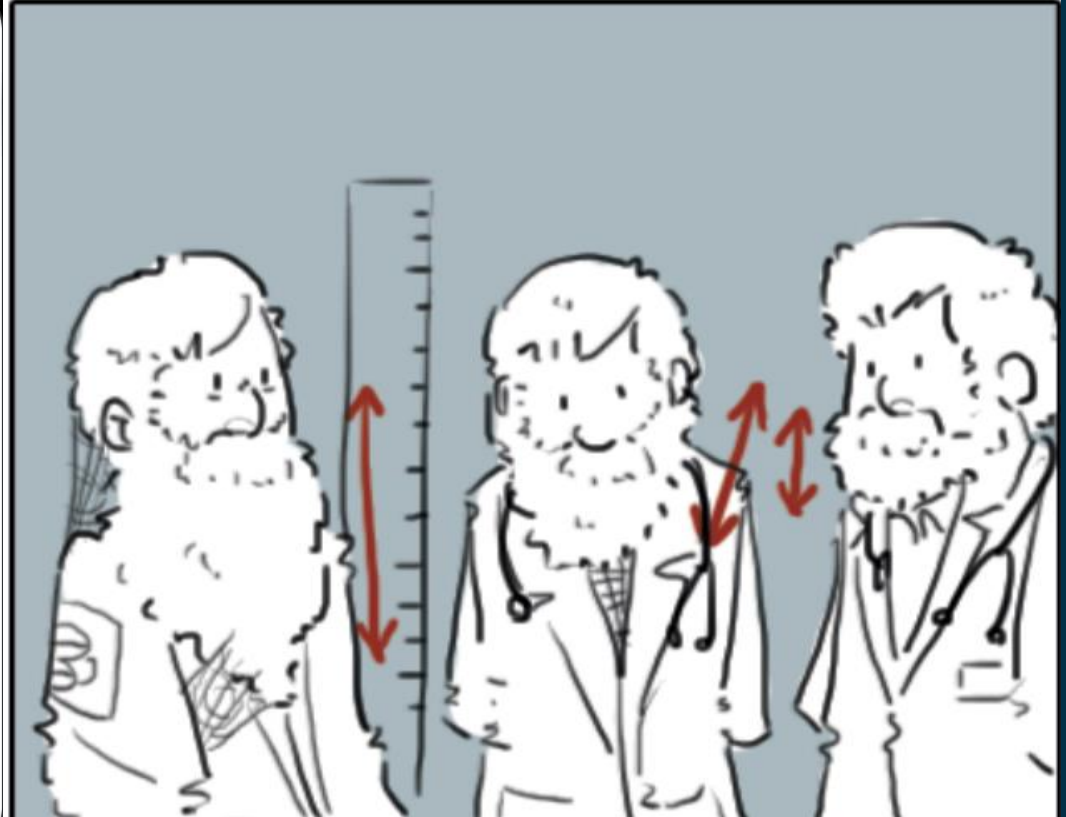
DATA > OPINION



DATA > OPINION



“Without data you’re just another person with an opinion.”
– *W. Edwards Deming*



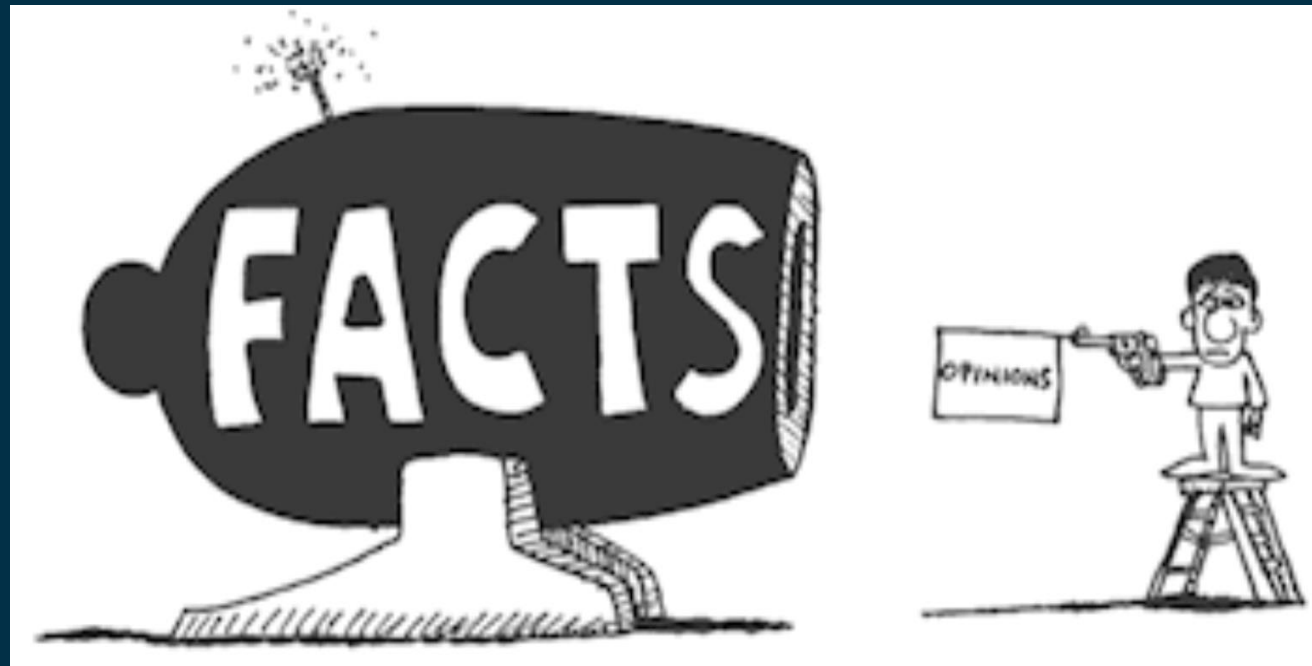
EMINENCE BASED MEDICINE

In my hands...

Sweet spot

Data-obsessed

*"We won't decide anything
without the data"*



Innovation with DATA COLLECTION





Innovative Bariatric Procedures and Ethics in Bariatric Surgery: the IFSO Position Statement

Ashraf Haddad¹  · Lilian Kow² · Miguel F. Herrera³ · Ricardo V. Cohen⁴ · Jacques Himpens⁵ · Jan Willem Greve⁶ · Scott Shikora⁷

