Obesity Management Medications & Metabolic Surgery and the IFSO Consensus

RICARDO COHEN

Director, The Center for the treatment of Obesity and Diabetes Oswaldo Cruz German Hospital,

São Paulo Brazil

President IFSO Global

Past President SBCBM (2011-2012)

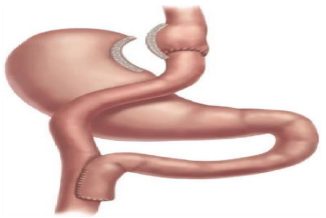
Past President IFSO LAC (2018-2019)

Disclosures

- Research Grant, Johnson & Johnson Medtech
- Research Grant, Medtronic
- Research Grant, GI Dynamics
- Research Grant, Hospital Oswaldo Cruz Bioscience Institute
- Research Grant,Marlex, Brazil
- Paid lectures, Johnson & Johnson Medtech, Medtronic, NovoNordisk, Merck, Boston Scientific

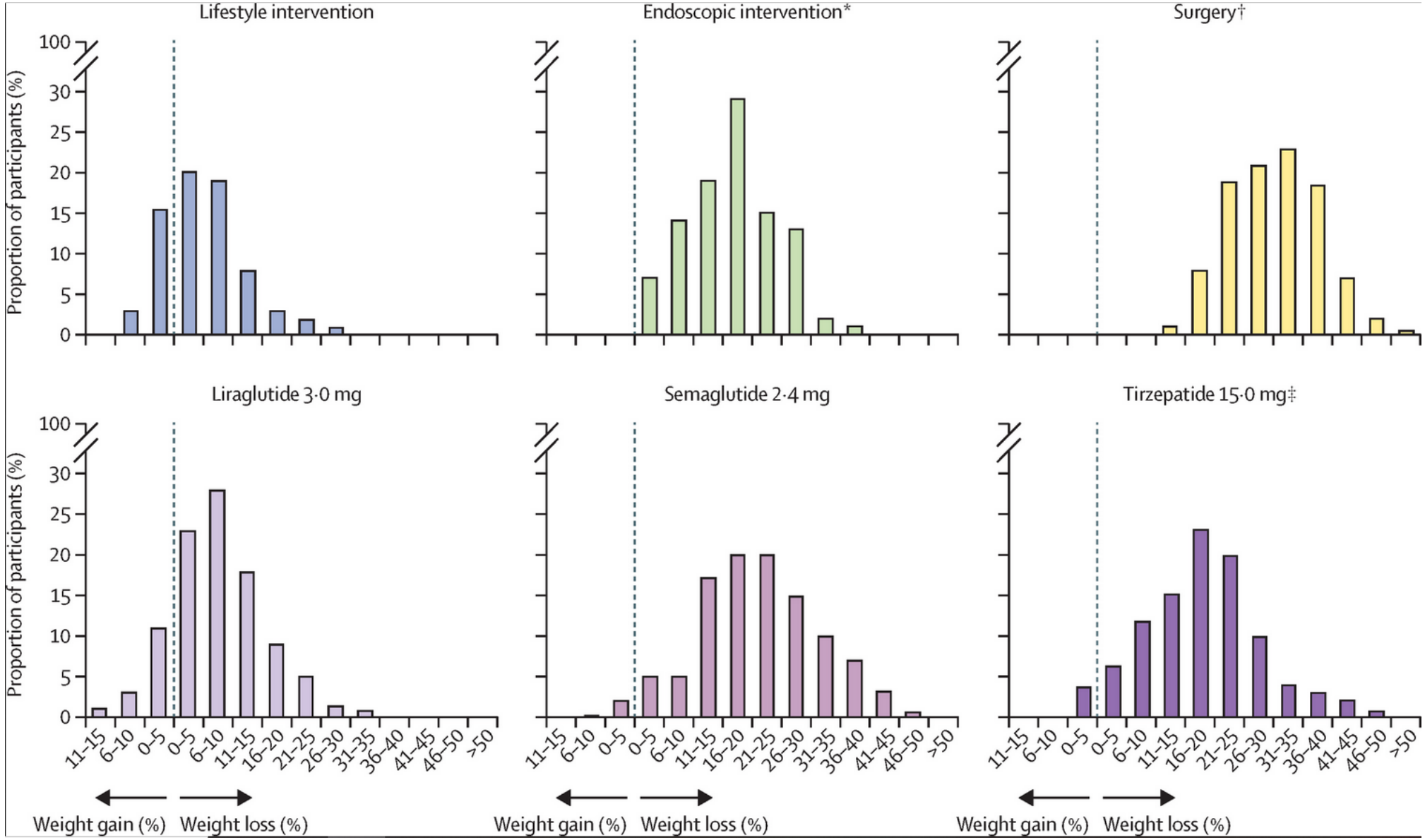
- SAB: Morphic Medical, Medtronic, Johnson & Johnson,Regeneron

Bariatric/metabolic Surgery



- ✓ Long-term significant WL (Sjostrom L,JAMA,2012)
- ✓ Physiologic mechanisms (Cummings D, D Care 2006)
- ✓ Durable T2D remission (glucocentric endpoint(Courcoulas A,JAMA 2024)
- ✓ Renoprotective (Cohen RV, Lancet EC,2022)
- ✓ Decrease CV risk factors (Sjostrom L,JAMA,2012)
- ✓ Decrease CV events and mortality (Aminian A, JAMA,2019)
- ✓ Safe (Arterburn D, JAMA 2022)

Heterogeneous response to obesity treatments



Perdomo C, Cohen RV et al, Lancet, 2023

There is no magic bullet for obesity

*Ildiko Lingvay, Priya Sumithran, Carel W le Roux, *Ricardo V Cohen*
ricardo.cohen@haoc.com.br

Lancet DE, July 2023

DECISIONS ARE MORE IMPORTANT THAN INCISIONS

BEST OUTCOMES

OSWALDO CRUZ
CENTRO ESPECIALIZADO EM **OBESIDADE E DIABETES**

Metabolic surgery
&
Pharmacotherapy

Obesity Surgery
https://doi.org/10.1007/s11695-020-04934-1

IFSO

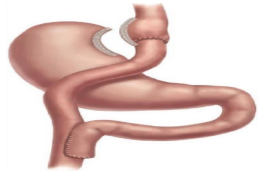
BRIEF COMMUNICATION

Check for updates

Bariatric Surgery: There Is a Room for Improvement to Reduce Mortality in Patients with Type 2 Diabetes

Carel W. le Roux [1] · Johan Ottosson [2,3] · Erik Näslund [2,4] · Ricardo V. Cohen [5] · Erik Stenberg [2,3] · Magnus Sundbom [2,6] · Ingmar Näslund [2,3]

