

Lancet Commission on clinical obesity – Reframing how we define obesity

Aims and methods

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I have the following potential conflict(s) of interest to report:

- co-authorship of manuscripts with medical writer provided by Novo Nordisk, Eli Lilly

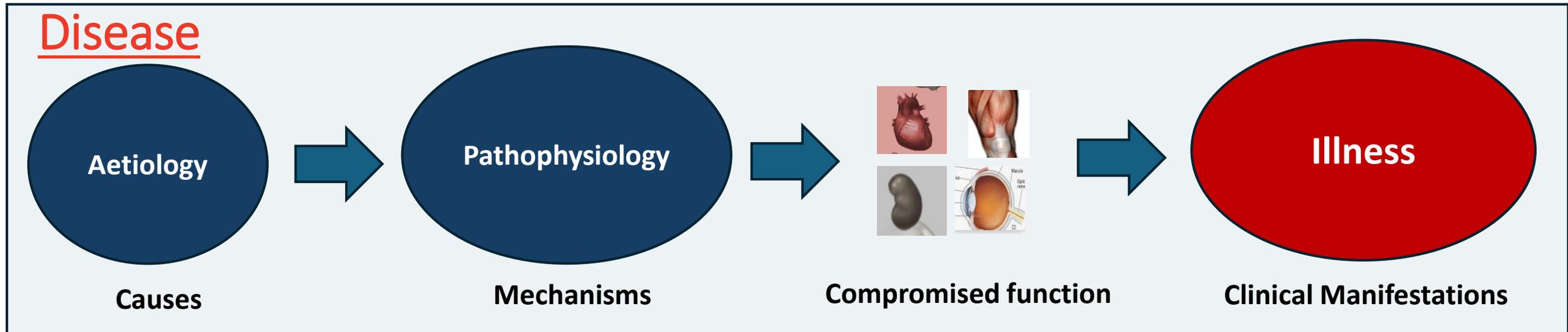
Why a commission on clinical obesity?

Current approach to obesity is ineffective

- prevalence continues to rise
- limited access to evidence-based care
- lack of clinically meaningful criteria to prioritise treatment
- inequitably treated within healthcare system vs other chronic diseases
- widespread bias, stigma, discrimination

Obesity is not viewed and treated like other chronic diseases

What is a disease?



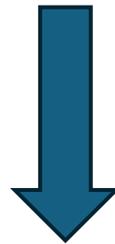
Obesity

BMI >30 kg/m²; abnormal or excessive fat accumulation that presents a **risk** to health

Ill health due to obesity itself has not been defined

Aims

To define “**clinical obesity**” & identify objective criteria for its diagnosis
conceived as a state of illness that reflects a substantial deviation from the normal functioning of tissues, organs, and/or the individual as a whole



Inform decision-making of clinicians, policy-makers
Facilitate prioritisation of clinical interventions and public health strategies

Commission

Partnership between the The Lancet Diabetes & Endocrinology and the Institute of Diabetes, Endocrinology and Obesity at Kings Health Partners (KHP; academic partnership across hospitals affiliated with King's College London – logistic support)

Chair; Steering committee; globally representative, multidisciplinary group of 58

- Academic clinicians specialising in obesity care
- Scientists
- Public health specialists
- Patient representatives
- World Health Organization officers

Commissioners

Francesco Rubino **SC, Chair**

David E Cummings

Robert H Eckel

Ricardo V Cohen

John PH Wilding

Wendy A Brown

Fatima Cody Stanford

Rachel L Batterham **SC**

I Sadaf Farooqi **SC**

Nathalie J Farpour-Lambert **SC**

Carel W le Roux **SC**

Naveed Sattar

Louise A Baur

Katherine M Morrison

Anoop Misra

Takashi Kadowaki

Kwang Wei Tham

Priya Sumithran

W Timothy Garvey

John P Kirwan

José-Manuel Fernández-Real

Barbara E Corkey

Hermann Toplak

Alexander Kokkinos

Robert F Kushner

Francesco Branca

Jonathan Valabhji

Matthias Blüher

Stefan R Bornstein

Dror Dicker

Harvey Grill

Eric Ravussin

Edward Gregg **SC**

Noor B Al Busaidi

Nasreen F Alfaris,

Ebaa SS Al Ozairi

Luca Busetto

Lena MS Carlsson

Karine Clement

Jean-Pierre Després

John B Dixon

Gauden Galea

Lee M Kaplan

Blandine Laferrère

Martine Laville

Soo Lim

Jesús R Luna Fuentes

Vicki M Mooney

Joseph Nadglowski Jr

Agbo Urudinachi Nnenne

Magdal Olszan-Glinianowicz

An Pan

Francois Pattou

Philip R Schauer

Matthias H Tschöp

Maria T van der Merwe

Roberto Vettor

Geltrude Mingrone **SC**



- International Endorsing Organisations**
- World: n. 3
 - Europe: n. 4
 - Middle East: n. 1
 - Asia/Oceania: n.1
 - South America: n.1
 - North America: n.1

- LEGEND**
- 📍 Commissioners
 - 📍 Endorsing Organisations
 - 📍 Commissioners & Endorsing Organisations

Methods

Steering Committee provided general oversight and scientific direction

Additional subcommittees (n=5-10) were formed to coordinate specific aspects of the work:

- genetics & pathophysiology
- clinical signs and symptoms
- impact of obesity on health
- children & adolescents
- patients' perspectives
- ethnic-specific cut-offs for BMI and waist circumference
- Delphi questionnaire
- writing group
- communication

Monthly online (whole) group meetings 06/22 to 12/23

Additional offline activities

Methods

Pre-Delphi phase

- webinars for discussion of issues and presentation of evidence by commissioners and guest experts
- pre-Delphi - online (real-time) and offline surveys prepared by steering group and other sub-committees
- to capture the initial orientation of the group about a wide range of topics, find areas of agreement and disagreement, assess strengths/gaps in scientific evidence, guide consensus development, define a suitable model for definition of disease in obesity and principles for diagnostic criteria
- results from pre-Delphi questionnaires were used to draft the Delphi questionnaires

Delphi-like consensus development

- 3 rounds (100% response for each round), administered and collated by non-voting moderator
- consensus = supermajority (>67%) agreement on a given statement
- consensus graded according to agreement:
 - U = 100% (unanimous); Grade A = 90–99%; Grade B = 78–89%; Grade C = 67–77%
- consensus document seen and approved by all commissioners

Methods

External feedback & endorsement

- patient organizations
- professional societies

Report preparation

- outline by steering group
- first draft by writing sub-committee
- chapters by other sub-committees
- draft reviewed and formally approved by all co-authors
- peer-review

Launch and communication

- Launch: London + multi-site, regional launches – TBD