Conclusions and Recommendations

- Surgical ethics should be the cornerstone of every metabolic-bariatric surgeon's practice and, consequently, every IFSO member. Surgeons should not aim only to reduce morbidity and mortality, but it is their duty to ensure that the procedures they offer are safe, scientifically valid, and have proven long-term efficacy.

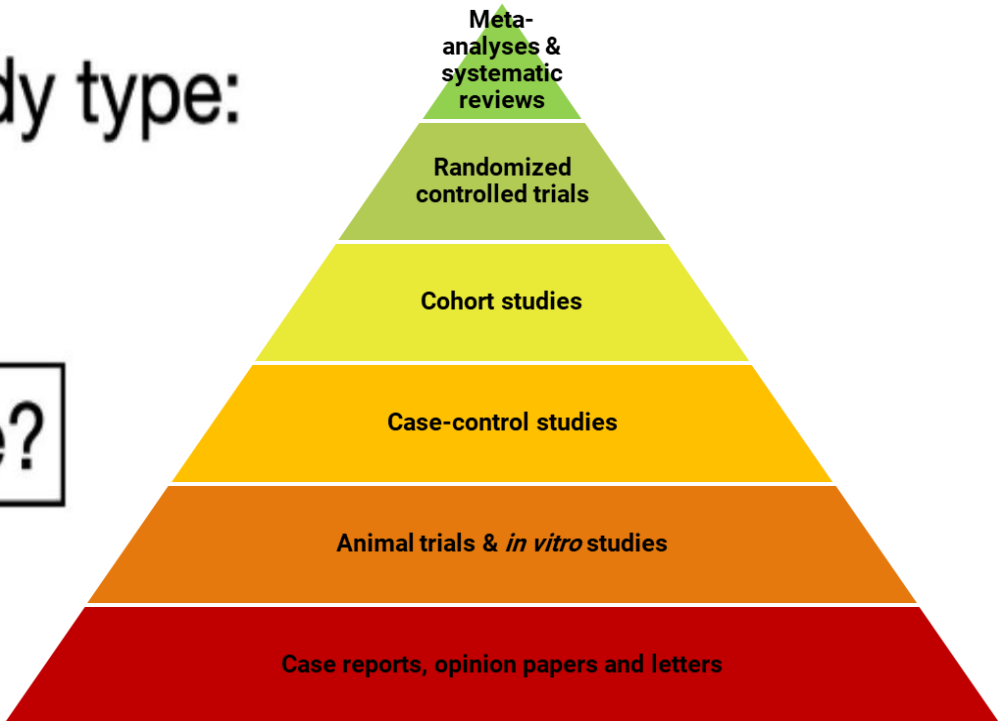
- IRB/REC should oversee such trials and procedures, and their role must be of continuous evaluation throughout the study period.