Received: 6 July 2020 / Revised: 13 August 2020 / Accepted: 14 August 2020

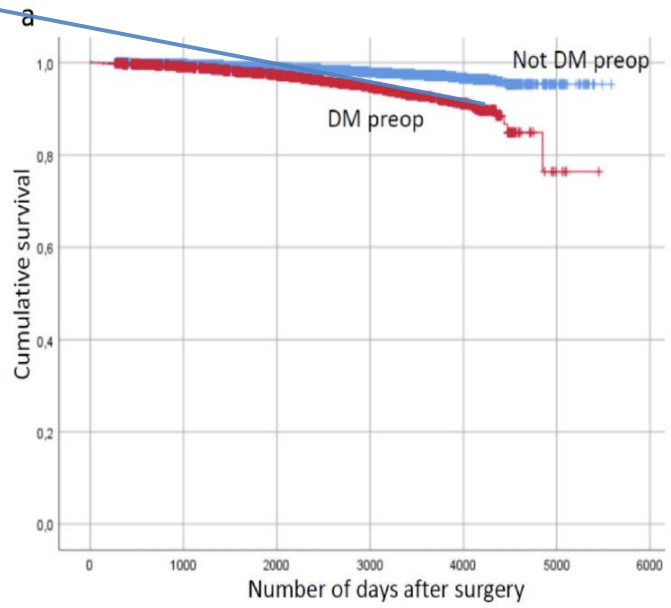


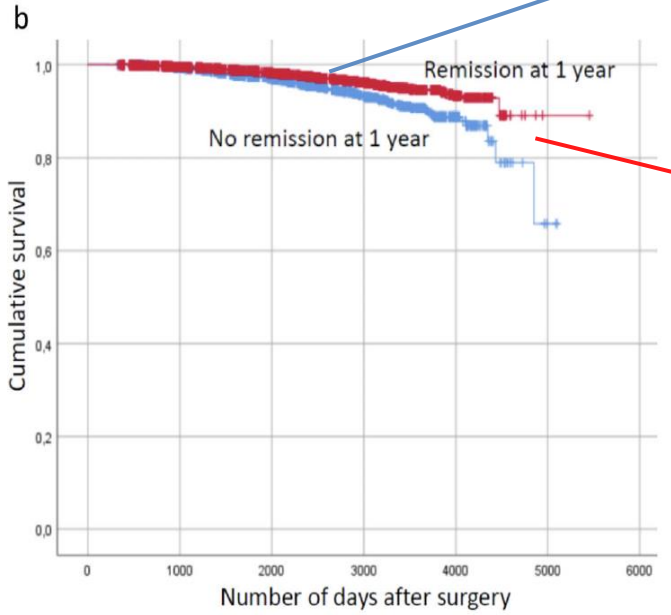
SoReg, Scandinavian Obesity Surgery Registry

65,345 pts up to 10y FU, all after RYGB

RYGB pts with T2D have higher mortality during FU than without T2D

Adjuctive pharmacotherapy





Lower mortality if T2D remission @1y

JAMA | Original Investigation

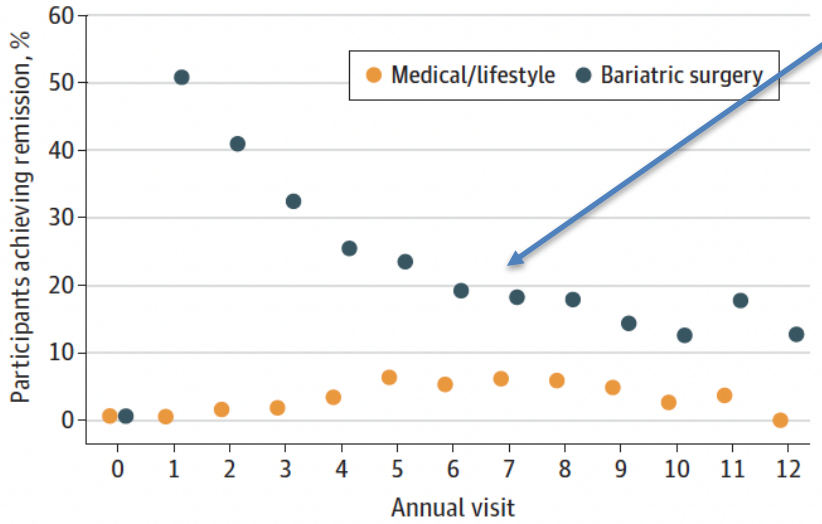
Long-Term Outcomes of Medical Management vs Bariatric Surgery in Type 2 Diabetes

Anita P. Courcoulas, MD; Mary Elizabeth Patti, MD; Bo Hu, PhD; David E. Arterburn, MD; Donald C. Simonson, MD, ScD; William F. Gourash, PhD; John M. Jakicic, PhD; Ashley H. Vernon, MD; Gerald J. Beck, PhD; Philip R. Schauer, MD; Sangeeta R. Kashyap, MD; Ali Aminian, MD; David E. Cummings, MD; John P. Kirwan, PhD

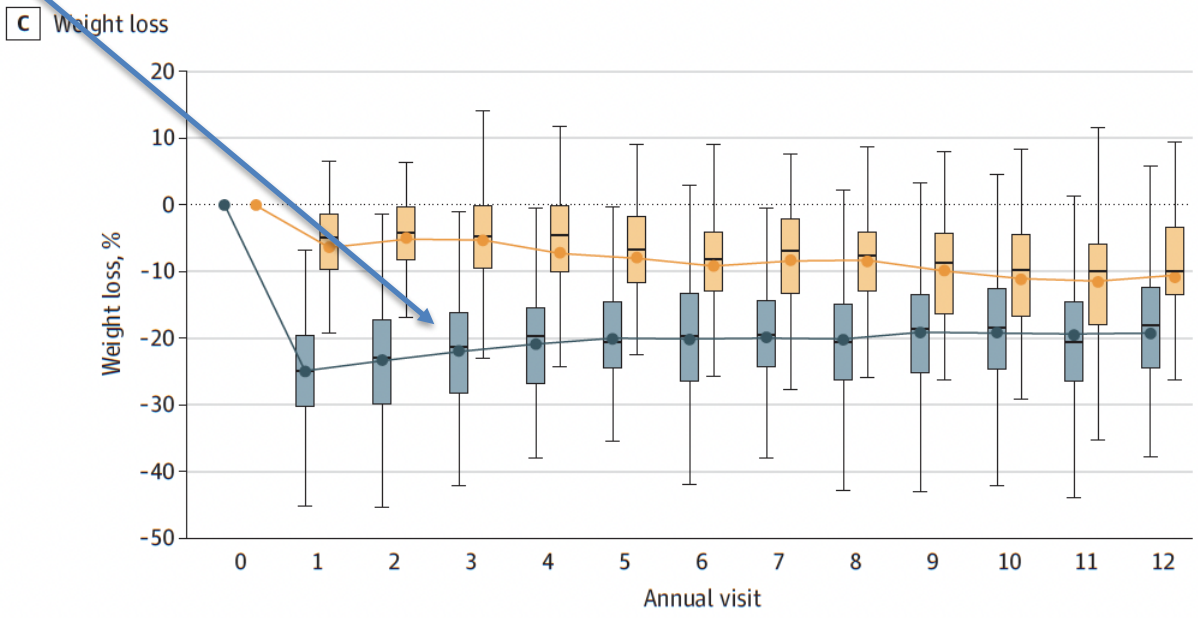
2024

Addition of pharmacotherapy

Figure 3. Diabetes Remission



No. of participants													
Medical/lifestyle	96	92	87	82	78	84	76	79	72	70	67	55	31
Bariatric surgery	166	164	151	149	140	146	108	131	116	125	117	99	82



No. at risk													
Bariatric surgery	166	164	161	158	144	149	122	139	121	126	121	106	85
Medical/lifestyle	96	91	84	86	79	78	77	75	73	73	70	60	34

Remission was defined as hemoglobin A_{1c} less than 6.5% and not receiving any medications for diabetes.

OXFORD

Collaborative Research

BJS, 2024, znae283

https://doi.org/10.1093/bjs/znae283

Collaborative Research Proceedings

International consensus position statement on the role of obesity management medications in the context of metabolic bariatric surgery: expert guideline by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

Ricardo V. Cohen[1,*], Luca Busetto[2], Randy Levinson[3], Carel W. Le Roux[4], Paulina Salminen[5,6] and Gerhard Prager[7] on behalf of the experts of the International Consensus on the Role of Obesity Management Medications in the Context of Metabolic Bariatric Surgery

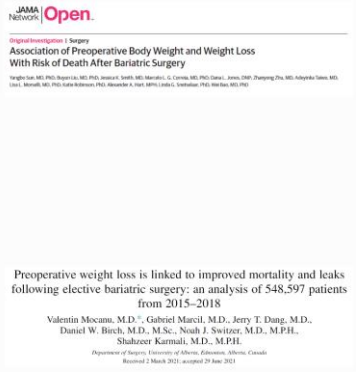
OMMs before surgery

Controversial data

OMMs before MBS

	Grade	Consensus (%)	Nr.of rounds	Nr.of total votes
There is insufficient high-level evidence to recommend the routine use of OMMs for weight loss before MBS	A+	100	2	37

Preoperative WL may influence perioperative outcomes


JAMA Network | Open.

Original Investigation | Surgery

Association of Preoperative Body Weight and Weight Loss With Risk of Death After Bariatric Surgery

Preoperative weight loss is linked to improved mortality and leaks following elective bariatric surgery: an analysis of 548,597 patients from 2015–2018

Valentin Mocanu, M.D.[*], Gabriel Marcil, M.D., Jerry T. Dang, M.D., Daniel W. Birch, M.D., M.Sc., Noah J. Switzer, M.D., M.P.H., Shahzeer Karmali, M.D., M.P.H.

Department of Surgery, University of Alberta, Edmonton, Alberta, Canada

Received 2 March 2021; accepted 29 June 2021

Preoperative Weight Loss as a Predictor of Bariatric Surgery Postoperative Weight Loss and Complications

Jamil S. Samaan[1] · Jasmine Zhao[2] · Elaine Qian[2] · Angelica Hernandez[2] · Omar Toubat[2] · Evan T. Alicuben[2] · Yousaf Malik[2] · Kulmeet Sandhu[2] · Adrian Dobrowolsky[2] · Kamran Samakar[2]

Journal of Gastrointestinal Surgery 26.1 (2022): 86-93.

Preoperative WL does not influence perioperative outcomes and delays the operation


Preoperative weight loss: is waiting longer before bariatric surgery more effective?

Victor Eng, B.S.[a], Luis Garcia, M.S.[a], Habib Khoury, B.S.[b], John Morton, M.D., M.P.H.[*], Dan Azagury, M.D.[b,*]

[a]Bariatric and Minimally Invasive Surgery, Stanford School of Medicine, Stanford, California
[b]David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, California

Received 18 April 2018; accepted 5 March 2019

Surgery for Obesity and Related Diseases 15 (2019) 951–957

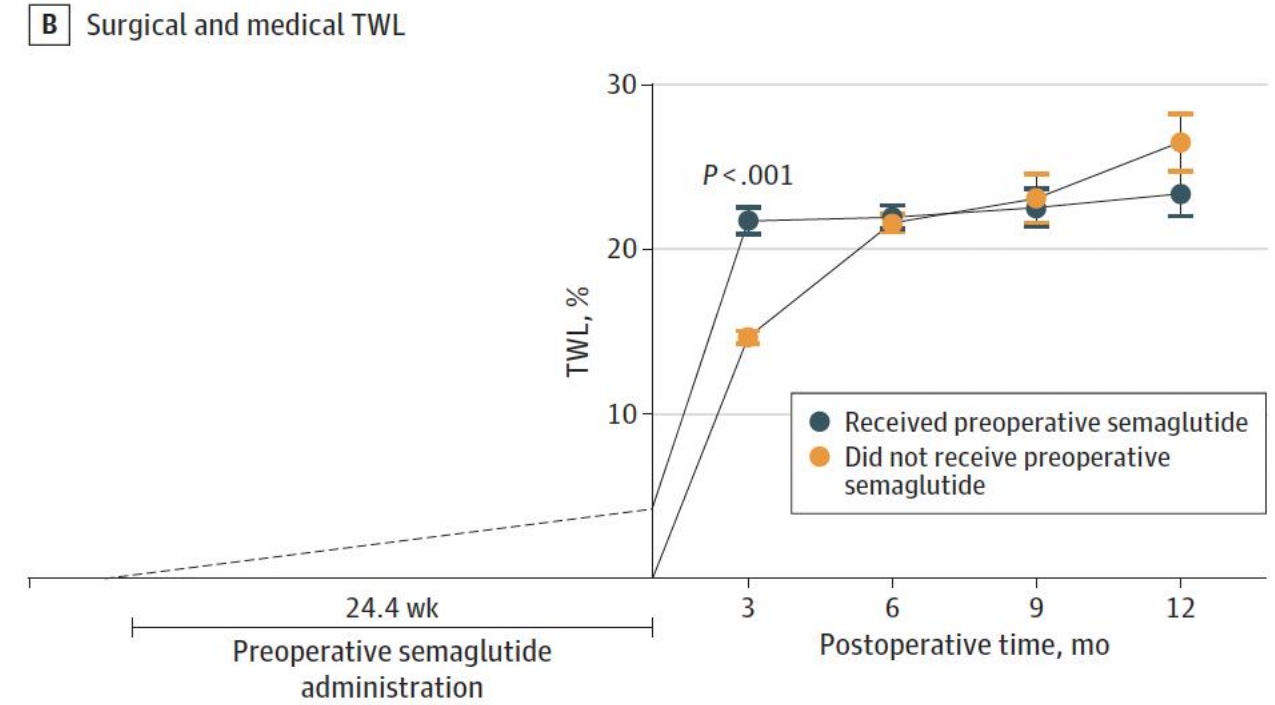
Cohen RV et al, BJS, 2024

RESEARCH LETTER

Neoadjuvant Semaglutide, Bariatric Surgery Weight Loss, and Overall Outcomes

Vasundhara Mathur, MD
Katherine Wasden, BA
Thomas H. Shin, MD, PhD
Pourya Medhati, MD
Abdelrahman A. Nimeri, M
Ali Tavakkoli, MD
Eric G. Sheu, MD, PhD

JAMA Surgery Published online March 5, 2025



Neoadjuvant semaglutide:

- ✓ No WL benefits
- ✓ No greater intraop safety
- ✓ Surgical weight loss was significantly lower in patients treated with neoadjuvant semaglutide

OMMs after MBS

	Grade	Consensus (%)	Nr.of rounds	Nr.of total votes
Emerging evidence indicates that the weight loss induced by OMMs is similar among people who have or have not undergone MBS	A+	100	2	36