Procedures considered innovative or investigational should be performed only with the specific review of a properly constituted IRB.



A flow-chart how to choose study type:

Is it possible to randomize?



Do Randomized Controlled Study!

High-quality evidence

Conducting a randomized clinical trial is challenging:
Overarching model on improving research relevance and change practice*



*adopted from ANZMUSC

Conducting a randomized clinical trial is challenging: Overarching model on improving research relevance and change practice*

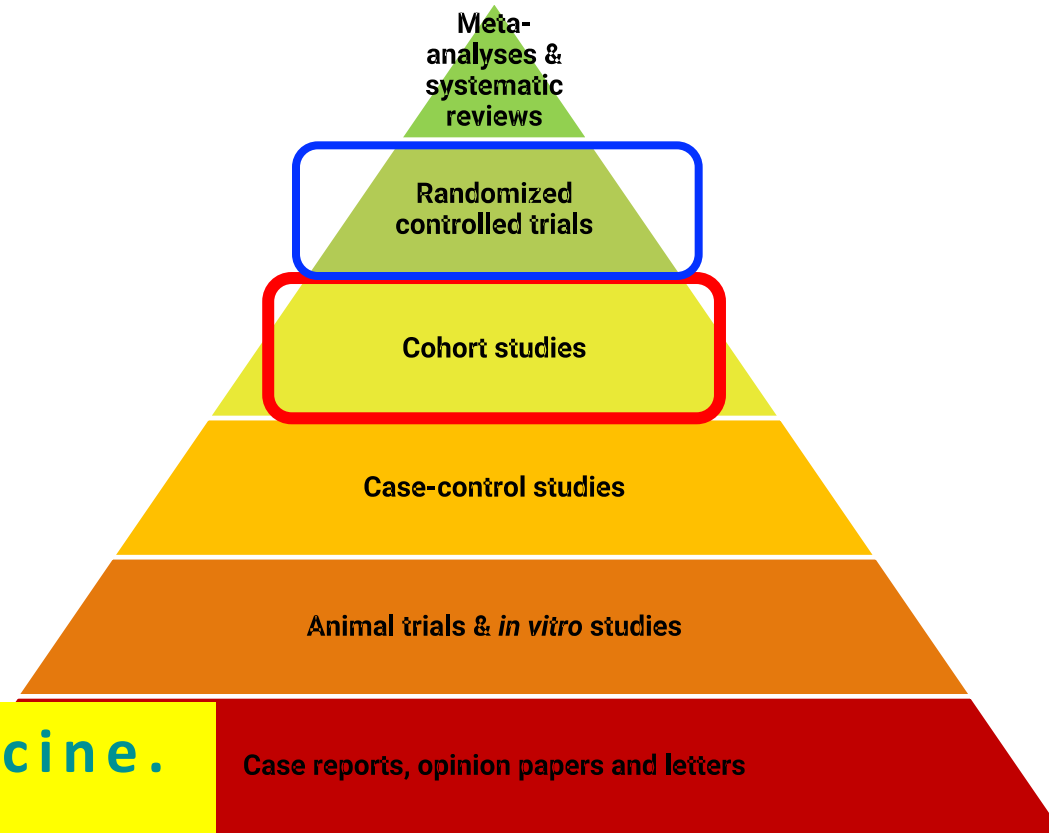


*adopted from ANZMUSC

High volume centers:

Prospective observational cohort studies

High quality validated large registries: **Prospective**
big data




Eminence based medicine.
In-my-hands

Innovation at ANY COST? **NO**

What is the worst scenario?



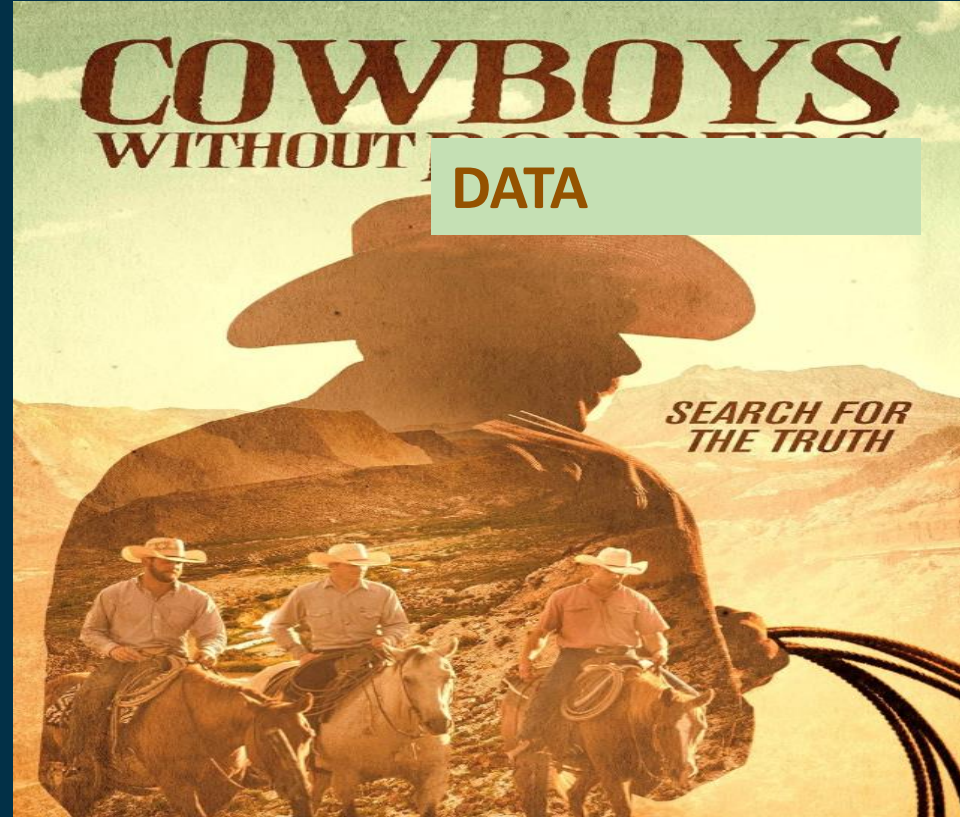
EMINENCE BASED MEDICINE



A cartoon illustration of a king with a crown and a beard, looking distressed. A large bandage is wrapped around his head, covering his eyes. The bandage has a white cross on it, resembling a medical symbol. The king is surrounded by smaller, less distinct figures, suggesting a crowd or courtiers.

HEALTH DECISIONS BASED MAINLY OR ONLY ON THE OPINION OF THE MOST EMINENT PROFESSIONAL.