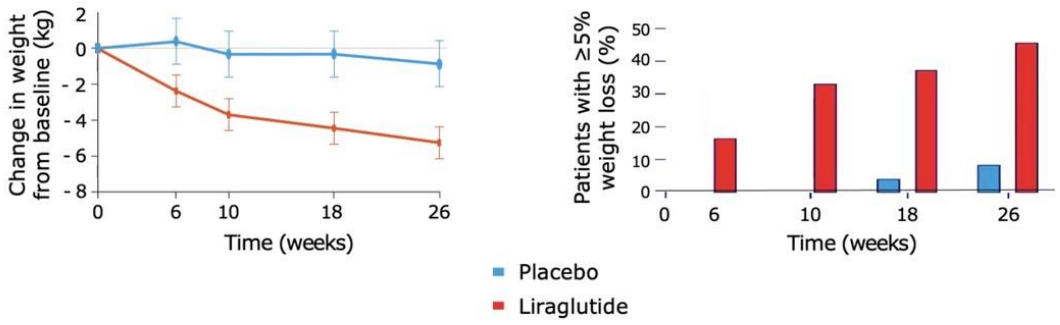
Mok et al, 2023

The BARI-OPTIMISE Randomized Clinical Trial

Postoperative pharmacotherapy augments surgical weight loss

GRAVITAS Study

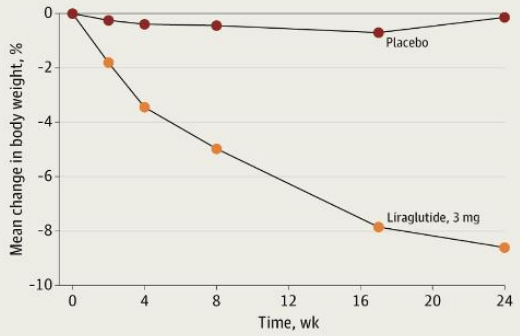
Liraglutide after Gastric Bypass in T2D



Miras AD *et al.*, *Lancet Diabetes Endocrinol* 2019

FINDINGS

Liraglutide, 3.0 mg once daily, resulted in a significantly greater reduction in body weight from baseline to week 24 compared with placebo



Mean difference: -8.0%; 95% CI, -10.4 to -5.7; *P* <.001

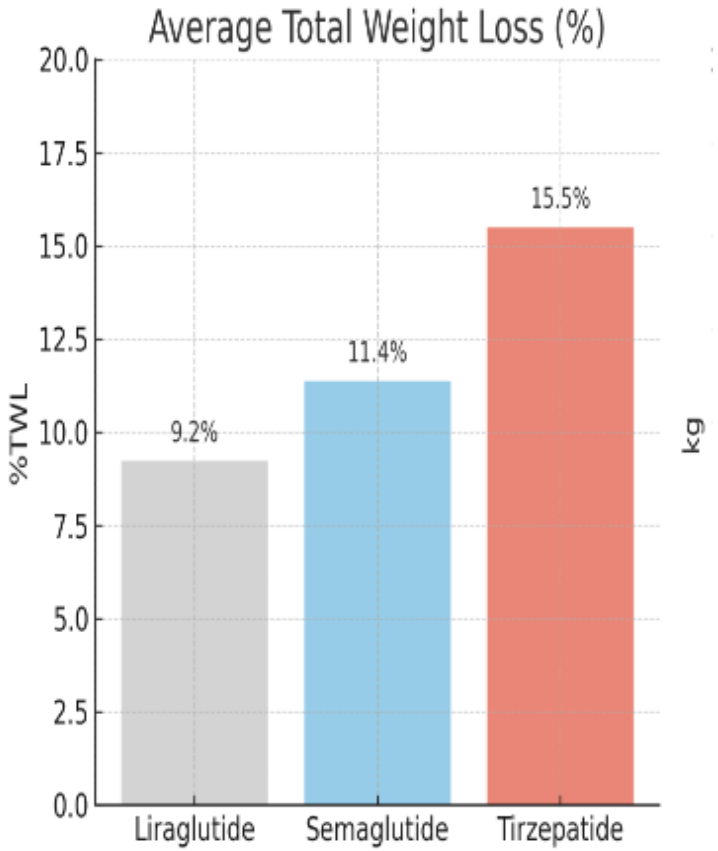
Cohen RV et al, BJS, 2024

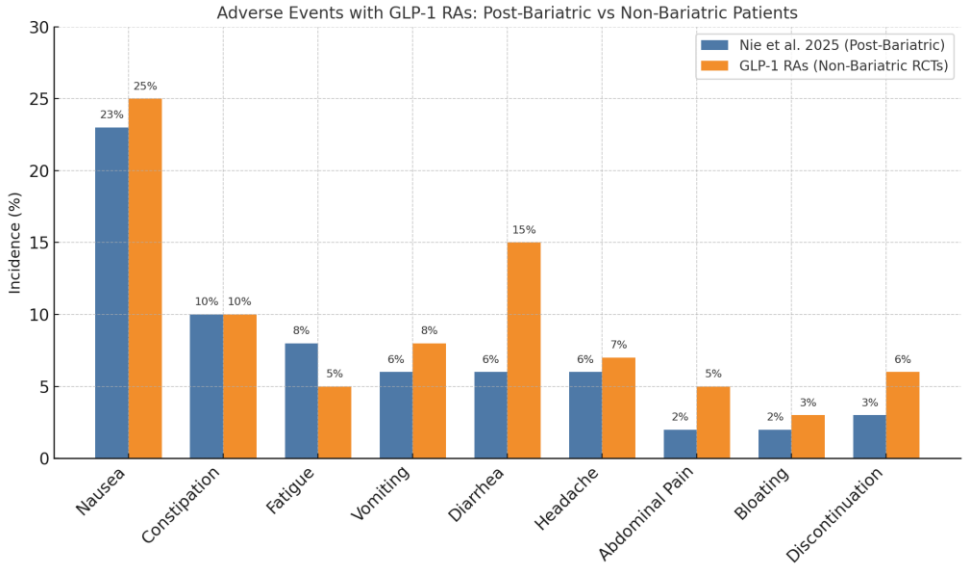
Obesity Surgery (2025) 35:808–822
https://doi.org/10.1007/s11695-025-07733-8

RESEARCH

Glucagon-Like Peptide-1 Receptor Agonists for the Treatment of Suboptimal Initial Clinical Response and Weight Gain Recurrence After Bariatric Surgery: a Systematic Review and Meta-analysis

Yuntao Nie[1] · Yiran Zhang[2] · Baoyin Liu[1] · Hua Meng[1]





Indirect comparison with Step1 and Surmount 1 studies

Bariatric Surgery

Real world efficacy of naltrexone/bupropion for weight management in obesity and after bariatric surgery

Sept 2025

Marie Yskout[1], Nele Steenackers[2,3], Jarne Hoste[4], Sofia Pazmino[2], Caroline Simoens[2], Nele Mattelaer[2], Ellen Deleus[2,5], Matthias Lannoo[2,5], Ann Mertens[1,2], Bart Van der Schueren[1,2] and Roman Vangoitsenhoven[1,2] ✉

International Journal of Obesity

111 surgery-naive patients (72.5%)

40 post-MBS patients (26.1%)

Study Overview

Predominantly female (77.5% surgery-naive, 75.0% post-MBS)

Median age: 45.0 years (surgery-naive), 51.5 years (post-MBS)

Treatment Protocol & Dosing

- **Starting dose:** 8mg naltrexone/90mg bupropion daily (one tablet)
- **Target dose:** 32mg naltrexone/360mg bupropion daily (two tablets twice daily)
- **Escalation:** Weekly increases per manufacturer protocol
- **Flexibility:** Submaximal doses allowed for:

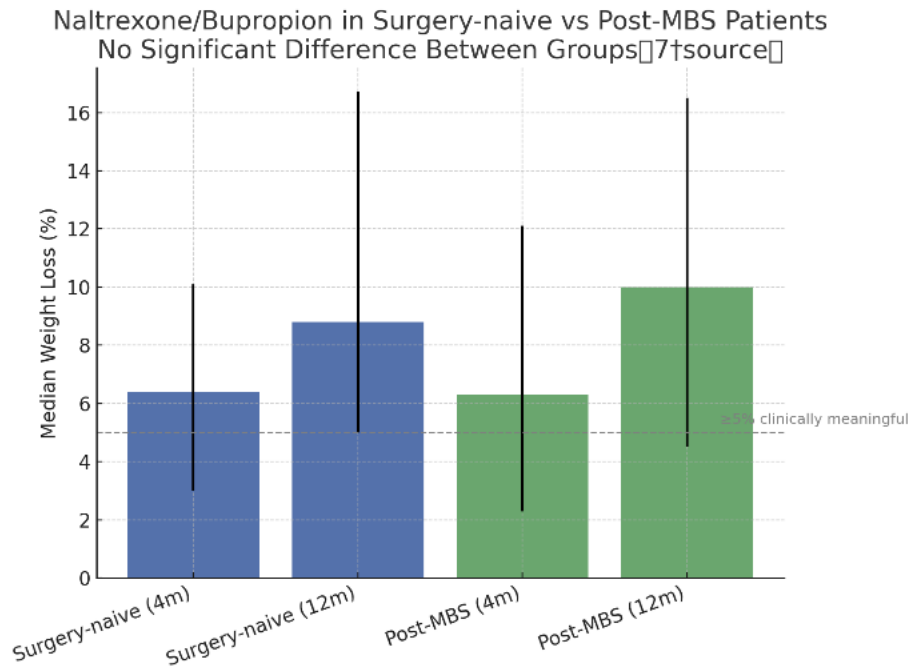
  Adverse effects management

  Sufficient therapeutic response

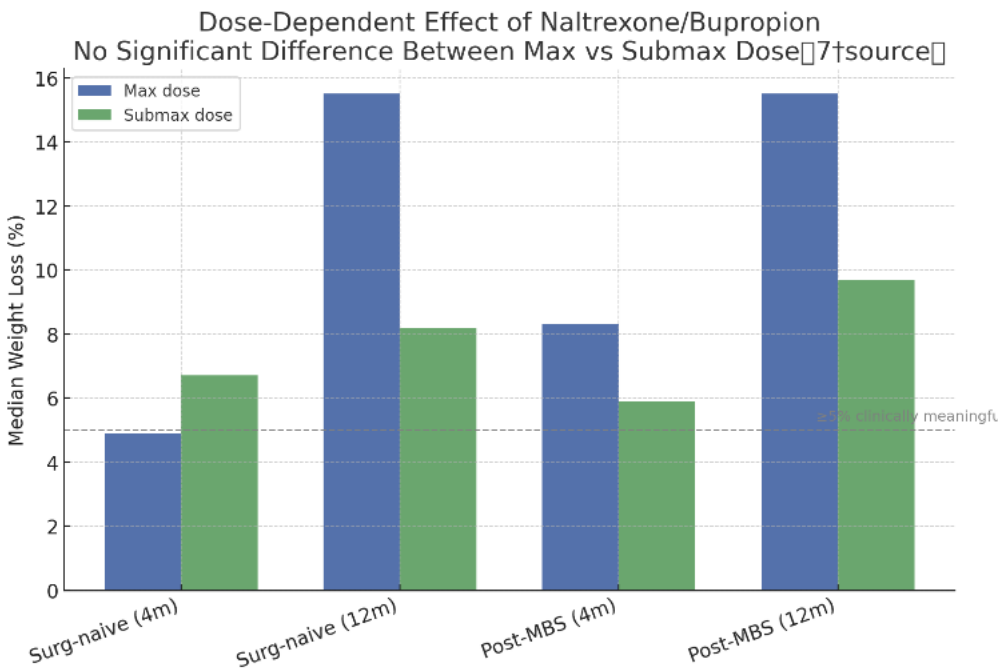
	Week 1	Week 2	Week 3	Week 4 and Beyond
AM: Take with breakfast	1 tablet	1 tablet	2 tablets	2 tablets
PM: Take before dinner		1 tablet	1 tablet	2 tablets

Follow-up visits were scheduled at 4 and 12 months after treatment initiation

Naltrexone/Bupropion in Surgery-naive vs Post-MBS Patients...



Dose-Dependent Effect of Naltrexone/Bupropion...

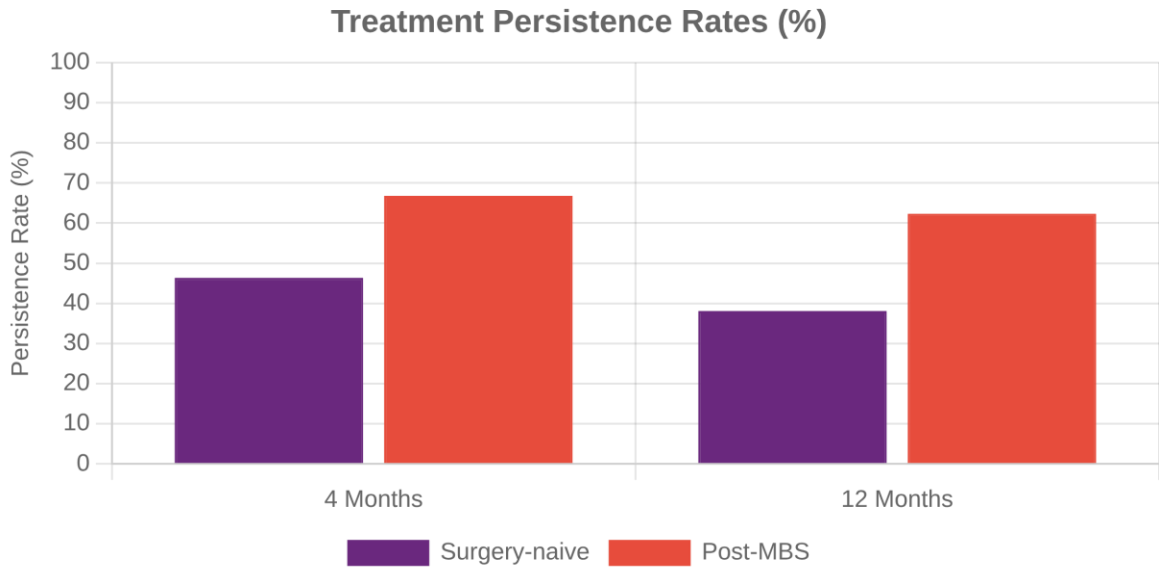


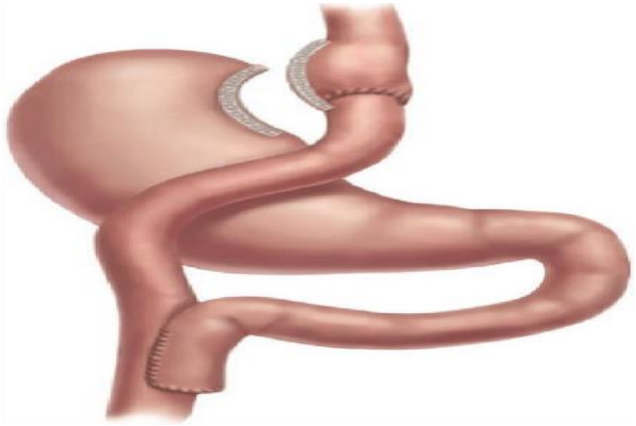
No dose-dependent effect

Sufficient Subjective Effect (Primary reason)