COWBOYS
WITHOUT DATA

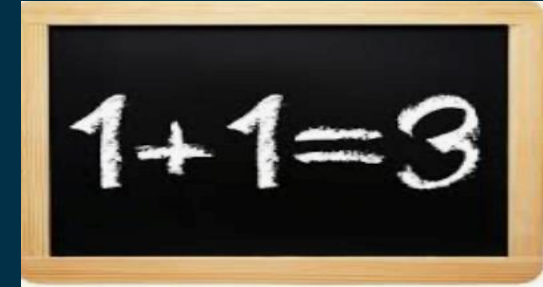
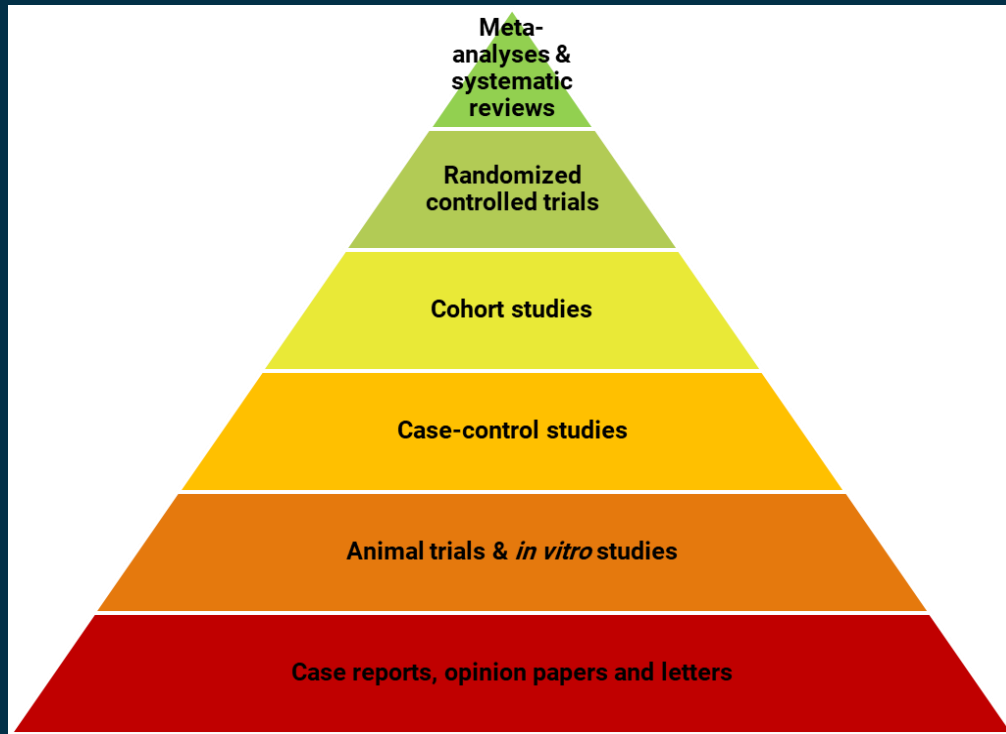


A photograph of three cowboys on horseback in a desert landscape. The scene is overlaid with a large, semi-transparent silhouette of a cowboy's head and hat. The text 'SEARCH FOR THE TRUTH' is written in the bottom right corner of the image.

SEARCH FOR THE TRUTH



IFSO and MBS need be central players in the field of obesity treatment



Access to metabolic bariatric surgery in severe obesity? 1-2 %!!!

ORIGINAL ARTICLE

Campos et al

Annals of Surgery • Volume 271, Number 2, February 2020

Changes in Utilization of Bariatric Surgery in the United States From 1993 to 2016

Guilherme M. Campos, MD, PhD, ✉ Jad Khoraki, MD, Matthew G. Browning, PhD, Bernardo M. Pessoa, MD, Guilherme S. Mazzini, MD, PhD, and Luke Wolfe, MS

- Utilization of MBS
 - 1993: 0.07%
 - 2016: 0.5 %
- Complications and mortality
 - 1998: 11.7% and 1 %
 - 2016: 1.4% and 0.04%

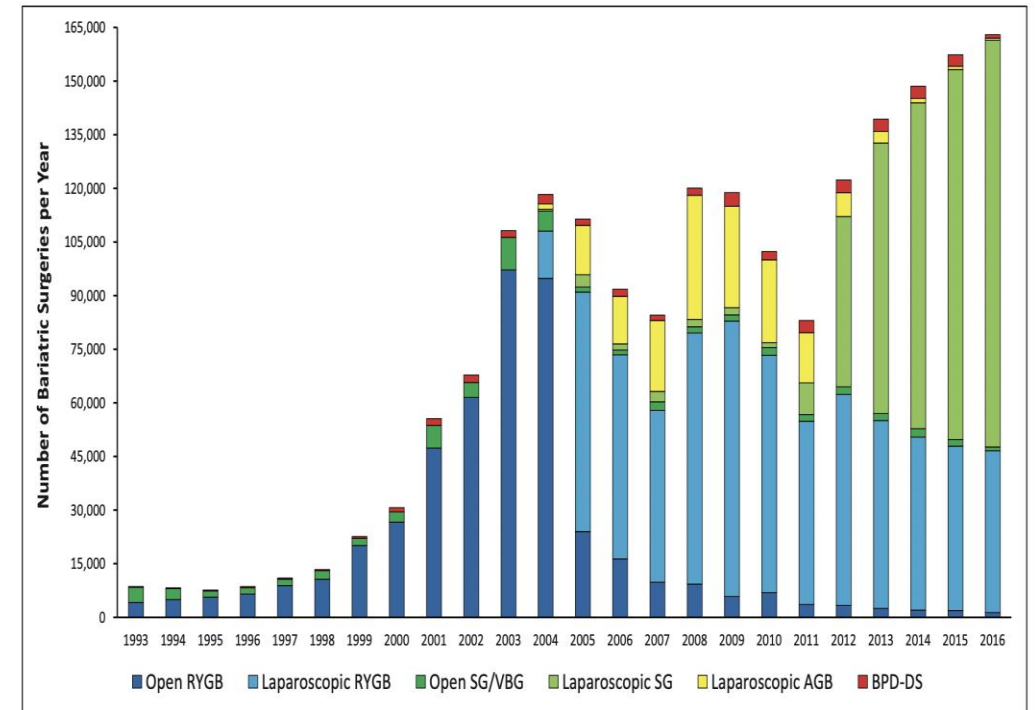


FIGURE 1. Number and types of inpatient primary bariatric surgery procedures in the United States—1993 to 2016.

Access to metabolic bariatric surgery in severe obesity? 1-2 %!!! > 3-5%?!?!

ORIGINAL ARTICLE

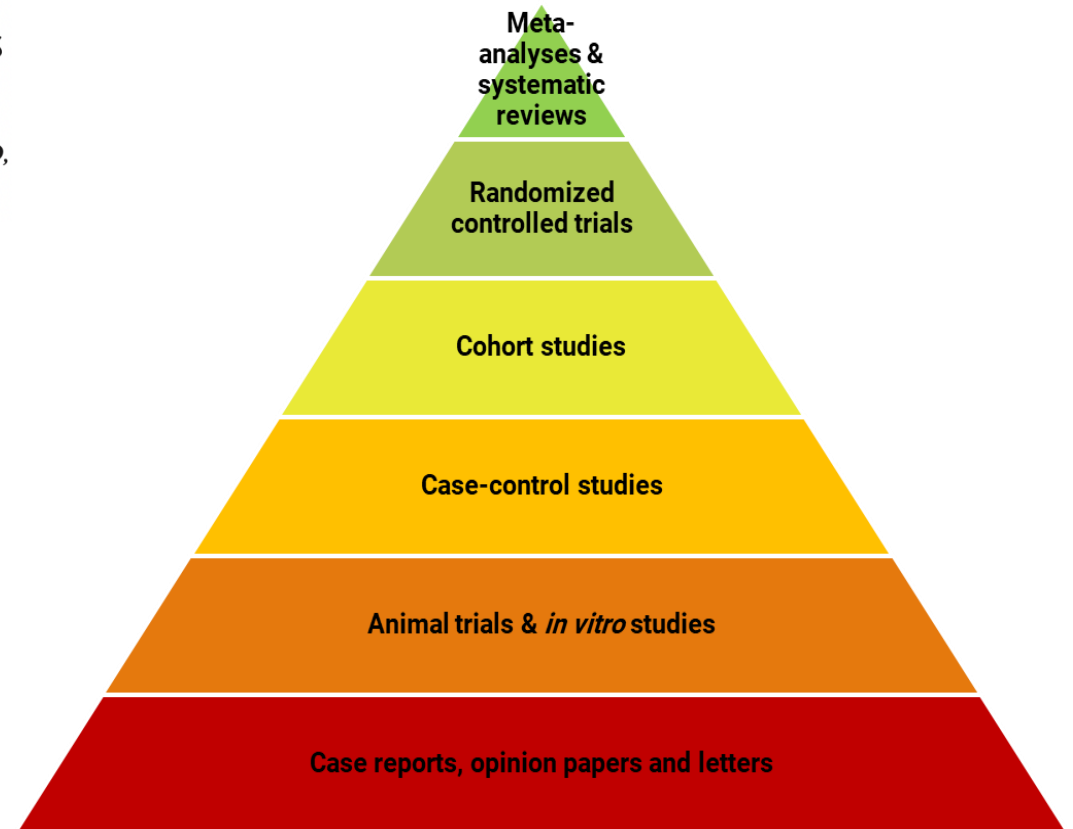
Campos et al

Annals of Surgery • Volume 271, Number 2, February 2020

Changes in Utilization of Bariatric Surgery in the United States From 1993 to 2016