Surgery-naive: **62.1%** Post-MBS: **63.6%**

Treatment Persistence Rates





- **4-Month Persistence:**

  Surgery-naive: 46.9% (52/111 patients)

  Post-MBS: 67.5% (27/40 patients)

- **12-Month Persistence:**

  Surgery-naive: 38.5% (20/52 patients)

  Post-MBS: 63.0% (17/27 patients)

Key Finding:

Post-MBS patients showed significantly higher treatment persistence rates at both time points

OMMs **after** MBS

When to start

	Grade	Consensus (%)	Nr.of rounds	Nr.of total votes
Treatments with OMMs after MBS should generally be withheld until the achievement of weight plateau unless there is a compelling clinical need for earlier initiation	A+	100	3	33

Disclosing the effects of MBS before the introduction of OMMs

Cohen RV et al, BJS, 2024

OMMs after MBS (OMMs / revisional surgery)

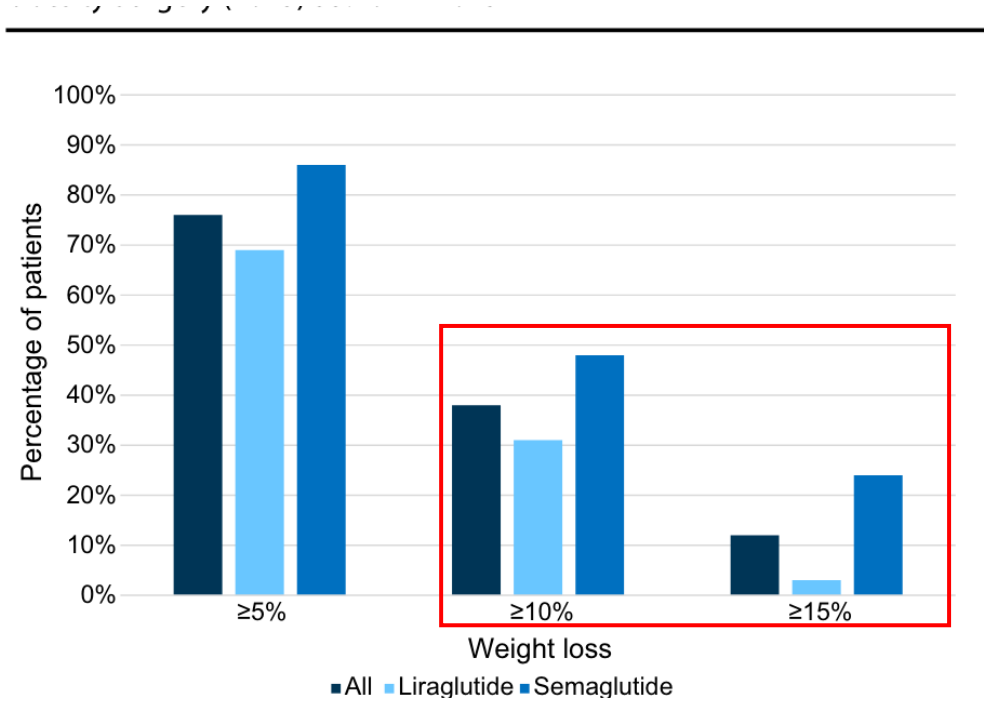
	Grade	Consensus (%)	Nr.of rounds	Nr.of total votes
For patients with recurrent weight gain, treatment with available OMMs should be considered prior to revisional surgery.	A	92	1	38

- ✓ Revisional MBS = higher morbidity, no robust data on outcomes
- ✓ Excellent safety profile and efficacy of OMMs

X

WL with GLP1RA for RWG/SoCR

Jensen, 2023

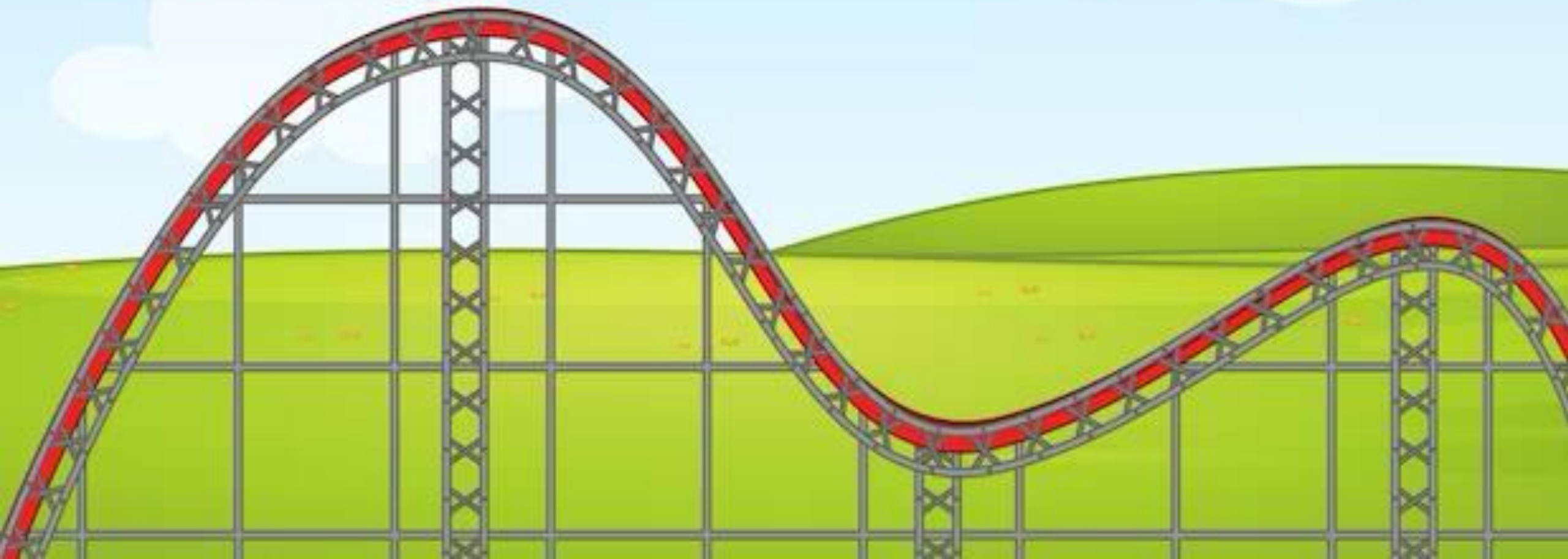


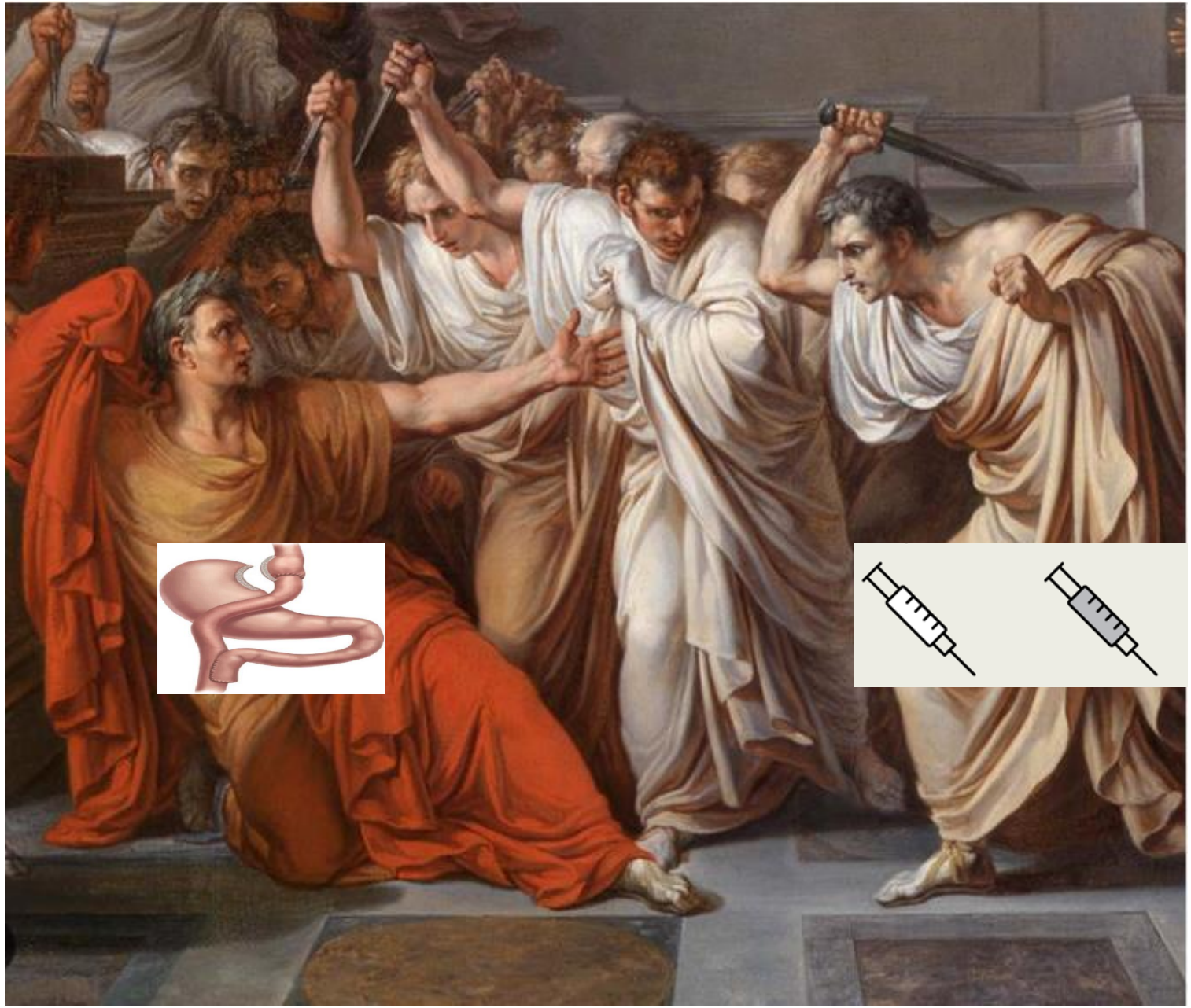
Cohen RV et al, BJS, 2024

Pending questions of modern pharmacotherapy

- **Real world**
- Long-term adherence
  - $$
  - Access
  - Polypharmacy
  - Tolerability (short and long-term 27% de dropout in Select)
- Long-term efficacy
- Extreme obesity

How modern pharmacotherapy may affect surgical indications?





The Death of Julius Caesar (1806) by Vincenzo Camuccini in the National Museum of Capodimonte, in Naples

Metabolic surgery in era of modern pharmacotherapy

- ✓ Advancements in CV medications and PCI did not kill CABG
- ✓ Advancements in chemo, radio and immunotherapy did not kill cancer surgery
- ✓ Multifactorial disease, no magic bullet

Candidates in the new obesity treatment era

- Pts preference
- Extreme Obesity BMI > 45-50
- Suboptimal response to med tx
- Intolerance to pharmacotherapy