Guilherme M. Campos, MD, PhD, ✉ Jad Khoraki, MD, Matthew G. Browning, PhD, Bernardo M. Pessoa, MD, Guilherme S. Mazzini, MD, PhD, and Luke Wolfe, MS

- Utilization of MBS
 - 1993: 0.07%
 - 2016: 0.5 %
- Complications and mortality
 - 1998: 11.7% and 1 %
 - 2016: 1.4% and 0.04%



Clinical Surgical Science: National and international collaboration



THE IMPORTANCE OF LONG-TERM FOLLOW-UP – SUFFICIENT FOLLOW-UP RATE?



BJS, 2024, znae073

<https://doi.org/10.1093/bjs/znae073>

Editorial

Back to the future: malabsorption is the Achilles' heel of hypoabsorptive metabolic/bariatric procedures

Ricardo V. Cohen^{1,*} , Paulina Salminen^{2,3} , Philip R. Schauer⁴ and Francesco Rubino⁵





14th Congress of the International Federation for the Surgery of Obesity & Metabolic Disorders European Chapter (IFSO-EC)

6 - 8 May 2026 | Málaga, Spain

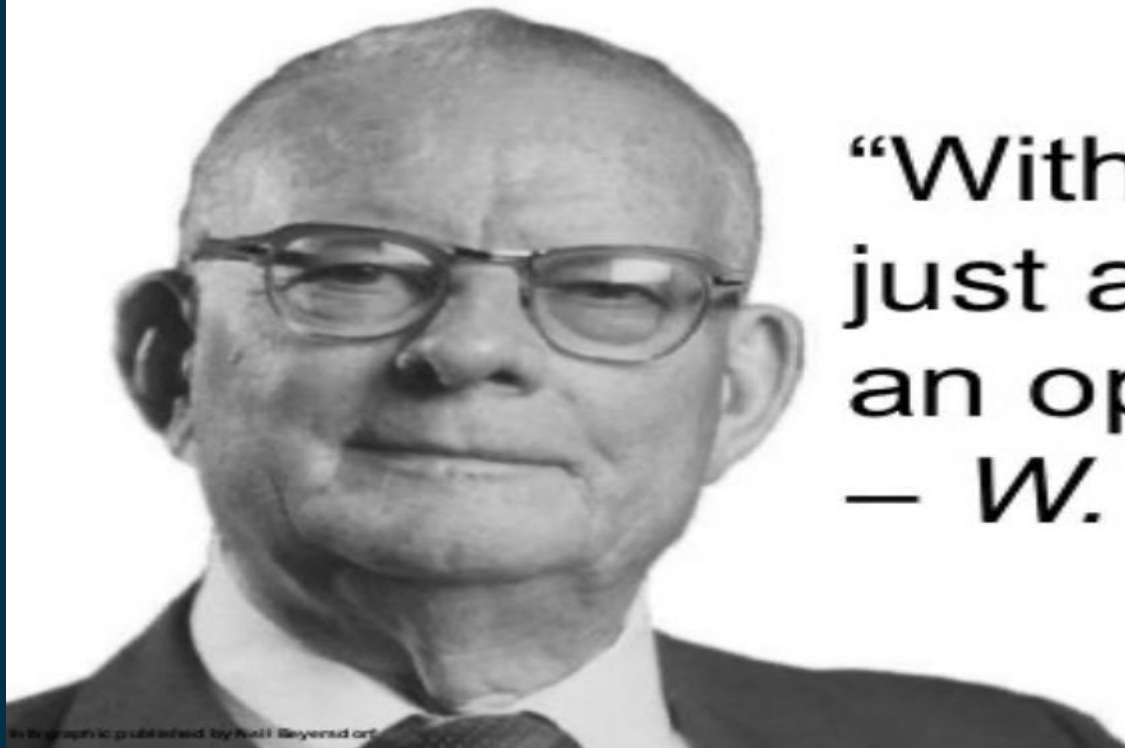


Welcome to
IFSO-EC 2026
Malaga

Thank you!

ifso-ec2026.com

Thank you!



“Without data you’re
just another person with
an opinion.”
– *W. Edwards Deming*