Candidates in the new obesity treatment era

Contraindications to medicines

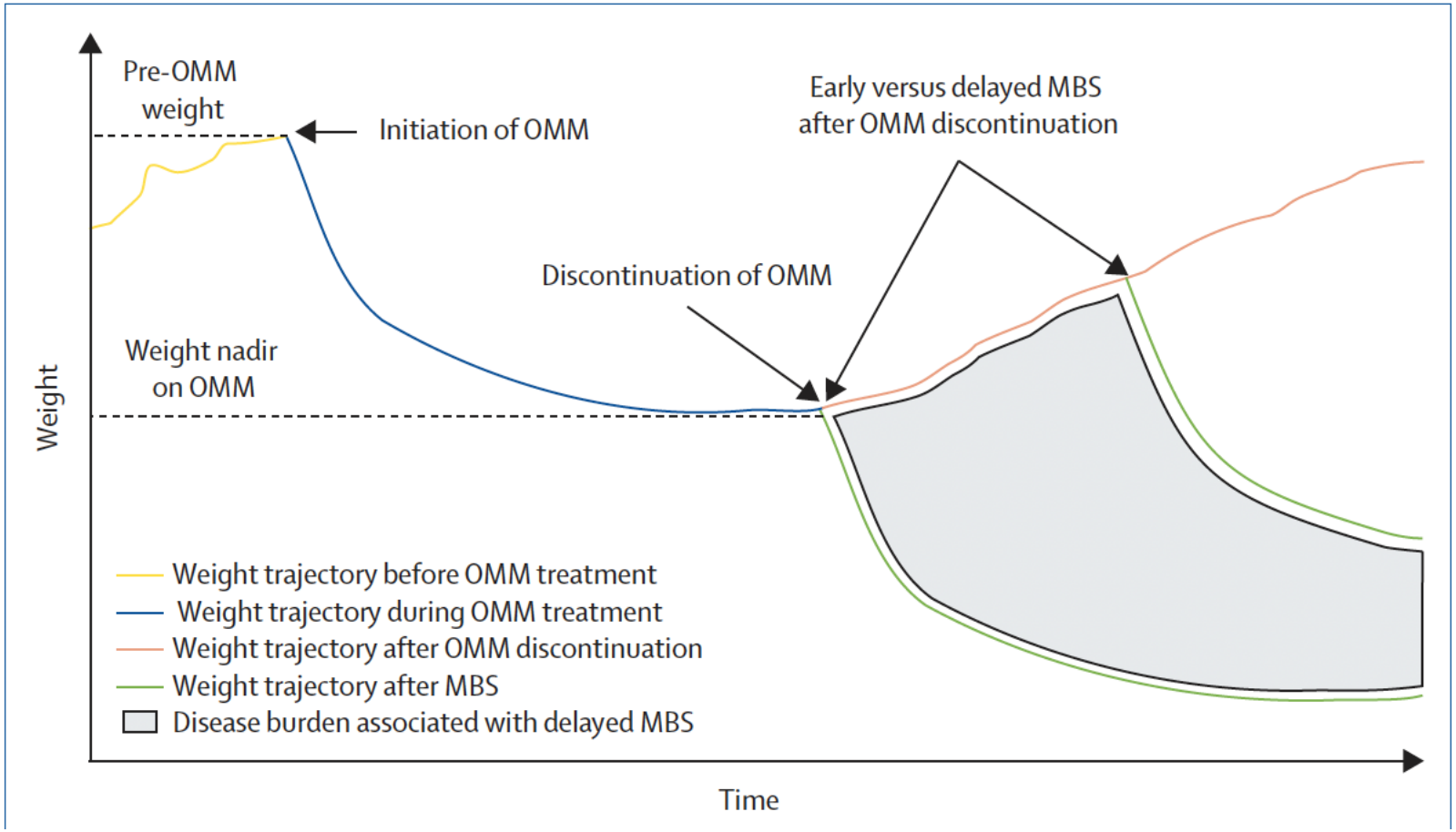
Cost

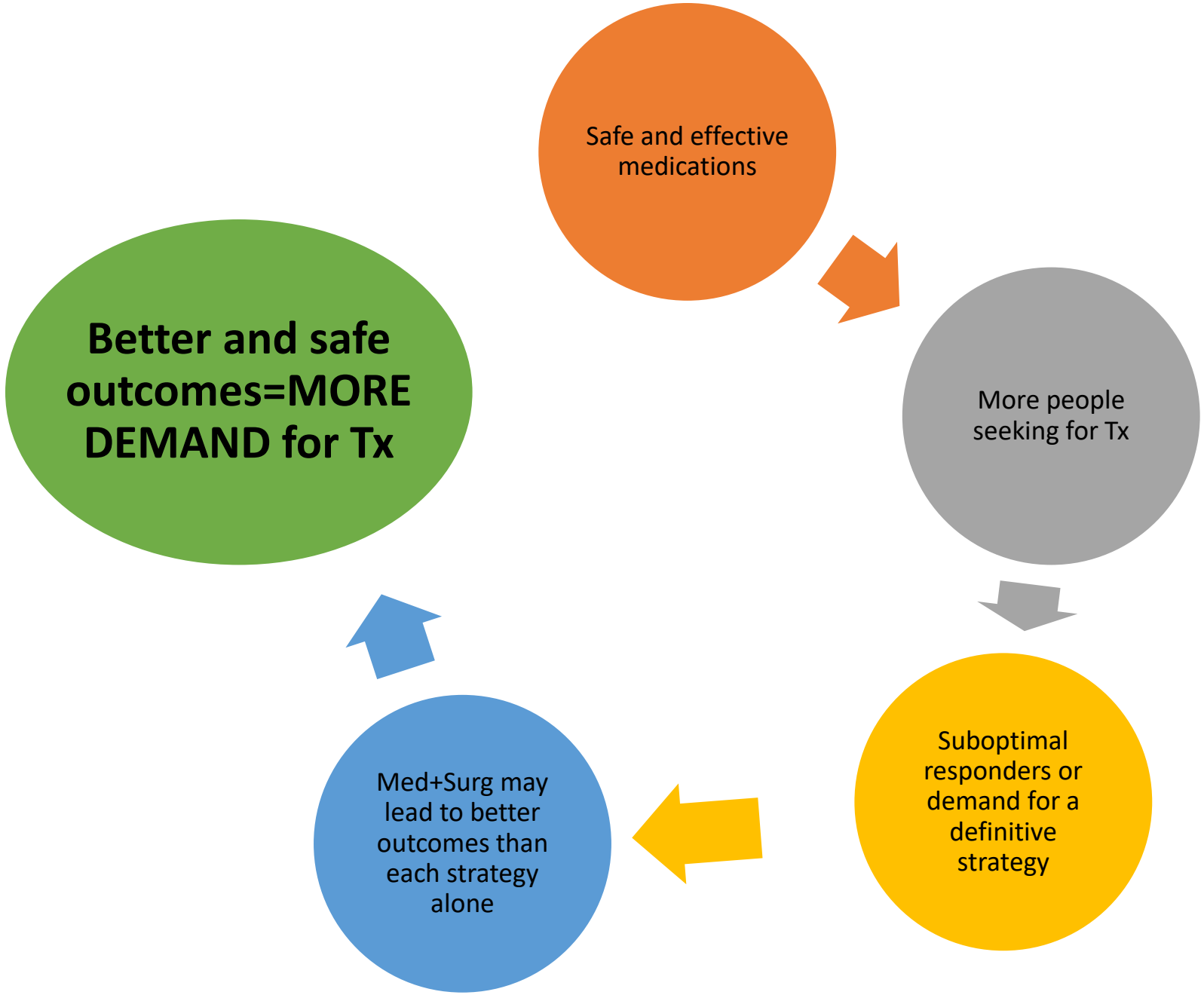
International Federation for the Surgery of Obesity statement on metabolic bariatric surgery after pharmacotherapy-induced weight loss in clinical obesity

Lancet Diabetes Endocrinol 2(
Published Online
July 22, 2025
https://doi.org/10.1016/
S2213-8587(25)00198-6

Ricardo V Cohen, Gerhard Prager, Carel W le Roux, Ildiko Lingvay, Paulina Salminen
ricardo.cohen@haoc.com.br

- Good outcomes, however:
- Lack of access
- Long-term side effects
- Cost of continued Tx
- "I don't want it anymore"

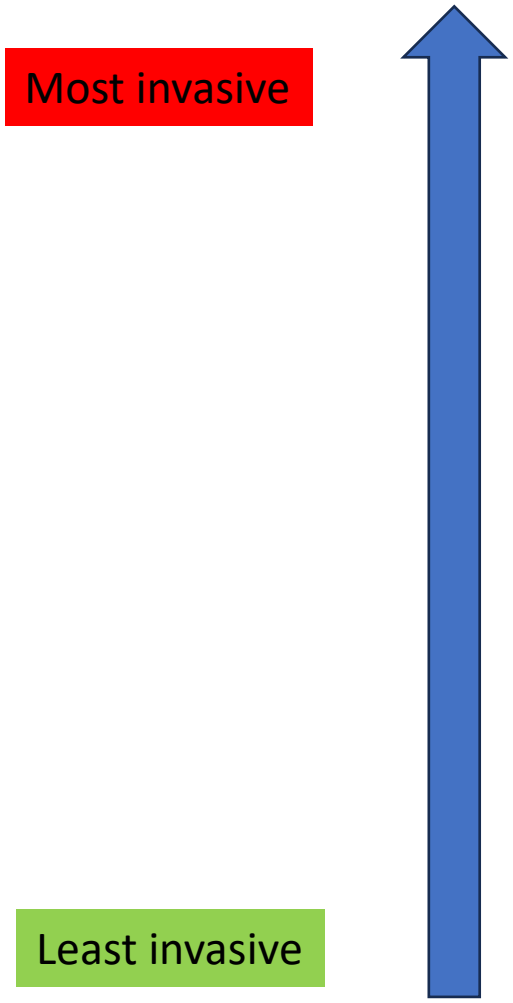



Safe and effective medications
More people seeking for Tx
Suboptimal responders or demand for a definitive strategy
Med+Surg may lead to better outcomes than each strategy alone
Better and safe outcomes=MORE DEMAND for Tx

MBS TODAY

Oncology model
What would an oncologist do ?

Access to full spectrum of therapy



Reoperative therapy

Adjuvant therapy

Surgical treatment

Combination therapy, when needed

Neoadjuvant therapy

Adapted from Lingvay I , Cohen R, Lancet 2024


Thank you
ricardo.cohen@haoc.com.br
@rvcohen (X)